COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

[Insert title and date of hearing]

Fo	Individuals:	
1.	Name:	
2.	Address:	
3.	Email Address:	
4.	Phone Number:	
	* * * *	
Fo	Witnesses Representing Organizations:	
	1. Name: Dan Keppen	
	2. Name of Organization(s) You are Representing at the Hearing: Family Farm Alliand	ce
	3. Business Address: P.O. Box 216, Klamath Falls, OR 97601	
	4. Business Email Address: [Information redacted for privacy]	
	5. Business Phone Number: [Information redacted for privacy]	

Name/Organization_Dan Keppen / Family Farm Alliance_

Title/Date of Hearing_____"Creating Abundant Water and Power Supplies and Job Growth by Restoring Common Sense to Federal Regulations" / April 5, 2010

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - M.S. Civil Engineering (Water Resources), Oregon State University
 - B.S. Petroleum Engineering, University of Wyoming
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Registered Professional Civil Engineer in California Past Civil Engineer and Certified Water Rights Examiner in Oregon

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

2005-present: Executive Director for the Family Farm Alliance, a non-profit association that advocates for family farmers, ranchers, irrigation districts and allied industries in 17 Western States. Most Alliance members are involved with using or delivering federal water supplies from the U.S. Bureau of Reclamation (Reclamation).

2001-2005: Executive Director of the Klamath Water Users Association. In that position, he worked closely with Congress, the Bush Administration, California and Oregon state legislatures, and state and federal agencies on issues that affected the people dependent on the Klamath Project, including farm and ranch families, local businesses, and rural communities.

2000-2001: Special Assistant to Reclamation's Mid-Pacific Regional Director in Sacramento. While at Reclamation, he advised and assisted the Regional Director with planning, managing, directing, and coordinating a variety of the Region's water management activities.

1997-2000: Director of Member and Government Affairs, Northern California Water Association, a non-profit association representing 70 public and private water agencies in the Sacramento Valley. Worked with government agencies and agricultural, urban and environmental groups on issues such as the Central Valley Project Improvement Act, Endangered Species Act regulations, CALFED and State legislative negotiations.

1994-1997: Water resources engineer for Tehama County, California. Represented the County on all water resources matters and also developed a coordinated groundwater management plan.

1989 – 1994: Project Engineer, Klein Consulting Engineers, Inc., Forest Grove, Oregon. Worked as a water resources and civil engineering consultant in the Portland, Oregon, area. Duties included master planning, design, and construction management of dams, public water and flood control systems, and private irrigation systems.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

The Family Farm Alliance has testified previously before this subcommittee on Endangered Species Act impacts to Western agricultural water users.

Name/Organization <u>Dan Keppen / Family Farm Alliance</u>

Title/Date of Hearing <u>"Creating Abundant Water and Power Supplies and Job Growth by Restoring Common Sense to Federal Regulations" / April 5, 2010</u>

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Secretary and Executive Director of the Family Farm Alliance

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Family Farm Alliance v. Salazar - the Alliance charged that the U.S. Fish and Wildlife Service did not comply with the requirements of the Information Quality Act as it developed a biological opinion for delta smelt and Central Valley Project (California) operations.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No. 1545-0047

Inspection

A F	or the	2010 calendar year, or tax year beginning and endi	ling		
В	Check if pplicable	C Name of organization		D Employer identific	ation number
a	pplicable	FAMILY FARM ALLIANCE			
	Addres- change	C/O ERROTABERE RANCHES			
F	Name change			86-06	73419
广	Initial return		m/suite	E Telephone number	
F	Termin-	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	384-7963
F	_ated Amend			G Gross receipts \$	712,351.
F	⊒return ∏Apptica			H(a) is this a group re	
Ц	_Jtřon pendini			for affiliates?	Yes X No
		22895 S DICKENSON AVENUE, RIVERDALE, CA	036	H(b) Are all affiliates incl	
_			$\overline{}$,	
		mpt status:501(c)(3)X501(c)(_6) ◀ (insert no.)4947(a)(1) or	527	`	ist. (see instructions)
		e: WWW.FAMILYFARMALLIANCE.ORG	1	H(c) Group exemption	
			L Year	or termation: 1991 M	State of legal domicile: AZ
P		Summary	DOLLE	DIGINEGO O	NID T III T ON I II
é		Briefly describe the organization's mission or most significant activities: TO IMPI			
Governance		AFFECTING AGRICULTURE & PROMOTE COMMON BUS			
E.	1	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)			10
প্ৰ	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $$			10
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Q	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		377,804.	659,518.
	1	Program service revenue (Part VIII, line 2g)		43,415.	52,833.
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	£	0.	0.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		421,219.	712,351.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
/Δ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		100,000.	0.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĕ	loa	_	·.		<u> </u>
Ä	D			278,523.	700,526.
		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f)		378,523.	700,526.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			11,825.
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		42,696.	
Net Assets or				ginning of Current Year	End of Year
888	20	Total assets (Part X, line 16)	·····	75,452.	87,277.
₩.	21	Total liabilities (Part X, line 26)	····- —	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		75,452.	87,277.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	i preparei		
				/ [/ [/ [/] /] / [] /	<u>/</u>
Siç	j n	Signature of officer		Date	
He	re	DANIEL ERROTABERE, TREASURER			
		Type or print name and title		Data I Charle E	TI DEM
		Print/Type preparer's name Preparer's signature	1	Date Check C	PTIN
Pai	ď	DANIEL A. MACE, CPA DANIEL A. MACE, C	CPA (<u> </u>
Pre	parer	Firm's name 🔈 HENRY & HORNE, LLP		Firm's EIN ▶	
Us	e Only	Firm's address 1115 EAST COTTONWOOD SUITE 100		1	
		CASA GRANDE, AZ 85122-2950		Phone no. 5	208368201
Ma	y the If	AS discuss this return with the preparer shown above? (see instructions)		*****************************	X Yes No

<u>or</u> m	990 (2010) C/O ERROTABERE RANCHES	<u>86-0673419</u>	Page 2
Par	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE &	PROMOTE COMM	ION
	BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE	IN WESTERN U	J.S.
 2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services:	? Yes	X No
3	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of the organization's three largest program services by e	PARAMAN	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
		i grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	Povonuo ¢	
4a		Revenue \$	TN
	MEMBER DEVELOPMENT AND COUNSEL TO PROVIDE WESTERN FARMS	TEOUIT ONY GAS	LUM TIM
	RELATED INDUSTRIES WITH AN ORGANIZATION DEDICATED TO THE	1E PRESERVALL	LOIN
	OF IRRIGATED AGRICULTURE		
			<u>.</u>
			000
4b			<u>,833.</u>
	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA	TION TO WEST	ERN
	FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	& REGULATION	5
	WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INP	JT TO LEGISLA	ATORS
4c		(Revenue \$	
	NEWSLETTER TO INFORM THE PUBLIC OF THE BENEFITS THEY R	ECEIVE FROM_	
	WESTERN FARMERS AND OF THE IMPORTANCE OF A CONTINUED,	RELIABLE SOU	RCE
	OF IRRIGATION WATER FOR THOSE FARMERS.		
 امیر	Other program services. (Describe in Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$	1	
<u> </u>			
40	Total program service expenses ▶ 700,526.		

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Form 990 (2010)

Part IV Checklist of Required Schedules

1 he the organization described in section 501(s)(3) or 4947(s)(1) (either than a private foundation)? 11 YEs, "complete Schedule A. 22 IX 23 bit the organization required to complete Schedule B, Schedule of Contributors? 3 bit the organization required to complete Schedule C, Part II 4 Section 501(s)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year II *Yes,* complete Schedule C, Part II 5 le the organization section 501(s)(4), 501(s)(5), or 501(s)(6) organization that receives membership durin, assessments, or similar amounts as defined in Review Personal Part II *Yes,* complete Schedule C, Part III 6 lb the organization and the services of the section 501(s)(4), 501(s)(5), or 501(s)(6) organization that receives membership durin, assessments, or similar amounts as defined in Review Personal Part II *Yes,* complete Schedule D, Part III 6 lb the organization maintain any donor advised funds or any similar funds or accounts Whare donors have the right to provide advise on the distilution of invariant or all amounts in such finads or accounts? If *Yes,* complete Schedule D, Part III 7 lbit the organization maintain any donor advised funds or any similar funds or accounts? If *Yes,* complete Schedule D, Part III 8 lbit the organization maintain and provide of artifly interest in the part of the similar assets? If *Yes,* complete Schedule D, Part III 9 lbit the organization report an amount in Part X, ine 21; serve as a custodian for amounts not fisted in Part X; or provide castil occurseling, dieth management, credit epair, or debit regulation services? III *Yes,* complete Schedule D, Part IV 10 lbit the organization, directly to through a valuel organization, include a schedule D, Part IV III. III. III. X as possible to the part III. In the Castilation of Part X, inc. 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Cite Office (1) Troquired Constants		Yes	No
# "Yes," complete Schedule A part of the organization required to complete Schedule B, Schedule of Contributors? Did the organization regulared to complete Schedule C, Part II Section 50 1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 1(n) election in affect during the tax year? If "Yes," complete Schedule C, Part II Bection 50 1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 1(n) election in affect during the tax year? If "Yes," complete Schedule C, Part II Bection 50 1(c)(3) organization. Did the organization engage in lobbying activities, or have a section 50 1(n) election in affect during the tax year? If "Yes," complete Schedule C, Part II Did the organization maximal my donor advised funds or any senial runds or accounts? If "Yes," complete Schedule D, Part II Did the organization review in ordinal consequent in runds or accounts? If "Yes," complete Schedule D, Part II Did the organization maximal coefficiency of works of arth, instinctial greasements to preserve one should be preserved	4	Is the examination described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)?		165	INO
2 x b to organization required to complete Schedule G. Schodule of Contributors? 1 bid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 2 section 60 (1c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (1c)(3) organizations. Did the organization assection organization assection organization assection organization assection of the provide advice on the distribution or investment of a formation as a defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II I I I I I I I I I I I I I I I I I			1		X
3 Ibid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 50 (to)(3) organization. Did the organization engage in tolbyring activities, or have a section 50 (to)(4) electron in affect during the tax year? If "Yes," complete Schedule C, Part II Set the organization as section 50 (to)(4), 50 (1)(6), 50 (1)			· · · · · · · · · · · · · · · · · · ·	x	
gublic office? If "Yes," complete Schedule C, Part II Section 50 (R)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (R)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 50 (R)(4), 50 (R)(5), or 50 (R)(6) organization that receives membership durins, assessments, or similar amounts as defined in Revenus Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land erace, or historic arterurers? If "Yes," complete Schedule D, Part II Did the organization report an amount In Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit consensing, debt management, credit inpair, or other particular or amounts not listed in Part X, or provide credit consensing, debt management, predit prair, or other selection services or any of the following questions is "Yes," then complete Schedule D, Part II Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, It the organization shares or any of the following questions is "Yes," then complete Schedule D, Part V, It is designated the part X, line 167 if "Yes," complete Schedule D, Part X, vii. VIII, VII					
Section 50 f(s)(3) organizations. Did the organization engage in fobbying activities, or have a section 50 f(s) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	i	3		Х
suring the tax year? If "Yes," complete Schedule C, Part II b Is the organization a section 5016(4), 5016(5), or 5016(5) granization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99 197 If "Yes," complete Schedule C, Part III b Cit the organization receive or hold a conservation easement, including esements to preserve open space, the environment, historic faul draus, or haloric structures II "Fes," complete Schedule D, Part III b Cit the organization receive or hold a conservation easement, including esements to preserve open space, the environment, historic faul draus, or haloric structures II "Fes," complete Schedule D, Part III b Cit the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III b Cit the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide control of the control of the part X, line 10 II "Yes," complete Schedule D, Part VI c Did the organization report an amount for investments - other securities in Part X, line 10 II "Yes," complete Schedule D, Part VI c Did the organization report an amount for investments - program related in Part X, line 10 II	4	Section 50.1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50.1(h) election in effect			
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership duse, assessments, or similar amounts as defined in Revenue Procedure 96.197 if "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Did the organization resistence or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pol Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit conseiling, dobt management, credit repair, or dobt negligible of service organization, divocity or through a related organization, hold assots in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Vas," complete Schedule D, Part V II II the organization report an amount for investments - other securities in Part X, line 10? If "Vas," complete Schedule D, Part V II II Did the organization report an amount for investments - other securities in Part X, line 10? If "Vas," complete Schedule D, Part V II II Did the organization report an amount for other assets is Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II II II X II II II II II II II II II	7		4		
similar amounts as defined in Revenue Procedure 98: 197 // "Yes," complete Schedule C, Part III	5				
6 Diz the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including ossements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization popt an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 Did the organization, directly or through a related organization, hold assets in turn, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V. 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments - congrainer teatod in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 2 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 2 Did the organization included in consolidated, independent audited financial statements for the tax year? If Yes, complete Schedule D, Part X III. 3 Did t	•		5	Х	İ
provide article on the distribution or invostment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 1. Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 1. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 1. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1. Did the organization, ricetly or through a valeted organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 1. If "Yes," complete Schedule D, Part V 1. If the organization answer to any of the following questions is "Yes," then completo Schedule D, Part VV 1. Did the organization report an amount for fand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VV 1. Did the organization report an amount for investments - other securiliss in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VV 1. Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 1. Did the organization separate an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part X 1. Did the organization separate or consolidated financial statements for the tax year includes a footnote that addresses the organization separate independent audited financial statements for the tax year? If "Yes," and if the organization separate independent aud	6				
the anvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		6		X
By the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and I and	7				
8 X Schedule D, Part III Schedule D, Part II Schedule D, Part IV Sche	-		7		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, debt management, or edit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SVI, VII, VIII, IVI, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of list total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15 If	8				
Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quast-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		Schedule D, Part III	8		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule O, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 127 If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - program related in Part X, line 128 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X II 3 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate to consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 3 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 4 Did the organization in aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule P, Parts II and IV 5 Did the organization have aggregate revenues or oxpenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV 4 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagnes	9				ĺ
If "Yes," complete Schedule D, Part V		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as a spilicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI	10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI // Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI // Schedule D, Part VI // Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI // Schedule D, Part X, line 167 // "Yes," complete Schedule D, Part VI // Schedule D, Part X, line 167 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X, line 157 // "Yes," complete Schedule D, Part X // Schedule D, Part X, Ille X // Schedule D, Part X		If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
Part V b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X 11b X 2					
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII f Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 117 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, III, and XIII 128 Did the organization associated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule P, Parts X, IXI, and XIII is optional 129 Is the organization maintain an office, employees, or agents outside of the United States? 130 Did the organization maintain an office, employees, or agents outside of the United States? 131 State organization maintain an office, employees, or agents outside of the United States? 132 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts I and IV 133 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI 11d X 12a Did the organization seport an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 12b Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXI, and XIII X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Did the organization maintain an office, employees, or agents outside of the United States? 13 X 14b Did the organization maintain an office, employees, or agents outside of the United States? 14 X 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more th			11a		X.
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	b	- ·			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116			11b		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X	C	-			- T
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 15 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 16 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 19 Did the organization operate			11c		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	q		44.3	v	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 11a Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 12b Did the organization maintain an office, employees, or agents outside of the United States? 11a X 12b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 11b X 11b X 11b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15b Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18b Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12b Did the organization operate one or more hospitals? If "Yes," complete Schedule H 18b Did the organization operate one or more hospitals? If "Yes," complete Schedule H 19b Did the organization operate on				Δ	v
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	e		rie		A
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach aud	Î		116		x
Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 1s Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a to and 8a? If "Yes," complete Schedule G, Part II 15 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach audited	40-		1 11		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from granmtaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	12a		19a		x
## "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 13			12.0		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization nore hospitals must attach audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	D		12b		x
Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	13				
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals must attach audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)					
and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	.,		14b		X
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	15	· •			
located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)			15		X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b			16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)			18	 	<u> </u>
Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)				 	
operate one or more hospitals must attach audited financial statements (see instructions) 20b	2 0a				X
operate one or more hospitals must attach audited financial statements (see instructions) 20b Form 990 (2010)	b		1		
		operate one or more hospitals must attach audited financial statements (see instructions)		000	(0045)

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Part IV	Checklist of R	lequired	Schedules	(continued)

ı uı	Officering of Trequired Confedence (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	امما		v
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		Х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	ļ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	to the state of th	28a		X
b	A C. W. C.	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			†
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		T
31	If "Yes," complete Schedule N, Part I	31		X
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		+
32		32	1	X
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	102		1
33		33		X
٠.	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity?			x
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	┨	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		+^
a				
	section 512(b)(13)? If "Yes," complete Schedule B, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Forn	ո 990	(2010

FAMILY FARM ALLIANCE

Form 990 (2010)

C/O ERROTABERE RANCHES

rar	Check if Schedule O contains a response to any question in this Part V					
			I -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	3			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?			1c		
ο-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	- <u>'`</u>	<u> </u>	
za	filed for the calendar year ending with or within the year covered by this return	2a	0			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction			20		-
٥.	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
				3b		42
	At any time during the calendar year, did the organization have an interest in, or a signature or other			05		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
h	If "Yes," enter the name of the foreign country:	20000		-74		
Ü	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accor	ınts			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5а		Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		† -
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			"		
Ua	any contributions that were not tax deductible?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			"		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c						
Ū	to file Form 8282?			7c		
ď	trave and the state of the stat		i .			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	L	-	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file if			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	•			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10h		_		
11	Section 501(c)(12) organizations. Enter:	ı	ı			
a	***************************************	112				1
b	•					
	amounts due or received from them.)	111		-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ո 104	1?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	1	-
а	· · · · · · · · · · · · · · · · · · ·			13a	-	+-
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	· · · · · · · · · · · · · · · · · · ·	1	I			
	organization is licensed to issue qualified health plans	1		-		
	Enter the amount of reserves on hand			1.	+	v
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	X
h	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi	uie O		14b	1	1

Form 990 (2010) C/O ERROTABERE RANCHES 86-0673419 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		- 42
Ū	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	H	-11	
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	· ·		
•	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
•			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		·	_
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			١
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request			
40		- d F	net t	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na fina	inciai	
00	statements available to the public.	tion- ►		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza DANIEL , ERROTABERE, TREASURER - 559-867-4461	uon: p		
	22895 S DICKENSON AVENUE, RIVERDALE, CA 93656			
	PROPORT DECKNINGS MADISON MATANDANE, CV 22020			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			((Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director			that	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HARVEY BAILEY		Х						0.	0.	0.
DIRECTOR JIM LUNDGREN		22							V •	
DIRECTOR		Х						0.	0.	0.
SANDY DUNN					<u> </u>					
DIRECTOR		X						0.	0.	0.
RON RAYNER										
DIRECTOR		Х						0.	0.	0.
DANIEL ERROTABERE										
TREASURER		Х		Х				0.	0.	0.
PATRICK O'TOOLE										
PRESIDENT		X		Х	_			0.	0.	0.
BILL KENNEDY										
CHAIRMAN		X		X		<u> </u>		0.	0.	0.
MARK RICKS								_	_	_
1ST VICE PRESIDENT		Х		X	ļ	<u> </u>		0.	0.	0.
CHRIS HURD								_		
DIRECTOR		X	-				-	0.	0.	0.
DON SCHWINDT		,,		3,						0
2ND VICE PRESIDENT		X		Х				0.	0.	0.
		-								
			_							
022007 10 01 10		E			1			<u> </u>	1 .	Form 990 (2010)

Part VII Section A. Officers, Directors, Tr		nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
(A)	(B)			•) 			(D)	(E)			(F)	
Name and title	Average hours per	(ct		Posi all i		app	lv)	Reportable compensation	Reportable compensation		-	imate ount c	
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)		other compensation		
		\vdash											
1b Sub-total								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
 Total number of individuals (including but compensation from the organization 	not limited to t	hose	ist	ed a	bov	e) w	ho !	eceived more than \$10	0,000 in reportable	€			0
3 Did the organization list any former office	r, director or tru	uster	e, ke	у ег	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the								ther compensation from			3		X
and related organizations greater than \$1Did any person listed on line 1a receive or											4		Х
rendered to the organization? If "Yes," co											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated in		end	ent :	con	tract	ors	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization.								[-				
(A) Name and busines	ss address		*****					(B) Description of	services	C	ompe)) nsatio	n
DAN KEPPEN & ASSOC PO BOX 216, KLAMATH FALI	S, OR 9	76	01					EXECUTIVE D	RECTOR		10	0,0	00.

				•									emer v
	-												
2 Total number of independent contractors \$100,000 in compensation from the orga	-	not l	límit	ed t	o th	оsе <u>1</u>	liste	d above) who received	more than				
								· · · · · · · · · · · · · · · · · · ·			Form	മമവ.	(2010)

Form 990 (2010) Statement of Revenue Part VIII (D) Revenue excluded from (B) (C) (A) Related or Unrelated Total revenue exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns 197,903. b Membership dues c Fundraising events 1¢ d Related organizations 1d 454,115. e Government grants (contributions) 1e All other contributions, gifts, grants, and 7,500 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 659,518 h Total, Add lines 1a-1f **Business Code** 52,833. 541900 52,833. 2 a PROG.SERV.REVENUE-RELA Program Service Revenue f All other program service revenue 52,833. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 712,351. 52,833. 0. 0. Total revenue. See instructions.

Form 990 (2010)

032009 12-21-10

FAMILY FARM ALLIANCE

Form 990 (2010) C/O ERROTABERE RANCHES
Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in							
	the U.S. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the U.S.							
	See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal	15,814.						
C	Accounting	800.						
d	Lobbying	60,763.						
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other	122,155.						
12	Advertising and promotion							
13	Office expenses	13,820.						
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	23,325.						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	1,815.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)							
а	IGA LAWSUIT	428,871.						
b	CONFERENCE EXPENSES	32,163.						
C	AWARDS	1,000.						
d								
е								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	700,526.						
26	Joint costs. Check here 🕨 🔲 if following SOP							
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.							

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Total liabilities and net assets/fund balances

Form 990 (2010)

Part X Balance Sheet (A) Beginning of year (B) End of year 82,277. 70,452. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 5,000. 5,000 15 Other assets. See Part IV, line 11 15 87,277 75,452. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 75,452. 87,277. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 87,277. 75,452. 33 33 Total net assets or fund balances

87,277. Form 990 (2010)

75,452

34

Pat	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI									
				.2,3						
1	Total revenue (must equal Part VIII, column (A), line 12)									
2	Total expenses (must equal Part IX, column (A), line 25)	2		700,526.						
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		37,2	<u>77.</u>					
Par	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII				Ш.					
				Yes	No					
1	Accounting method used to prepare the Form 990: X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			Х					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
b	Were the organization's financial statements audited by an independent accountant?		2b		X					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1							
	separate basis, consolidated basis, or both:		1							
	Separate basis Consolidated basis Both consolidated and separate basis									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audi	t							
	Act and OMB Circular A·133?			<u> </u>	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u></u>					
			Fori	ո 990	(2010)					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

FAMILY FARM ALLIANCE 86-0673419 C/O ERROTABERE RANCHES Organization type (check one): Section: Filers of: X 501(c)(6) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

Part I Contributors (see instructions)

86-0673419

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SAN LUIS DELTA-MENDOTA WATER AUTHORITY PO BOX 2157 LOS BANOS , CA 93635	\$ 387,403.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SAN LUIS WATER DISTRICT PO BOX 2135 LOS BANOS , CA 93635	\$66,712.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	WATER DISTRICT #1 900 N SKYLINE DR STE A IDAHO FALLS, ID 83402	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	WESTLANDS WATER DISTRICT PO BOX 6056 FRESNO, CA 93703	\$\$ <u>25,349.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

86-0673419

Employer identification number

Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

of Part III

Employer identification number Name of organization FAMILY FARM ALLIANCE 86-0673419 O ERROTABERE RANCHES Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part l (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No. 1545-0047
2010

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

t the organization anomerous roof to		,	_, ,	**
 Section 501(c)(4), (5), or (6) organizat 				
	FARM ALLIANCE		Empio	oyer identification number
C/O ERR	OTABERE RANCHES			86-0673419
Part I-A Complete if the org	anization is exempt und	ier section 501(c)	or is a section 527 of	ganization.
Provide a description of the organiz Political expenditures Volunteer hours			▶\$	
Part I-B Complete if the org	anization is exempt und	ter section 501(c)	(3)	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section	a 4055 toy did it file Form 4720	for this year?	, ¥ ¥	Yes No
•				····
4a Was a correction made?				103110
Part I-C Complete if the org	anization is exempt und	der section 501(c)	. except section 501(c)(3).
Enter the amount directly expended				
2 Enter the amount of the filing organ				
exempt function activities				
3 Total exempt function expenditures				
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and er				
made payments. For each organiza	tion listed enter the amount na	id from the filing organi	ization's funds. Also enter th	ne amount of political
contributions received that were pr	omntly and directly delivered to	a separate political ord	panization, such as a separa	te segregated fund or a
political action committee (PAC). If				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Paine	(b) Addiess	(c) circ	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	i .	1	i	ı

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedute C (Form 990 or 990-EZ) 2010

FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990-EZ) 2010 (Part II-A Complete if the organ	C/O E	RROTAL	BERE RANCHE	S on 501(c)(3) and file	86-(ed Form 5768	0673419 Page 2
(election under section			ipt under section	m oo i (o)(o) ana in		
A Check if the filing organizatio			atad aroup			
B Check if the filing organization	_			ovisions apply.		
	on Lobby	/ing Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public	c opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add line	s 1a and	1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter	the amou	nt from the	following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is:	The lobi	ying nontaxable an	nount is:		
Not over \$500,000		20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,000,0	000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,00	000,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			1
g Grassroots nontaxable amount (ente	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	or less, ei	nter ⋅0·				
i Subtract line 1f from line 1c. If zero o						
j If there is an amount other than zero	on either	line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this ye	ear?					Yes No
(Some organiza colu	tions that	t made a s	raging Period Unde ection 501(h) election e instructions for lir	r Section 501(h) on do not have to com _l ies 2a through 2f on pa	plete all of the five age 4.)	
	Lobb	ying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 C/O ERROTABERE RANCHES 86-0673419 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		a)	(b)		
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i					
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c	1/5) or so	ction	
rai	501(c)(6).	JI 00 I (0	,(O), OI 36	Ction	
	ου τ(ο)(ο).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?				X
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
2	Did the organization make only inflouse lobbying expenditures of \$2,000 of less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		·····	Х	1 22
				2	į.
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
Par	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	on 501(c rt III-A, l)(5), or se ine 3 is a	ction nswered	
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members	on 501(c rt III-A, l)(5), or se ine 3 is a	ction nswered	
*****	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	on 501(c rt III-A, l)(5), or se ine 3 is a	ction nswered	
1 2	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(c rt III-A, i)(5), or se ine 3 is a	ction nswered	7,903.
1 2 a	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year	on 501(c rt III-A, i)(5), or se ine 3 is a 1	ction nswered 19	7,903.
1 2 a	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year	on 501(c rt III-A, i)(5), or se ine 3 is a	ction nswered 19	7,903. 4,717. 2,280
1 2 a	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	on 501(c rt III-A, i)(5), or se ine 3 is a	ction nswered 19 4	7,903. 4,717. 2,280. 6,997.
1 2 a b	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c rt III-A, i)(5), or se ine 3 is a	ction nswered 19 4	7,903. 4,717. 2,280. 6,997.
1 2 a b	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	on 501(c rt III-A, i cal)(5), or se ine 3 is a	ction nswered 19 4	7,903. 4,717. 2,280. 6,997.
1 2 a b c	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cal)(5), or se ine 3 is a	ction nswered 19 4 4 2	7,903, 4,717, 2,280, 6,997, 8,003
1 2 a b c 3 4	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cal)(5), or se ine 3 is a	ction nswered 19 4 4 2	7,903. 4,717. 2,280. 6,997. 8,003.
1 2 a b c 3 4	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cal)(5), or se ine 3 is a	ction nswered 19 4 4 2	7,903. 4,717. 2,280. 6,997. 8,003.
1 2 a b c 3 4	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Par	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and supplemental linformation	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Par	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and supplemental linformation	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and supplemental linformation	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and supplemental linformation	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and supplemental linformation	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Far	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4 Par	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903 4,717 2,280 6,997 8,003
1 2 a b c 3 4	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 1 IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and a section 100 in the provide the line in the provide in the pr	cal)(5), or se ine 3 is all 1	ction nswered 19 4 2	7,903. 4,717. 2,280. 6,997. 8,003.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY FARM ALLIANCE

C/O ERROTABERE RANCHES

Employer identification number 86-0673419

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		1 1
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by tl	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		F 1 1 1
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Transuras or	Othor Similar Assots
Pai			Ottlei Ollillai Assets.
	Complete if the organization answered "Yes" to Form		amont and halance sheet works of art
ia	If the organization elected, as permitted under SFAS 116 (As historical treasures, or other similar assets held for public ex	bibition advication or repeatsh in furthe	rance of public service, provide in Part XIV
			sailed of public service, provide, in Fart XIV,
	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, of fesearch in future ance of p	delic service, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
_	(II) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	pacurae or other similar accate for finance	ial gain, provide
2	the following amounts required to be reported under SFAS 1		and bround
_	Revenues included in Form 990, Part VIII, line 1		▶ \$
a b	Assets included in Form 990, Part X		> \$
1)	range a menuguju ili i viili vov. I all A		F :

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Sched	ule D (Form 990) 2010 C/O ERRO	TABERE RAI	NCHES			<u>673419</u>		<u>je 2</u>
Part								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	ignificant use of its	s collection i	tems	
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's exe	mpt purpose in Pa	art XIV.		
	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma					Yes		No
Parl						, line 9, or		
	reported an amount on Form 990, Par		ū					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets no	t included			
	on Form 990, Part X?					Yes		No
	If "Yes," explain the arrangement in Part XIV							
D	11 100, Oxplain the arrangement in account	and complete are	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount		
^	Beginning balance				1c			
	Additions during the year				""			
	Distributions during the year Ending balance							
	Did the organization include an amount on Fo				··· \ 	Yes		No
	If "Yes," explain the arrangement in Part XIV.				⊆			
Par			swered "Yes" to Fo	orm 990 Part IV line	10			
l ai	E THOUSING THE THE COMPLETE	(a) Current year	(b) Prior year	(c) Two years back		k (a) Four	rears h	nack
_	Day lands of completeness	(a) Current year	(D) Flior year	(C) TWO years back	(u) Times years bus	K (e/10ar)	Julio	- TOOK
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
6	Other expenditures for facilities							
	and programs							—
	Administrative expenses					-		
	End of year balance							
2	Provide the estimated percentage of the year							
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
	, or it or definition	%						
3 a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organization	Г	Т	
	by:						Yes	No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Schedule R?			3b		
4	Describe in Part XIV the intended uses of the							
Pai	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, line 10.					
	Description of investment	(a) Cost or		1	Accumulated	(d) Book	value	Э
		basis (invest	ment) basis	s (other) d	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment	1						
	Other	1						
	L Add lines 1a through 1e. (Column (d) must e		t X. column (B). line	10(c).)	>			0.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 C/O ERROTA	RM ALLIANCE ABERE RANCHES		86-0673 4 19 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	1		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
()			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line		nod of valuation:
(a) Description of investment type	(b) Book value		of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, I	(a) Description		(b) Book value
	(a) Description		5,000
(2) MEETING ROOM DEPOSIT			3,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B)			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	t X, line 25.	(b) Amount	
		(D) Allouit	
(1) Federal income taxes			
(2)			
(4)			
(5)			
(6)			
(7)			

(8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 1032053
12-20-10

Schedule D (Form 9

(11)

Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Fi	nancial State	ment	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1 1			
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities		1 1		
6	Investment expenses		1 1		
7	Prior period adjustments		E 1		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
	Excess or (deficit) for the year per audited financial statements. Combine lines				
10 Pa	rt XII Reconciliation of Revenue per Audited Financial State				<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a		1 1	
	Donated services and use of facilities	······		1	
b	Recoveries of prior year grants	1 1		1	
c		·····		1 1	
d	• • • • • • • • • • • • • • • • • • • •			ا ۵٫ ا	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	•			-	
b	,			┥. ┃	
¢	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Stat	omente With I	Evnances ne	5 r Retu	ırn
					1111
1	Total expenses and losses per audited financial statements		***************************************	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	***************************************			-	
b	, , ,	, ,		-	
C	***************************************			- !	
d	,			┥╻╵	
е					
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	•			- '	
t	Other (Describe in Part XIV.)	4b		- '	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P				
X, li	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also o	complete this part	to provide any a	dditiona	ıl information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

FAMILY FARM ALLIANCE
C/O ERROTABERE RANCHES

Employer identification number 86-0673419

C/O ERROTABERE RANCHES 1 00 0075225
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN IRRIGATED AGRICULTURE IN WESTERN U.S.
FORM 990, PART VI, SECTION A, LINE 6: AS A 501(C)(6), FAMILY FARM
ALLIANCE HAS MEMBERS THAT ELECT THE BOARD MEMBERS AND HAVE THE RIGHT TO
PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. MEMBERS DO NOT HAVE THE RIGHT
TO RECEIVE DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERSHIP ELECTS THE BOARD OF
DIRECTORS, THE BOARD OF DIRECTORS ELECT THE OFFICERS.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE
FORM 990 IN CONJUNCTION WITH THE FINANCIAL STATEMENTS BEFORE SUBMISSION TO
THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF
INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF
INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS, AND
THEIR RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE
DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM
VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST. ON AN ANNUAL
BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF
INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE
ARE NONE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form !	990 or 990)·EZ) (2010	O)									Page 2
lame of the organi	ization I	FAMIL	Y FAF	RM ALL	IANO	CE				Employer i	dentification r	number
				ABERE						86-0	673419	
	· · · · · · · · ·							····				
GOVERNING	DOCIII	שמישים	CON	лет.теп	ΛF	тыпаради	POT.TCV	ZMD	RTN	ANCTAI.	СПАТЕМЕ	NTS
30 A EVILLIAG	DOCOI	ADM 19	, <u>coi</u>	<u>иг птст</u>	OF.	THIRDIDDI	rodici,		1 114	ETHO THE	DITTI	11112
						an am						
AVAILABLE	TO T	HE PU	BLIC	UPON	REQU	JEST.						
			-									
		·										
												_
				·		·						

	**											
				-								
											·-·	

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, c	omplete only Part II and check this b	ox	>	• X
Note. Only complete Part II if you have already been granted ar					
If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	rt I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no c	opies n	eeded).	
Name of exempt organization			Empl	oyer identificatio	n number
Type or FAMILY FARM ALLIANCE					
C/O ERROTABERE RANCHES			8	<u>6-0673419</u>	
Number, street, and room or suite no. If a P.O. box,	see instruc	tions.			
due date for 22895 S DICKENSON AVENUE					*
return. See City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions.			
RIVERDALE, CA 93656					
					01
Enter the Return code for the return that this application is for (iile a separa	te application for each return)			[0]1]
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				10000
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990·PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a previo	usly file	d Form 8868.	
DANIEL ERROTA	BERE,	TREASURER			
 The books are in the care of ➤ 22895 S DICKE 	NSON A	<u> VENUE - RIVERDALE, (</u>	CA 9	36 <u>56</u>	
Telephone No. ► <u>559-867-4461</u>		FAX No. ▶			
 If the organization does not have an office or place of busine 					· 🔲
 If this is for a Group Return, enter the organization's four dig 					
		ach a list with the names and EINs of a	<u>l memb</u>	ers the extension	is for.
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011.			
5 For calendar year 2010 , or other tax year beginning		, and ending	1		
6 If the tax year entered in line 5 is for less than 12 months	, check reas	on: Initial return	J Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension WAITING ON ADDITIONAL CLIENT	TNEOD	MATION TO COMPLETE	7 TA 7	בינום איים ב	זאסוזשא
WAITING ON ADDITIONAL CLIENT	TIMEOR	MATION TO COMPLETE.	WTA W	CCORAIE I	EIUKN
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	n or 6069 e	inter the tentative tax less any			
nonrefundable credits. See instructions.	o, or 0000, c	micratio tenanto tax, toos any	8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9. enter any	refundable credits and estimated	1	-	
tax payments made. Include any prior year overpayment	-				
previously with Form 8868.			8b	\$	0.
c Balance due, Subtract line 8b from line 8a. Include your	payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See ins		. , , ,	8c	\$	0.
Sig	nature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare this	luding accom s form.	panying schedules and statements, and to t	he best o	of my knowledge and	l belief,
Signature Title	DANIE	L MACE, CPA	Date		
Marie Committee				Farm 0000	(Day 1 2011)

Form 8868 (Rev. 1-2011)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	1 10	_
For calendar year 2010, or fiscal year beginning	, 2010, and ending	_ ,2,

20	4	n
	A	88

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records. See instructions.

LUIU

OMB No. 1545-1878

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES Employer identification number

86-0673419

Name and title of officer

DANIEL ERROTABERE

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	712351
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
Ба	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	опе	box	only
-----------	------	-------	-----	-----	------

X lauthorize HENRY & HORNE, LLP	to enter my PIN 23411
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicate is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program,	

enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have

ir	ndicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State	ļ
p	program, I will enter my PIN on the return's disclosure consent screen.	
Officer's sign	nature Date Date	

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86423660504

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ⊳ _

Date ▶ <u>08/26/11</u>

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 12-27-10

Form 8879-EO (2010)

20411

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public

Form 990-EZ (2009)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer Identification number Please use IRS]Address]change FAMILY FARM ALLIANCE label or Name Change print or C/O ERROTABERE RANCHES 86-0673419 type. Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Sea Specific 22895 S DICKENSON AVENUE Termin-ated 541-884-7963 Amended City or town, state or country, and ZIP + 4 F Group Exemption RIVERDALE, CA 93656 Number 🕨 G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ WWW.FAMILYFARMALLIANCE.ORG H Check X if the organization is not Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990 EZ, or 990 PT). Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ > \$ 421.219. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 377,804. 1 Program service revenue including government fees and contracts 43,415. Membership dues and assessments 3 3 **5a** Gross amount from sale of assets other than inventory <u>5a</u> 5b Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less; direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7a b Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 421,219. 9 9 Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 100,000. 12 Professional fees and other payments to independent contractors 74,556. 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 4,236. 16 Other expenses (describe 199,731. 16 378,523. 17 Total expenses, Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 42,696. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 32,756. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 75,452. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 17,756. 22 70,452. 23 23 Land and buildings 5,000. Other assets (describe 15,000.24 32,756. 25 75,452. Total assets 25 Total liabilities (describe 0. 26 Net assets or fund balances (line 27 of column (8) must agree with line 21) 32,756.27 75,452.

Form 990-EZ (2009)

C/O ERROTABERE RANCHES

Par	t V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
1	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a	Х	
	If 'Yes," has it filed a tax return on Form 990-T for this year?	35b		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
	If 'Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1000		
	Section 501(c)(7) organizations. Enter:	1		į
	Initiation fees and capital contributions included on line 9			
		1		
		-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 N/A; section 4912 N/A; section 4955 N/A			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	}	,	_
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	İ		
	or disqualified persons during the year under sections 4912, 4955, and 4958 N/A			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1		İ
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If 'Yes,' complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed. > AZ			
42 a	The organization's books are in care of ▶ DANIEL ERROTABERE, TREASURER Telephone no. ▶ 559-8	<u> 57 – 4</u>	461	
	Located at ► 22895 S DICKENSON AVENUE, RIVERDALE, CA ZIP+4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
U	If 'Yes," enter the name of the foreign country:			
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
43	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/I	-	
	and enter the amount of tax-exempt interest received of accided during the tax year	14/ 5	<u> </u>	
			Var	No
	DOLLIN CONTROL OF THE		1100	INO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1 .,		\ v
	Form 990-EZ	44	+	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	l		17
	completed instead of Form 990-EZ	45	<u></u>	X
		Form	990-EZ	.(2009

C/O ERROTABERE RANCHES

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedul 49a bid the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 position N/A f Total number of other employees paid over \$100,000 position N/A (a) Name and address of each independent contractors who e organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under panalities of perjary, I declare that I have examined this return, including accompanying schedules an correct, and compliant becomption of prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when then officer) is based on all information of which prepare (when the officer) is based on all information of which prepare (when the officer) is based on all information of which pr	r questions 46-49b and consisted to	y employees) who ea	Yes No 46 47 48 49a 49b ach received more
office? If "Yos," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization as dool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Aga Ibid the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average per week devote position N/A (a) Name and address of each employee paid more than \$100,000 morganization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 morganization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 morganization. If there is none, enter 'None.' In the complete this table for the organization's five highest compensated independent contractors who expanded the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization. If there is none, enter 'None.' It the organization of the organization of the organization of the organization of the organization of the organization. If there is none, enter 'None.' Under part of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	ule E s, directors, trustees and key age hours (c) Compensation	y employees) who ea on (d) Contribution to employee benefit plans &	46 47 48 49a 49b ach received more
office? If "Yos," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization as dool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Aga Ibid the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average per week devote position N/A (a) Name and address of each employee paid more than \$100,000 morganization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 morganization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 morganization. If there is none, enter 'None.' In the complete this table for the organization's five highest compensated independent contractors who expanded the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization. If there is none, enter 'None.' It the organization of the organization of the organization of the organization of the organization of the organization. If there is none, enter 'None.' Under part of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	ule E s, directors, trustees and key age hours (c) Compensation	y employees) who ea on (d) Contribution to employee benefit plans &	47 48 49a 49b ach received more
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	ule E s, directors, trustees and key age hours (c) Compensation	y employees) who ea on (d) Contribution to employee benefit plans &	48 49a 49b ach received more
Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each employee paid more than \$100,000 N/A (b) Title and average per week devote position N/A (a) Name and address of each employees paid over \$100,000 Formulation. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractor paid more than \$100,000 Under penalties by pertury, 1 declare that I have examined this return, including accompanying schedules an correct, and complaint perturbation of grepare (other than officer) is based on all information of which prepare there is pany print them and title DANIEL ERROTABERE, TREASURER Type or print/same and title	s, directors, trustees and key age hours (c) Compensation	y employees) who ea	49a 49b ach received more
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 N/A (b) Title and average per week devote position N/A (a) Name and address of each employees paid over \$100,000 N/A (a) Name and address of each independent compensated independent contractors who everage and the end of the organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties of perkey, declare that I have examined this return, including accompanying schedules an correct, and complain observation of properer (other than officer) is based on all information of which prepared there is based on all information of which prepared there is based on all information of which prepared there is based on all information of which prepared there is based on all information of which prepared the prepared to	s, directors, trustees and key age hours (c) Compensation	y employees) who ea	49b ach received more
Complete this table for the organization's five highest compensated employees (other than officers, than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 position N/A (b) Title and average per week devote position N/A (a) Name and address of each employees paid over \$100,000 Tomplete this table for the organization's five highest compensated independent contractors who e organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties of perlay, I declare that I have examined this return, including accompanying schedules are correct, and complain helepandent or organize (allow than officer) is based on all information of which prepared the correct organization of organize (allow than officer) is based on all information of which prepared the correct organization of organization. TREASURER Type or print/name and title	s, directors, trustees and key age hours (c) Compensation	on (d) Contribution to employee benefit plans &	ach received more
than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each employee paid more than \$100,000 N/A f Total number of other employees paid over \$100,000 10 Complete this table for the organization's five highest compensated independent contractors who e organization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties is person, I declare that I have examined this return, including accompanying schedules an correct, and combate Declaration of prepare (other than officer) is based on all information of which prepared the state of	nge hours (c) Compensation	on (d) Contribution to employee benefit plans &	ıs
(a) Name and address of each employee paid more than \$100,000 position In Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 position In Complete this table for the organization's five highest compensated independent contractors who e organization. If there is none, enter "None." In / A (a) Name and address of each independent contractor paid more than \$100,000 Total number of other independent contractors each receiving over \$100,000 position. Under penalties by perkry, I declare that I have examined this return, including accompanying schedules an correct, and combinate Declaration of prepare (other than officer) is based on all information of which prepare there. DANIEL ERROTABERE, TREASURER Type or print hame and title	ted to	on to employee benefit plans &	S (a) Evnence
organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combiste Declaration of preparer (other than officer) is based on all information of which preparer type or print hame and title		deferred compensation	account and other allowances
organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combigle Declaration of preparer (other than officer) is based on all information of which preparer type or print hame and title DANIEL ERROTABERE, TREASURER Type or print hame and title			
d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combiste Declaration of preparer (other than officer) is based on all information of which preparer there DANIEL ERROTABERE, TREASURER Type or print hame and title	each received more than \$1	 100,000 of compens	sation from the
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combiels. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than off	(b) Type of	service ((c) Compensation
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combiels. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than off			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combiels. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than off			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and combists. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer). Signature of other than officer. TREASURER Type or print name and title			
Sign Here Signature of Gibes DANIEL ERROTABERE, TREASURER Type or print name and little			
Type or print hame and title	and statements, and to the best open the bes	of my knowledge and b	elief, it is true,
Details to the second s			
Paid Preparer's signature Date		Preparer's Identifying r	number (See instr.)
I(eq (Inl))			
Firm's name (or yours MENRY & HORNE, LLP	<u> </u>		
	I P	•	160201
CASA GRANDE, ARIZONA 85122-2950			X Yes N
May the IRS discuss this return with the preparer shown above? See instructions			. 44 150 1 17
Preparer's DANIEL A. MACE, CPA 11/10/ Use Only HENRY & HORNE, LLP	Check if self- /10 employed ▶ □	Preparer's Identifying r	number (See instr.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• S	ection 501(c)(4), (5), or (6) organizati	ons: Complete Part III.			
Name	e of organization FAMILY	FARM ALLIANCE		Emplo	yer identification number
	C/O ERRO	TABERE RANCHES			86-0673419
Pai	t I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiza Political expenditures Volunteer hours			> \$	
		anization is exempt und			
	Enter the amount of any excise tax i				
	Enter the amount of any excise tax i				
4a	If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.				Yes No
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities >\$	
2	Enter the amount of the filing organi				
	exempt function activities			▶\$	
	Total exempt function expenditures				•
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en				
	For each organization listed, enter t				
	that were promptly and directly deli		anization, such as a se	parate segregated fund or a	a political action committee
	(PAC). If additional space is needed				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1		

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990 EZ) 2009 C / Part II-A Complete if the organization	<u>O ERROTA</u> zation is exer	BERE RANCHE	:S n 501(c)(3) and file	86-0 d Form 5768	0673419 Page 2
(election under section					
A Check 🕨 🔙 if the filing organization t					
B Check 🕨 🔲 if the filing organization o	checked box A ar	id "limited control" pro	ovisions apply.	C 3 Ett -	(1.) 6408-1-4
Limits on (The term "expenditure	Lobbying Experes" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	-		6		
c Total lobbying expenditures (add lines				. ,	
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) Not over \$500,000	1	bying nontaxable am the amount on line 1e	11		
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,0		4	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,				
g Grassroots nontaxable amount (enter 2	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter ∙0∙				
i Subtract line 1f from line 1c, if zero or i			[
j If there is an amount other than zero or					—
reporting section 4911 tax for this year					Yes L No
(Some organizatio colum	ns that made a s	eraging Period Unde section 501(h) elections se instructions for lin	r Section 501(h) on do not have to comp es 2a through 2f on pa	lete all of the five ge 4.)	
			ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 C/O ERROTABERE RANCHES 86-067341

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	·	(b)
		Yes	No	Amo	unt
1 Du	uring the year, did the filing organization attempt to influence foreign, national, state or				
loc	cal legislation, including any attempt to influence public opinion on a legislative matter				
or	referendum, through the use of:				
a Vo	olunteers?				
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	edia advertisements?				
	ailings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
-	rect contact with legislators, their staffs, government officials, or a legislative body?				
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	ther activities? If "Yes," describe in Part IV			.	
	otal. Add lines 1c through 1i				
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912		ŀ		
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
Part I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c)/	5) or se	ction	
raiti	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,, 0, 30	011011	
	001(0)(0)			Yes	No
1 W	/ere substantially all (90% or more) dues received nondeductible by members?		1		Х
	id the organization make only in-house lobbying expenditures of \$2,000 or less?				X
	id the organization agree to carryover lobbying and political expenditures from the prior year?		****	Х	
	"Yes."				
- 0		• •		nswered	
	ues, assessments and similar amounts from members				
2 S	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
2 S	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid).	cal	1	18	3,555
2 S e: a C	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year	cal	1	18 5	3,555 3,563
2 S ex a C b C	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year	cal	1	18	3,555 3,563 4,591
2 S ex a C b C c Te	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year otal	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year earryover from last year total ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A 4 If	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A 4 If	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154 5,874
2 S ex a C b C c T d 3 A 4 If d d ex	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T d 3 A d lf d d 6:5 T 5	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154 5,874
2 S a C b C c T 3 A 4 If d e 5 T	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excees the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Example amount of lobbying and political expenditures (see instructions)	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
BANK CHARGES PROGRAM EXPENSES INSURANCE TRAVEL & ENTERTAINMENT SUPPLIES DUES & SUBSCRIPTIONS COMMUNICATIONS & TELEPHONE IQA LAWSUIT			1,059. 30,370. 2,181. 17,238. 2,072. 300. 7,857. 138,654.
TOTAL TO FORM 990-EZ, LINE 16			199,731.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
MEETING ROOM DEPOSIT OTHER ASSETS-EZ		15,000.	5,000
TOTAL TO FORM 990-EZ, LINE 24		15,000.	5,000

FOR	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		នា	PATE	IENT	3
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	Į.]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	МО

990-EZ PG 2

STATEMENT

4

TO PROVIDE ACCURATE & TIMELY INFORMATION TO WESTERN FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION & REGULATIONS WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INPUT TO LEGISLATORS

990-EZ PG 2

STATEMENT

5

TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE & PROMOTE COMMON BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE IN WESTERN U.S.

Form 8	8868 (Rev. 4-2009)			Page 2
• If γ	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		▶ 🗓
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file			
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies n	eeded).	
_	Name of Exempt Organization	Emple	yer identifica	ation number
Туре	or FAMILY FARM ALLIANCE			
print	C/O ERROTABERE RANCHES	86	5-067341	19
File by to extended due dat	Number, street, and room or suite no. If a P.O. box, see instructions.	For IR	S use only	
filing th return, s instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	k type of return to be filed (File a separate application for each return): Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	☐ Fo	rm 5227 rm 6069	Form 8870
STOF	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previ	ously file	d Form 8868.	
Te ● If t	e books are in the care of 2895 S DICKENSON AVENUE - RIVERDALE, lephone No. 559-867-4461 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for all memb	the whole gro	ion is for
	Visit III II			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	ا م	٨	
1.	nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
		8b	ŝ	
	previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	OD	ড়	
С	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ns. 8c	ŝ	N/A
	Signature and Verification	13. 00	Ф	14/11
Under it is tr	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to ue, correct, and complete, and that I am authorized to prepare this form.	the best o	f my knowledge	and belief,
	ture ▶ TREASURER	Date	>	
215110				B68 (Rev. 4-2009)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		e 2008 calendar year, or tax year beginning		and end	ing			· · · · · · · · · · · · · · · · · · ·	
В	Check if applicat	ole: Please C Name of organization				D Emp	loyer i	dentification number	
	aibbA Chang	diess use IRS FAMILY FARM ALLIANCE							
	lilame Chang	e print or C/O ERROTABERE RANCHES				8	6 - 00	673419	
	Unitia retun					E Telephone number			
	Term ation					541-884-7963			
		ded tions. City or town, state or country, and ZIP + 4				F Group Exemption			
	Applic	RIVERDALE, CA 93656					nber ⊳		
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac	ь а сог	noleted	G Accoun			X Cash Accrual	
		Schedule A (Form 990 or 990-EZ).		iipiotou	Other (s				
ī	Websit	e: > WWW.FAMILYFARMALLIANCE.ORG			H Check			he organization is not	
		zation type (check only one)— X 501(c) (6) ◀ (insert no.) 4947(a)	(1) or	527	1			ule B (Form 990, 990-EZ, or 990-PF).	
		if the organization is not a section 509(a)(3) supporting organization and its			normally not	more	than \$2	5 000 A return is not	
		d, but if the organization chooses to file a return, be sure to file a complete return.	yı usa ı	eccipio are i	normany not	more	ιτιατί φε	D _i ooo. A return is not	
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form	n 000 i	netoad of Ec	rm 000.E7			254 042	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Bal	ances (S	See the instru	ıctions	for Par	254,943.	
	1	Contributions, gifts, grants, and similar amounts received						· '	
	2	Program service revenue including government fees and contracts	• • • • • • • • •	•••••			1	50,500.	
	3	Membership dues and assessments		•••••			2	43,681.	
	1 .	Membership dues and assessments					3	160,762.	
	4	Investment income			••••••		4		
	5a	Gross amount from sale of assets other than inventory		 					
	D	Less; cost or other basis and sales expenses	5b						
d)	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (5c		
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount	is from	ı gaming, ci	neck here 📂	Ш			
Š	a	Gross revenue (not including \$ of contributions	1	ı					
ď		reported on line 1)	6a						
	b	Less; direct expenses other than fundraising expenses	6b		- · · · · · · · · · · · · · · · · · · ·		14.0		
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	,	1			6c		
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less; cost of goods sold	7b						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c		
	8	Other revenue (describe >				_) [8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	254,943.	
	10	Grants and similar amounts paid (attach schedule)				[10		
	11	Benefits paid to or for members		*****		[11		
S	12	Salaries, other compensation, and employee benefits	· · · · · · · · · · · ·				12		
sesuec	13	Professional fees and other payments to independent contractors					13	188,491.	
М Д	14	Occupancy, rent, utilities, and maintenance					14	5,185.	
Ш	15	Printing, publications, postage, and shipping					15	2,725.	
	16	Other expenses (describe > S	EE	STATE	MENT :	1)	16	67,371.	
	17	Total expenses. Add lines 10 through 16				▶	17	263,772.	
,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	<8,829.>	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
8		(must agree with end-of-year figure reported on prior year's return)					19	41,585.	
ě	20	Other changes in net assets or fund balances (attach explanation)				- 1	20		
Z	21					•	21	32,756.	
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or i	more, f	ile Form 990) instead of F			<u> </u>	
L		(See the instructions for Part II.)	,		Beginning of			(B) End of year	
22	Cas	h, savings, and investments			36,0		22	17,756.	
23		d and buildings			30,0	<i>,</i> 0 <i>5</i>	23	<u> </u>	
24		er assets (describe ► <u>MEETING ROOM DEPOSIT</u>		`	15,5	500		15,000.	
25				'	51,			32,756.	
26	Tota	ıl assets ıl liabilities (describe ▶ REFUND DUE	•••••	`\	10,0				
27		assets or fund balances (line 27 of column (B) must agree with line 21)		,	41,5			0. 32,756.	
	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions f			41,	200	• 41	Form 990-EZ (2008)	
1<-	11-00		OF FUIL	n vev.				101111 220-LZ (2008)	

Form 990-EZ (2008) C/O ERROTABERE RANCHES			86-	06734	1 9 Page 2
Part III Statement of Program Service Accomplishmen	"		penses		
What is the organization's primary exempt purpose? SEE STATEMENT	·· <u>`</u>		-	(Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In a			ganizations and) trusts; optional		
provided, the number of persons benefited, or other relevant information for each pr		for others.			
28 SEE STATEMENT 2					
(Crosto C					
(Grants \$) If this amount includes foreign of TO PROVIDE WESTERN FARMERS AND THOS				28a	
WITH AN ORGANIZATION DEDICATED TO T			<u>-</u>		
IRRIGATED AGRICULTURE	IIE INECENVALI	ON OF			
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	一一	29a	
30 TO INFORM THE PUBLIC OF THE BENEFIT					
WESTERN FARMERS AND OF THE IMPORTAN					
RELIABLE SOURCE OF IRRIGATION WATER	FOR THOSE FA	RMERS.			
(Grants \$) If this amount includes foreign of	rants, check here	>		30a	
31 Other program services (attach schedule)]		
(Grants \$) If this amount includes foreign g	rants, check here)		31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mployooo			32	0.
Part IV List of Officers, Directors, Trustees, and Key E	inproyees. List each one ev	en if not compensated.			or Part IV.)
	(b) Title and average hours			ntributions nployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		t plans &	account and
	position	-0)		ferred ensation	other allowances
PATRICK O'TOOLE	PRESIDENT				
PO BOX 26, SAVERY , WY 82332	3.00	ο.		0.	0.
BILL KENNEDY, 24500 N POE VALLEY	CHAIRMAN				
ROAD, KLAMATH FALLS, OR 97603	1.00	0.		0.	0.
MARK RICKS	1ST VICE PRES	IDENT			
391 W 1200 N, FELT, ID 83424	1.00	0.		0.	0.
DON SCHWINDT, 20242 COUNTY ROAD A,	2ND VICE PRES			_	_
CORTEZ , CO 81321	1.00	0.		0.	0.
DANIEL ERROTABERE, 22895 S DICKENSON AVE, RIVERDALE, CA 93656	TREASURER	^		0	0
	3.00 DIRECTOR	0.		0.	0.
4350 SOUTH COVE, REEDLEY, CA 93654	0.00	0.		0.	0.
	DIRECTOR				•
921 WEST SEVENTH, LEXINGTON, NE 68850		0.		0.	0.
SANDY DENN	DIRECTOR				
6834 COUNTY RD 60, WILLOWS, CA 95988	0.00	0.		0.	0.
	DIRECTOR				
GOODYEAR, AZ 85364	0.00	0.		0.	0.
	DIRECTOR			_	_
9289 N OXFORD RD, FIREBAUGH, CA 93622	0.00	0.		0.	0.
	, , , , , , , , , , , , , , , , , , , ,				
					,
1000					
832172 12-17-08	I		!	Form	990-EZ (2008)
					(2000)

Forr	n 990-EZ (2008) C/O ERROTABERE RANCHES 86-0673	419		Page 3	
Pa	art V Other Information (Note the statement requirements in the instructions for Part VI.)				
<u> </u>			Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<u> </u>	Х	
34					
35					
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy				
	tax requirements?	35a	Х		
b		35b	1 25	Х	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Sch. N	36		X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			- 72	
		7		х	
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		Δ	
30 a		00-		-	
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X	
b		1 2 2 2 2			
39	Section 501(c)(7) organizations. Enter:	10/0			
a			77.7		
b					
4V a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A				
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		١.,,	Ļ	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	A	
C		1			
	sections 4912, 4955, and 4958 O .			4.1	
d	Enter amount of tax on line 40c reimbursed by the organization		10, 1		
e		1272	1 21 21		
	transaction? If "Yes," complete Form 8886-T	40e		X	
41	List the states with which a copy of this return is filed. AZ		4		
42 a	The books are in care of ▶ DANIEL ERROTABERE, TREASURER Telephone no. ▶ 559-86				
	Located at ► 22895 S DICKENSON AVENUE, RIVERDALE, CA ZIP+4 ► 9	365	6		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	 	
	account)?	42b		X	
	If "Yes," enter the name of the foreign country:	1 44.1	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 2 2			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х	
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🟲	Ш	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A			
				,	
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Ι.			
	Form 990-EZ	44	ļ	Х	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	"		'	
	completed instead of Form 990-EZ	45		X	

Form 990-EZ (2008)

Page 4

	he organization engage in direct or indirect political campaign activit	lies on behalf of or in opposition to d	candidates for nublic		I	Yes	No
			•		46		
	he organization engage in lobbying activities? If "Yes," complete t	Schedule C, Part II			47		
	e organization operating a school as described in section 170(b)(1)(48		
49a Didt	he organization make any transfers to an exempt non-charitable rela	ited organization?	····		49a	***********	
		*******			49b		
	plete this table for the five highest compensated employees (other to ompensation from the organization. If there is none, enter 'None.'	han officers, directors, trustees and	key employees) who	each received mo	ore tha	ın \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage	
Total num	ber of other employees paid over \$100,000						
	plete this table for the five highest compensated independent contra one, enter "None."	ctors who each received more than	\$100,000 of comper	isation from the o	rganiz	ation.	
	N/A (a) Name and address of each independent contractor paid m	ore than \$100,000	(b) Type of ser	vice (c)	Com	pensa	1011
		nore than \$100,000	(b) Type of ser	vice (c)) Com	pensa	1011
		nore than \$100,000	(b) Type of ser	vice (c)) Com	pensa	3011
Total num	(a) Name and address of each independent contractor paid m	nore than \$100,000	(b) Type of ser	vice (c)) Com	pensa	
Total numl Sign Here							0
Sign	ber of other independent contractors each (acceiving over \$100,000. Under penalties & permy affects a that I have examined this return, includir correct, and complete. Delayation of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURI	ng accompanying schedules and statemen all information of which preparer has any		y knowledge and beli			
Sign Here Paid Preparer's	(a) Name and address of each independent contractor paid m ber of other independent contractors each receiving over \$100,000. Under penalties of permy of ecolar that I have examined this return, includir correct, and complete. Destaration of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURITY or print name and title. Preparer's signature	ng accompanying schedules and statemen all information of which preparer has any	ats, and to the best of my knowledge.	y knowledge and beli	ef, it is	true,	0
Sign Here Paid	(a) Name and address of each independent contractor paid m ber of other independent contractors each teceiving over \$100,000. Under penalties & permy decta a that I have beautified this return, includir correct, and complete. Declaration of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURITY Type or print name and title. Preparer's signature Firm's name (or yours HENRY & HORNE, LLP)	pg accompanying schedules and statement all information of which preparer has any ER Date 03/28/09 emp	ats, and to the best of my knowledge.	y knowledge and beling Date	ef, it is	true,	0

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

> Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
	AMILY FARM ALLIANCE /O ERROTABERE RANCHES	06 0672410
Organization type (check		86-0673419
.	,	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8),	or (10) organization can check hoves
	and a Special Rule. See instructions.)	o. (10) o.gamenton oan onlock boxee
General Rule		
	filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1)/170(b)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of (a)(A)(vi), and received from any one contributor, during the year, a contribution of the graph, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and	eater of (1) \$5,000 or (2) 2% of the
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990·EZ, that received from any obutions or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.	-
some contribution \$1,000. (If this bo etc., purpose. Do	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions diex is checked, enter here the total contributions that were received during the year for a not complete any of the parts unless the General Rule applies to this organization below, etc., contributions of \$5,000 or more during the year.)	d not aggregate to more than n exclusively religious, charitable, cause it received nonexclusively
they must answer "No" or	nat are not covered by the General Rule and/or the Special Rules do not file Schedule B in Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, wet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •
LHA For Privacy Act and	I Paperwork Reduction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

Dage	1	2 arparts
Page	.I. of	2 of Parti

Name of organization
FAMILY FARM ALLIANCE
C/O ERROTABERE RANCHES

Employer identification number 86-0673419

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEAR PAW DEVELOPMENT PO BOX 170 HAVRE, MT 59501-0170	\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FREMONT WATER USERS AUTHORITY	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	THE ALFORD FOUNDATION INC 155 N DEEN ST ENGLEWOOD, NJ 07631	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FRIANT WATER USERS AUTHORITY 854 N HARVARD AVE LINDSAY, CA 93247-1715	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	JACK G. STONE 20500 LACEY BLVD LEMOORE, CA 93245	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	SANTA CRUZ WATER & POWER DISTRICT 41630 W LOUIS JOHNSON DR MARICOPA, AZ 85239		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page	2 of	2	of Part I
ugo	2,0	23	

Name of organization
FAMILY FARM ALLIANCE
C/O ERROTABERE RANCHES

Employer identification number

86-0673419

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WESTLANDS WATER DISTRICT PO BOX 6056 FRESNO, CA 93703	\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	-	•	Form 990, Part IV, line 5 (Pro	xy Tax), then		
	Section 50 ne of orgai	01(c)(4), (5), or (6) organiza			Emn	oyer identification number
INGII	ile oi oigai		FARM ALLIANCE		Linh	86-0673419
Ps	art I-A	To be completed by	<u>OTABERE RANCHES</u> y all organizations exen	ant under section	501(c) and section 5	27 organizations
	12 2 (14/2)	See the instructions for S	<u>-</u>	,pt anao, coolion	oo i(o) and ooonon o	
1	Provide a		ation's direct and indirect politi	cal campaign activities	in Part IV	
Pε	art I-B	To be completed by	y all organizations exen	npt under section	501(c)(3).	
		See the instructions for S	chedule C for details.			
			incurred by the organization ur			
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
						Yes No
	art I-C	describe in Part IV. To be completed by	y all organizations exen	ant under section	501(c) except section	n 501(c)(3)
	11.1.0	See the instructions for S	·	ipt andor doction	oo itoj, oxoopt oootic	11 001(0)(0):
1	Enter the		by the filing organization for s	ection 527 exempt func	tion activities	
			ization's funds contributed to d			
_				-		
3			function expenditures. Add line			
						:
4			1120-POL for this year?			
5			nployer identification number (E			
		-	if the amount was paid from th			
		•	separate political organization	, such as a separate sec	gregated fund or a political	action committee (PAC).
	if additto	nal space is needed, provi		1	1	•
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
					•	delivered to a separate
						political organization. If none, enter -0

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990 EZ) 2008 Part II-A To be completed b	C/O ERROTA	BERE RANCHE	S etion 501(c)(3) the	86-0	673419 Page 2
(election under sec				at moa i oim oio	,
·	ation belongs to an affi				
	_	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add l					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) o	` ' 1	bying nontaxable amo	ount is:	kajurjulukaling	
Not over \$500,000 Over \$500,000 but not over \$1,00		the amount on line 1e.	200 OVER \$500 000		
Over \$1,000,000 but not over \$1,5		00 plus 15% of the exc 10 plus 10% of the exc			
Over \$1,500,000 but not over \$		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		33 Over \$1,000,000.		
[0.0. \$ 17,000,000	1 41,000;				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. Ente					
i Subtract line 1f from line 1c. Enter					
j If there is an amount other than ze					
reporting section 4911 tax for this	year?				Yes No
•	zations that made a s ns below. See the ins	eraging Period Under section 501(h) election structions for lines 2a	do not have to com through 2f of the ins	•	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
o rotal looping orpollatation					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008 C/O ERROTABERE RANCHES 86-0673419 Page 3
Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(6	3)	(1	o)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?			24/25	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				· · · · · · · · · · · · · · · · · · ·
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	· · · · · · · · · · · · · · · · · · ·			-
f	Direct contact with legislators, their staffs, government officials, or a legislative body?				
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
	Other activities? If "Yes," describe in Part IV				
;	Total lines 1c through 1i		70.000		
22	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>		1,745,750	
	If "Yes," enter the amount of any tax incurred under section 4912		and the by		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	117.74.15			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ugga aya	
	t III-A To be completed by all organizations exempt under section 501(c)(4)	section	501(c)(5	, or sec	tion
	501(c)(6). See the instructions for Schedule C for details.	•		•	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		1	Х	
1 2	Answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)		11111		
-	expenses for which the section 527(f) tax was paid).	ioui			
а	Current year		2a	6	8,003.
	Carryover from last year				5,868.
C	- · ·		1		3,871.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				9,280.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	A AA		
	expenditure next year?		4		<u>4,591.</u>
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			<8	3,871.
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Als	o, complete	e this part
for a	ny additional information.				
			,		

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INSURANCE TRAVEL/MEALS OFFICE EXPENSE, BANK FEES,	MISCELLANEOUS	2,179. 62,373. 2,819.
TOTAL TO FORM 990-EZ, LINE	16	67,371.

990-EZ PG 2 STATEMENT 2

TO PROVIDE ACCURATE & TIMELY INFORMATION TO WESTERN FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION & REGULATIONS WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INPUT TO LEGISLATORS

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STAT	EMENT	3
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YE:	5 (X)	NO
-	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YE:	5 [X]	NO

14

990-EZ PG 2

STATEMENT

4

TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE & PROMOTE COMMON BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE IN WESTERN U.S.

15

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public

Form 990-EZ (2009)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer Identification number Please use IRS]Address]change FAMILY FARM ALLIANCE label or Name Change print or C/O ERROTABERE RANCHES 86-0673419 type. Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Sea Specific 22895 S DICKENSON AVENUE Termin-ated 541-884-7963 Amended City or town, state or country, and ZIP + 4 F Group Exemption RIVERDALE, CA 93656 Number 🕨 G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ WWW.FAMILYFARMALLIANCE.ORG H Check X if the organization is not Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990 EZ, or 990 PT). Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ > \$ 421.219. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 377,804. 1 Program service revenue including government fees and contracts 43,415. Membership dues and assessments 3 3 **5a** Gross amount from sale of assets other than inventory <u>5a</u> 5b Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less; direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7a b Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 421,219. 9 9 Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 100,000. 12 Professional fees and other payments to independent contractors 74,556. 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 4,236. 16 Other expenses (describe 199,731. 16 378,523. 17 Total expenses, Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 42,696. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 32,756. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 75,452. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 17,756. 22 70,452. 23 23 Land and buildings 5,000. Other assets (describe 15,000.24 32,756. 25 75,452. Total assets 25 Total liabilities (describe 0. 26 Net assets or fund balances (line 27 of column (8) must agree with line 21) 32,756.27 75,452.

Form 990-EZ (2009)

C/O ERROTABERE RANCHES

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes," attach a detailed description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not		1	
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a	Х	L
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
JŲA	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
	If 'Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	000		
		-		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
		\dashv		
		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	- }	l	L
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b	N/	A.
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	Ì		
	or disqualified persons during the year under sections 4912, 4955, and 4958 N/A	.		
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1		İ
	organization N/A	.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed. > AZ	2.0		
42 a	The organization's books are in care of ▶ DANIEL ERROTABERE, TREASURER Telephone no. ▶ 559-8	<u>67-4</u>	<u> 1461</u>	<u>.</u>
	Localed at 22895 S DICKENSON AVENUE, RIVERDALE, CA ZIP+4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	T	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	` 		1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
·	If 'Yes," enter the name of the foreign country:		-1	
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-		. [
43	and enter the amount of tax exempt interest received at control during the tax year	N/I	Δ	
	and enter the amount of tax-exempt interest received or accrued during the tax year	14 / 2	<u> </u>	
			Var	No.
		i	1 65	INC
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	+	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> </u>
		Form	990-EZ	(2009

C/O ERROTABERE RANCHES

orm 990-EZ				86-06734	<u> </u>	ige 4
Part VI	Section 501(c)(3) organizations and section and section 4947(a)(1) nonexempt charand 51.	ion 4947(a)(1) nonexempt itable trusts must answer question	charitable trus ns 46-49b and con	sts only. All se aplete the tables	oction 501(c for lines 50)(3)
46 Did the	organization engage in direct or indirect political campaign act	ivities on behalf of or in opposition to (candidates for public		Yes	No
	If "Yes," complete Schedule C, Part i			1	46	
	organization engage in lobbying activities? If "Yes," complet				47	
	organization a school as described in section 170(b)(1)(A)(ii)? I				48	
	organization make any transfers to an exempt non-charitable r				19a	
b if Yes,	"was the related organization a section 527 organization?				19b	
	ete this table for the organization's five highest compensated er 100,000 of compensation from the organization. If there is nonc		s, trustees and key ei	npioyees) who eac	in received iii	UIE
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expen account a other allowa	nd
51 Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated in ization. If there is none, enter "None." N/A		lived more than \$100	0,000 of compensa	tion from the	
	(a) Name and address of each independent contractor pai	d more than \$100,000	(b) Type of se	rvice (c)) Compensati	on
		W00 000				
a 101ai	number of other independent contractors each receiving over \$	100,000	<u></u>			
Sign Here	Under penalties of perjury, I declare that I have examined this return, inc correct, and combigle. Declaration of greparer (other than officer) is base Stantaure of other	cluding accompanying schedules and statemed on all information of which preparer has ar	ents, and to the best of n y knowledge.	ny knowledge and bet	ief, it is true.	
	DANIEL ERROTABERE, TREASU	JRER				
Paid	Preparer's signature			eparer's identifying nu	ımber (See instr	.)
Preparer's Use Only	DANIEL A. MACE, (CPA 11/10/10 er				
Joo Jaly	Firm's name (or yours HENRY & HORNE, LLP	D 017FFF 400	EIN			
	if self-employed), 1115 EAST COTTONWOO		Pho no.	ine 📂	60001	
	address, and ZIP+4 CASA GRANDE, ARIZO		110.	52083	58201 X Yes	No
May the IR	S discuss this return with the preparer shown above? See instr	uouotis			orm 990-EZ	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

0 (Section 501(c)(4), (5), or (6) organizati	ons: Complete Part III.			
Nam		FARM ALLIANCE		Emplo	yer identification number
	C/O ERRO	OTABERE RANCHES			86-0673419
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
	Provide a description of the organiza				
2	Political expenditures			▶\$	
3	Volunteer hours				
			11 = 0.47 \	/o)	
		anization is exempt und		• •	
	Enter the amount of any excise tax i				
	Enter the amount of any excise tax if the organization incurred a section				
3	Was a correction made?				= = =
	if "Yes," describe in Part IV.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	[] Tes [] NO
_	urt I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended				
2	Enter the amount of the filing organi				
_	exempt function activities				
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	-)	
	line 17b			> \$	
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	For each organization listed, enter t				
	that were promptly and directly deli			parate segregated fund or a	a political action committee
	(PAC). If additional space is needed				1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter .0.	promptly and directly
				(4.1.4.5,), 11.4.5, 21.1.5	delivered to a separate
					political organization. If none, enter -0
-					ir none, enter o .
_	W				
				1	

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990 EZ) 2009 C / Part II-A Complete if the organization	<u>O ERROTA</u> zation is exer	BERE RANCHE	IS n 501(c)(3) and file	86-0 d Form 5768	0673419 Page 2
(election under section					
A Check 🕨 🔙 if the filing organization t					
B Check 🕨 🔲 if the filing organization o	checked box A ar	id "limited control" pro	ovisions apply.	C 3 Ett -	0.3.6498-1-4-2-2-2-
Limits on (The term "expenditure	Lobbying Experes" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	-				
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter the		bying nontaxable an			
Not over \$500,000	1	the amount on line 1e	f (
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		4	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 2	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or l			L		
j If there is an amount other than zero or					
reporting section 4911 tax for this year					Yes L No
(Some organizatio colum	ns that made a s	eraging Period Unde section 501(h) elections se instructions for lin	r section 50 เ(ก) on do not have to comp es 2a through 2f on pa	lete all of the five ge 4.)	
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 C/O ERROTABERE RANCHES 86-067341

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	·	(b)
		Yes	No	Amo	unt
1 Du	uring the year, did the filing organization attempt to influence foreign, national, state or				
loc	cal legislation, including any attempt to influence public opinion on a legislative matter				
or	referendum, through the use of:				
a Vo	olunteers?				
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	edia advertisements?				
	ailings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
-	rect contact with legislators, their staffs, government officials, or a legislative body?				
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	ther activities? If "Yes," describe in Part IV			.	
	otal. Add lines 1c through 1i				
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912		ŀ		
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
Part I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c)/	5) or se	ction	
raiti	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,, 0, 30	011011	
	001(0)(0)			Yes	No
1 W	/ere substantially all (90% or more) dues received nondeductible by members?		1		Х
	id the organization make only in-house lobbying expenditures of \$2,000 or less?				X
	id the organization agree to carryover lobbying and political expenditures from the prior year?		****	Х	
	"Yes."				
- 0		• •		nswered	
	ues, assessments and similar amounts from members				
2 S	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
2 S	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid).	cal	1	18	3,555
2 S e: a C	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year	cal	1	18 5	3,555 3,563
2 S ex a C b C	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year	cal	1	18	3,555 3,563 4,591
2 S ex a C b C c Te	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year otal	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year earryover from last year total ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A 4 If	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cal	1 2a 2b 2c	18: 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T 3 A 4 If	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi xpenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154 5,874
2 S ex a C b C c T d 3 A 4 If d d ex	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154
2 S ex a C b C c T d 3 A d lf d d 6:5 T 5	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	183 5 5	3,555 3,563 4,591 8,154 5,874
2 S a C b C c T 3 A 4 If d e 5 T	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year cotal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excees the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Example amount of lobbying and political expenditures (see instructions)	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part I	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280
2 S ex a C b C c T 3 A 4 If d ex 5 T Part	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). current year carryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceet the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? axable amount of lobbying and political expenditures (see instructions) Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the section 162(e) are political expenditures.	cess political	2a 2b 2c 3	18: 5 5 5	3,555 3,563 4,591 8,154 5,874 2,280

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
BANK CHARGES PROGRAM EXPENSES INSURANCE TRAVEL & ENTERTAINMENT SUPPLIES DUES & SUBSCRIPTIONS COMMUNICATIONS & TELEPHONE IQA LAWSUIT			1,059. 30,370. 2,181. 17,238. 2,072. 300. 7,857. 138,654.
TOTAL TO FORM 990-EZ, LINE 16			199,731.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
MEETING ROOM DEPOSIT OTHER ASSETS-EZ		15,000.	5,000
TOTAL TO FORM 990-EZ, LINE 24		15,000.	5,000

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT				
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	Į.]	YES	[X]	NO			
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	МО			

990-EZ PG 2

STATEMENT

4

TO PROVIDE ACCURATE & TIMELY INFORMATION TO WESTERN FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION & REGULATIONS WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INPUT TO LEGISLATORS

990-EZ PG 2

STATEMENT

5

TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE & PROMOTE COMMON BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE IN WESTERN U.S.

Form 8	3868 (Rev. 4-2009)			Page 2
• lfγ	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this l	юх		. ▶ 🗓
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file			- "
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies n	eeded).	
	Name of Exempt Organization	Emple	oyer identifica	tion number
Туре	or FAMILY FARM ALLIANCE			
print	C/O ERROTABERE RANCHES	80	5-067341	.9
File by extende due dat	Number, street, and room or suite no. If a P.O. box, see instructions.	For IR	S use only	
filing th return, i instruct	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Chec	k type of return to be filed (File a separate application for each return): Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	rm 5227 rm 6069	Form 8870
STOF	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 8868.	
Te ● If t	le books are in the care of 22895 S DICKENSON AVENUE - RIVERDALE, lephone No. 559-867-4461 FAX No. 16 Ithe organization does not have an office or place of business in the United States, check this box in this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of it is request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension WAITING ON ADDITIONAL CLIENT INFORMATION TO COMPLETE	this is for	the whole ground the extension of the ex	on is for. . bunting period
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	d8	\$	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	s. 8c	\$	N/A
	Signature and Verification			
Under it is tr	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to ue, correct, and complete, and that I am authorized to prepare this form.	the best o	f my knowledge :	and belief,
Signa	ture ▶ TREASURER	Date		
			Form 8 8	68 (Rev. 4-2009)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		or the 2008 calendar year, or tax year beginning and ending										
В	Check if applicat	ck if cable: Please C Name of organization D Er						Employer identification number				
	aibbA Chang	S Use IRS FAMILY FARM ALLIANCE										
	lilame Chang	e print or C/O ERROTABERE RANCHES	8	86-0673419								
	Unitia retun	Number and street (or P.O. box, if mail is not delivered to street address		Celephone number								
	Term ation					5	541-884-7963					
		ded tions. City or town, state or country, and ZIP + 4				•	Group Exemption					
C	Applic	riverdale, ca 93656					lumber >					
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attacl	ь а сол	noleted	G Accoun			X Cash Accrual				
		Schedule A (Form 990 or 990-EZ).		pietee	t .							
$\overline{\Box}$	Schedule A (Form 990 or 990-EZ). Other (specify H Check							he organization is not				
		zation type (check only one)— X 501(c) (6) ◀ (insert no.)	(1) or	527	1			ule B (Form 990, 990-EZ, or 990-PF).				
		if the organization is not a section 509(a)(3) supporting organization and its			normally not	more t	han \$2	5 000 A return is not				
		d, but if the organization chooses to file a return, be sure to file a complete return.	g1 000 1	occipio uro	normany not	inoi G (παιτ ψε-	Ologo: Wickelli is ilot				
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Forn	n 990 i	netead of Fo	rm QQD-E7		<u>s</u>	254,943.				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bal	ances (S	See the instru	ctions	for Pari	±11)				
	1	Contributions, gifts, grants, and similar amounts received					1	50,500.				
	2	Program service revenue including government fees and contracts		••••••		·····	2	43,681.				
	3	Membership dues and assessments		•••••		·····	3	160,762.				
	4	Investment income				·····	4	100,702.				
	5a	Gross amount from sale of assets other than inventory			••••••	·····	4					
	Va K		5b	<u> </u>								
	"	Less; cost or other basis and sales expenses										
a	0						5c					
ñ	6	Special events and activities (complete applicable parts of Schedule G). If any amount	is irom	gaming, ci	ieck liete 📂	ш	25.5					
Revenue	a	Gross revenue (not including \$ of contributions	1 .	1		- 1						
Œ	١.	reported on line 1)	6a									
	0	Less: direct expenses other than fundraising expenses	6b	<u> </u>		-						
	°	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	ı	1			6c					
	7a	Gross sales of inventory, less returns and allowances	7a	ļ								
	b	Less; cost of goods sold 7b										
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-	7c								
	8	Other revenue (describe	_)	8								
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	********				9	254,943.				
	10	Grants and similar amounts paid (attach schedule)	}	10								
	11	enefits paid to or for members										
sesuec	12	alaries, other compensation, and employee benefits						188,491.				
ĕ	13	Professional fees and other payments to independent contractors	er payments to independent contractors									
쫎	14	Occupancy, rent, utilities, and maintenance										
	15	Printing, publications, postage, and shipping				L	15	2,725.				
	16	Other expenses (describe S	EE	STATE	MENT 1	<u>L</u>)	16	<u>67,371.</u>				
	17	Total expenses. Add lines 10 through 16				▶	17	<u>263,772.</u>				
B	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	<u> </u>				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	ning of year (from line 27, column (A))									
¥		(must agree with end-of-year figure reported on prior year's return)					19	<u>41,585.</u>				
ž	20	Other changes in net assets or fund balances (attach explanation)]_	20					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	<u>32,756.</u>				
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or r	nore, f				10-EZ.					
		(See the instructions for Part II.)			Beginning of			(B) End of year				
22	Cas	sh, savings, and investments 36,08!						<u> 17,756.</u>				
23												
24		r assets (describe ► <u>MEETING ROOM DEPOSIT</u>) 15,50						15,000.				
25	Tota	otal assets 51,58						32,756.				
26								0.				
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			41,5	585	27	32,756.				
ძ32 12-	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions f	or Forr	n 990.	 ,			Form 990-EZ (2008)				

Form 990-EZ (2008)

Forr	n 990-EZ (2008) C/O ERROTABERE RANCHES 86-0673	419		Page 3			
Pa	art V Other Information (Note the statement requirements in the instructions for Part VI.)						
<u> </u>			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity						
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	33		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	4.15					
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		100	٠.			
а	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy						
	tax requirements?						
b		35a 35b	X	Х			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Sch. N	36		X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			- 72			
		7		х			
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		Δ			
30 a		00-					
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X			
b		1 2 2 2 2					
39	Section 501(c)(7) organizations. Enter:	10/0					
a			77.7				
b							
4V a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A						
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		١.,,	Ļ			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	A			
C		1					
	sections 4912, 4955, and 4958 O .			4.1			
d	Enter amount of tax on line 40c reimbursed by the organization		10, 1				
e		1272	1 21 21				
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed. AZ		4				
42 a	2a The books are in care of ▶ DANIEL ERROTABERE, TREASURER Telephone no. ▶ 559-86						
	Located at ► 22895 S DICKENSON AVENUE, RIVERDALE, CA ZIP+4 ► 9	365	6				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	 			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country:	1 44.1	1				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 2 2					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х			
	If "Yes," enter the name of the foreign country:						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🟲	Ш			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A					
				,			
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Ι.					
	Form 990-EZ	44	ļ	Х			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	"		'			
	completed instead of Form 990-EZ	45		X			

Form 990-EZ (2008)

Page 4

	he organization engage in direct or indirect political campaign activit	lies on behalf of or in opposition to d	candidates for nublic		I	Yes	No
			•		46		
	he organization engage in lobbying activities? If "Yes," complete t	Schedule C, Part II			47		
	e organization operating a school as described in section 170(b)(1)(48		
49a Didt	he organization make any transfers to an exempt non-charitable rela	ted organization?	····		49a	***********	
		*******			49b		
	plete this table for the five highest compensated employees (other to ompensation from the organization. If there is none, enter 'None.'	han officers, directors, trustees and	key employees) who	each received mo	ore tha	ın \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage Expectage	
Total num	ber of other employees paid over \$100,000						
	plete this table for the five highest compensated independent contra one, enter "None."	ctors who each received more than	\$100,000 of comper	isation from the o	rganiz	ation.	
	N/A (a) Name and address of each independent contractor paid m	ore than \$100,000	(b) Type of ser	vice (c)	Com	pensa	1011
		nore than \$100,000	(b) Type of ser	vice (c)) Com	pensa	1011
		nore than \$100,000	(b) Type of ser	vice (c)	Com	pensa	3011
Total num	(a) Name and address of each independent contractor paid m	nore than \$100,000	(b) Type of ser	vice (c)) Com	pensa	
Total numl Sign Here							0
Sign	ber of other independent contractors each (acceiving over \$100,000. Under penalties & permy affects a that I have examined this return, includir correct, and complete. Delayation of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURI	ng accompanying schedules and statemen all information of which preparer has any		y knowledge and beli			
Sign Here Paid Preparer's	(a) Name and address of each independent contractor paid m ber of other independent contractors each receiving over \$100,000. Under penalties of permy of ecolar that I have examined this return, includir correct, and complete. Destaration of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURITY or print name and title. Preparer's signature	ng accompanying schedules and statemen all information of which preparer has any	ats, and to the best of my knowledge.	y knowledge and beli	ef, it is	true,	0
Sign Here Paid	(a) Name and address of each independent contractor paid m ber of other independent contractors each teceiving over \$100,000. Under penalties & permy decta a that I have beautified this return, includir correct, and complete. Declaration of preparer (other than officer) is based or Signature of officer DANIEL ERROTABERE, TREASURITY Type or print name and title. Preparer's signature Firm's name (or yours HENRY & HORNE, LLP)	pg accompanying schedules and statement all information of which preparer has any ER Date 03/28/09 emp	ats, and to the best of my knowledge.	y knowledge and beling Date	ef, it is	true,	0

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

> Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
	AMILY FARM ALLIANCE /O ERROTABERE RANCHES	06 0672410
Organization type (check		86-0673419
.	,	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8),	or (10) organization can check hoves
	and a Special Rule. See instructions.)	o. (10) o.gamenton oan onlock boxee
General Rule		
	filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1)/170(b)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of (a)(A)(vi), and received from any one contributor, during the year, a contribution of the graph, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and	eater of (1) \$5,000 or (2) 2% of the
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990·EZ, that received from any obutions or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.	-
some contribution \$1,000. (If this bo etc., purpose. Do	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions diex is checked, enter here the total contributions that were received during the year for a not complete any of the parts unless the General Rule applies to this organization below, etc., contributions of \$5,000 or more during the year.)	d not aggregate to more than n exclusively religious, charitable, cause it received nonexclusively
they must answer "No" or	nat are not covered by the General Rule and/or the Special Rules do not file Schedule B in Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, wet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •
LHA For Privacy Act and	I Paperwork Reduction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

Dage	1	2 arparts
Page	.I. of	2 of Parti

Name of organization
FAMILY FARM ALLIANCE
C/O ERROTABERE RANCHES

Employer identification number 86-0673419

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEAR PAW DEVELOPMENT PO BOX 170 HAVRE, MT 59501-0170	\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FREMONT WATER USERS AUTHORITY	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	THE ALFORD FOUNDATION INC 155 N DEEN ST ENGLEWOOD, NJ 07631	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FRIANT WATER USERS AUTHORITY 854 N HARVARD AVE LINDSAY, CA 93247-1715	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	JACK G. STONE 20500 LACEY BLVD LEMOORE, CA 93245	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	SANTA CRUZ WATER & POWER DISTRICT 41630 W LOUIS JOHNSON DR MARICOPA, AZ 85239		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

-	a	2	of Part
Page	2 of	Z	of Part

Name of organization
FAMILY FARM ALLIANCE
C/O ERROTABERE RANCHES

Employer identification number

86-0673419

Part I Contributors (see instruction

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WESTLANDS WATER DISTRICT PO BOX 6056 FRESNO, CA 93703	\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	-	•	Form 990, Part IV, line 5 (Pro	xy Tax), then		
	Section 50 ne of orgai	01(c)(4), (5), or (6) organiza			Emn	oyer identification number
INGII	ile oi oigai		FARM ALLIANCE		Linh	86-0673419
Ps	art I-A	To be completed by	<u>OTABERE RANCHES</u> y all organizations exen	ant under section	501(c) and section 5	27 organizations
	12 2 (14/2)	See the instructions for S	<u>-</u>	,pt anao, coolion	oo i (o) ama ooo mon o	
1	Provide a		ation's direct and indirect politi	cal campaign activities	in Part IV	
Pε	art I-B	To be completed by	y all organizations exen	npt under section	501(c)(3).	
		See the instructions for S	chedule C for details.			
			incurred by the organization ur			
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
						Yes No
	art I-C	describe in Part IV. To be completed by	y all organizations exen	ant under section	501(c) except section	n 501(c)(3)
	11.1.0	See the instructions for S	·	ipt andor doction	oo itoj, oxoopt oootic	11 001(0)(0):
1	Enter the		by the filing organization for s	ection 527 exempt func	tion activities	
			ization's funds contributed to d			
_				-		
3			function expenditures. Add line			
						:
4			1120-POL for this year?			
5			nployer identification number (E			
		-	if the amount was paid from th			
		•	separate political organization	, such as a separate sec	gregated fund or a political	action committee (PAC).
	if additto	nal space is needed, provi		1	1	•
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
					•	delivered to a separate
						political organization. If none, enter -0

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990 EZ) 2008 Part II-A To be completed b	C/O ERROTA	BERE RANCHE	S etion 501(c)(3) the	86-0	673419 Page 2
(election under sec				at moa i oim oio	,
·	ation belongs to an affi				
	_	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add l					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) o	` ' 1	bying nontaxable amo	ount is:	kajurjulukaling	
Not over \$500,000 Over \$500,000 but not over \$1,00		the amount on line 1e.	200 OVER \$500 000		
Over \$1,000,000 but not over \$1,5		00 plus 15% of the exc 10 plus 10% of the exc			
Over \$1,500,000 but not over \$		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		33 Over \$1,000,000.		
[0.0. \$ 17,000,000	1 41,000;				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. Ente					
i Subtract line 1f from line 1c. Enter					
j If there is an amount other than ze					
reporting section 4911 tax for this	year?				Yes No
•	zations that made a s ns below. See the ins	eraging Period Under section 501(h) election structions for lines 2a	do not have to com through 2f of the ins	•	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
o rotal looping orpollatation					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008 C/O ERROTABERE RANCHES 86-0673419 Page 3
Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

local legislation, including a or referendum, through the a Volunteers?			(a)		(b)	
local legislation, including a or referendum, through the a Volunteers?		Yes	No	Am	ount	
or referendum, through the	ing organization attempt to influence foreign, national, state or any attempt to influence public opinion on a legislative matter					
a Volunteers?	· · · · ·	1 11. 11.	in the second			
•						
b Paid staff or management	(include compensation in expenses reported on lines 1c through 1i)?			1.74		
c Media advertisements?						
	slators, or the public?					
e Publications, or published	or broadcast statements?					
	ons for lobbying purposes?					
g Direct contact with legislat	tors, their staffs, government officials, or a legislative body?					
	eminars, conventions, speeches, lectures, or any other means?					
	describe in Part IV					
			. *::: : : : :	5 5 74 7		
	cause the organization to be not described in section 501(c)(3)?			1 111,1111	s ingline tills	
	of any tax incurred under section 4912					
•	of any tax incurred by organization managers under section 4912					
d If the filing organization inc	curred a section 4912 tax, did it file Form 4720 for this year?	 4\	F04/-\/E\		¥!	
	eted by all organizations exempt under section 501(c)(4), section	501(c)(b)	, or sec	tion	
501(C)(6). See	the instructions for Schedule C for details.			Yes	No	
	A second leading to the content of		<u> </u>	162		
•	6 or more) dues received nondeductible by members?		1 1		X	
<u> </u>	only in-house lobbying expenditures of \$2,000 or less?eto carryover lobbying and political expenditures from the prior year?			Х	<u> </u>	
	es." See Schedule C instructions for details.			ition 3 is	•	
	imilar amaunta from mambara					
1 Dues, assessments and si	imilar amounts from members		1			
 Dues, assessments and si Section 162(e) non-deduct 	tible lobbying and political expenditures (do not include amounts of po		1			
 Dues, assessments and si Section 162(e) non-deduct expenses for which the s 	tible lobbying and political expenditures (do not include amounts of po section 527(f) tax was paid).	litical				
Dues, assessments and si Section 162(e) non-deduct expenses for which the s Current year	tible lobbying and political expenditures (do not include amounts of po section 527(f) tax was paid).	litical	2a	6	8,003	
Dues, assessments and si Section 162(e) non-deduct expenses for which the s Current year Carryover from last year	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid).	litical	2a	6 1	8,003 5,868	
Dues, assessments and si Section 162(e) non-deduct expenses for which the s Current year Carryover from last year Total	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid).	litical	2a 2b 2c	6 1 8	8,003 5,868 3,871	
Dues, assessments and si Section 162(e) non-deduct expenses for which the sa Current year Carryover from last year Total Aggregate amount reporter	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid). do not include amounts of posection 527(f) tax was paid). do not include amounts of posection 527(f) tax was paid).	litical	2a 2b 2c 3	6 1 8	8,003 5,868 3,871	
1 Dues, assessments and si 2 Section 162(e) non-deduct expenses for which the s a Current year b Carryover from last year c Total 3 Aggregate amount reporte 4 If notices were sent and the	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid).	litical 	2a 2b 2c	6 1 8	8,003 5,868 3,871	
Dues, assessments and si Section 162(e) non-deduct expenses for which the s Current year Carryover from last year Total Aggregate amount reporte If notices were sent and the	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid). ed in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the amount on line 2c exceeds the amount on line 3, what portion of the	excess d political	2a 2b 2c 3	6 1 8 7	8,003 5,868	
Dues, assessments and si Section 162(e) non-deduct expenses for which the s Current year Carryover from last year Total Aggregate amount reporter	tible lobbying and political expenditures (do not include amounts of posection 527(f) tax was paid). do not include amounts of posection 527(f) tax was paid). do not include amounts of posection 527(f) tax was paid).	litical	2a 2b 2c 3	6 1 8	8,00 5,86 3,87	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INSURANCE TRAVEL/MEALS OFFICE EXPENSE, BANK FEES,	MISCELLANEOUS	2,179. 62,373. 2,819.
TOTAL TO FORM 990-EZ, LINE	16	67,371.

990-EZ PG 2 STATEMENT 2

TO PROVIDE ACCURATE & TIMELY INFORMATION TO WESTERN FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION & REGULATIONS WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INPUT TO LEGISLATORS

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STAT	EMENT	3
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YE:	5 (X)	NO
-	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YE:	5 [X]	NO

14

990-EZ PG 2

STATEMENT

4

TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE & PROMOTE COMMON BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE IN WESTERN U.S.

15