# COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

# Full Committee Legislative Hearing on:

• H.R. \_\_\_\_ (Hastings), To facilitate and streamline the Bureau of Reclamation process for creating or expanding surface water storage under Reclamation law. *"Bureau of Reclamation Surface Water Storage Streamlining Act."* 

# September 10, 2014

For Individuals:

- 1. Name:
- 2. Address:
- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Dan Keppen
- 2. Name of Organization(s) You are Representing at the Hearing: Family Farm Alliance
- 3. Business Address: P.O. Box 216 Klamath Falls, OR 97601
- 4. Business Email Address:
- 5. Business Phone Number:

# For all Witnesses

Name/Organization\_\_\_\_Dan Keppen / Family Farm Alliance\_

**Title/Date of Hearing**: Legislative hearing on: H.R. \_\_\_\_ (Hastings) To facilitate and streamline the Bureau of Reclamation process for creating or expanding surface water storage under Reclamation law. *"Bureau of Reclamation Surface Water Storage Streamlining Act."* September 10, 2014

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.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. 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 multiple times on water storage, Endangered Species Act impacts to Western agricultural water users, and Bureau of Reclamation policy and budgetary matters.

# Witnesses Representing Organizations

# Name/Organization\_\_\_\_\_Dan Keppen / Family Farm Alliance\_

**Title/Date of Hearing**: Legislative hearing on: H.R. \_\_\_\_ (Hastings) To facilitate and streamline the Bureau of Reclamation process for creating or expanding surface water storage under Reclamation law. *"Bureau of Reclamation Surface Water Storage Streamlining Act."* September 10, 2014

h. 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

i. 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

j. 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.

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

None

1. 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)).

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

# Tax Return Carryovers to 2012

Disallowing Form       Description       Originating Form       Entity/ Activity       St/ City       Amount         SCHC       LOBBYING EXPENSE       SCHC       39,70         Image: SCHC       Image: SCHC
REASONABLE ESTIMATE OF NONDEDUCTIBLE         SCHC       LOBBYING EXPENSE         SCHC       SCHC         SCHC       39,70         SCHC       SCHC

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10541112 758364 0402941

2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

HENRY & HORNE, LLP 1115 EAST COTTONWOOD SUITE 100 CASA GRANDE, ARIZONA 85122-2950

NOVEMBER 12, 2012

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES 22895 S DICKENSON AVENUE RIVERDALE, CA 93656

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES:

ENCLOSED ARE THE 2011 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2011 FORM 990

2011 ARIZONA FORM 99

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

FOR YOUR CONVENIENCE, WE HAVE INCLUDED A COPY OF THE RETURN FOR YOUR USE IN PROVIDING A COPY FOR PUBLIC INSPECTION. THIS COPY DOES NOT INCLUDE SCHEDULES THAT ARE SPECIFICALLY EXCLUDED FROM THE PUBLIC INSPECTION REGULATIONS.

PLEASE BE SURE TO SIGN THE ATTACHED COPY OF THE RETURN PRIOR TO PROVIDING IN COMPLIANCE WITH THE PUBLIC INSPECTION REQUIREMENTS.

FOR YOUR INFORMATION, A TAX-EXEMPT ORGANIZATION MUST MAKE ITS APPLICATION FOR RECOGNITION OF EXEMPTION (FORM 1023) AND ITS ANNUAL INFORMATION RETURNS (FORM 990) FOR THE PAST THREE YEARS AVAILABLE FOR PUBLIC INSPECTION, WITHOUT CHARGE, AT ITS PRINCIPAL LOCATION DURING REGULAR BUSINESS HOURS. COPIES OF THE RETURNS MUST BE PROVIDED, IF REQUESTED, FOR A REASONABLE FEE.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

VERY TRULY YOURS,

HENRY & HORNE, LLP

Prepared for:	Prepared by:
FAMILY FARM ALLIANCE	
C/O ERROTABERE RANCHES	HENRY & HORNE, LLP
22895 S DICKENSON AVENUE	1115 EAST COTTONWOOD SUITE 100
RIVERDALE, CA 93656	CASA GRANDE, AZ 85122-2950

2011 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2012.

2011 ARIZONA FORM 99

NO PAYMENT IS REQUIRED.

THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

PLEASE MAIL ON OR BEFORE NOVEMBER 15, 2012.

MAIL TO - ARIZONA DEPARTMENT OF REVENUE PO BOX 52153 PHOENIX, AZ 85072-2153

Form <b>990</b>
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.

Α	For the	e 2011 calendar year, or tax year beginning and	l ending		
в	Check if	C Name of organization		D Employer identifie	cation number
	applicab	FAMILY FARM ALLIANCE			
	Addre	e   C/O ERROTABERE RANCHES			
	Name Chang	e Doing Business As	-	86-0	673419
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number	
	Termi	ZZOJJ D DICKENDON AVENDE		541-	884-7963
	Amen	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	304,650.
	Applio tion pendi	KIVERDALE, CA 95050		H(a) Is this a group re	
	penu	F Name and address of principal officer: DANIEL ERROTABERE		for affiliates?	Yes X No
		22895 S DICKENSON AVENUE, RIVERDALE, C	<u>A 93</u>	6 H(b) Are all affiliates inc	luded? Yes No
		empt status: 501(c)(3) X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1)	or 🛄 52	If "No," attach a	list. (see instructions)
		te: • WWW.FAMILYFARMALLIANCE.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	ar of formation: 1991 N	State of legal domicile: $\operatorname{AZ}$
Pa	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: TO I	MPROV	E BUSINESS C	ONDITIONS
anc		AFFECTING AGRICULTURE & PROMOTE COMMON B			
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispo			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			10
<del>م</del>		Number of independent voting members of the governing body (Part VI, line 1b)			10
ies		Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0
ivit	6	Total number of volunteers (estimate if necessary)	.))		0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			L	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	L	659,518.	262,455.
Revenue	9	Program service revenue (Part VIII, line 2g)		52,833.	42,195.
Bev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		712,351.	304,650.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		700,526.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		700,526.	366,041.
		Revenue less expenses. Subtract line 18 from line 12		11,825.	-61,391.
s or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	L	87,277.	25,886.
et A: nd F	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		87,277.	25,886.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is
true	, corre	xt, and complete. Declaration of preparer (other than officer) is based on all information of w	/hich prepar	er has any knowledge.	

Sign Here	Signature of officer DANIEL ERROTABERE, TRE Type or print name and title	EASURER	Date	
Paid	Print/Type preparer's name DANIEL A. MACE, CPA	Preparer's signature DANIEL A. MACE, CP.	PA 11/12/12 self-employed PO009267	4
Preparer	Firm's name 🕨 HENRY & HORNE, I	Tb	Firm's EIN <b>86-01338</b> 8	31
Use Only	Firm's address 1115 EAST COTTON			
	CASA GRANDE, AZ	85122-2950	Phone no. (520)836-82	201
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes	No
132001 01-2	3-12 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form <b>990</b>	(2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES	86-0673419	Б
	rt III   Statement of Program Service Accomplishments	00 00/5415	Pa
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE & P	ROMOTE COM	MON
	BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE I		
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	s X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	measured by expense	20
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr		
	others, the total expenses, and revenue, if any, for each program service reported.		10
42	(Code: ) (Expenses \$ 307,663 • including grants of \$ ) (Revenue	¢	
ти	MEMBER DEVELOPMENT AND COUNSEL TO PROVIDE WESTERN FARMER		ΞТ
	RELATED INDUSTRIES WITH AN ORGANIZATION DEDICATED TO THE		
	OF IRRIGATED AGRICULTURE		
4b	(Code: ) (Expenses \$ 55,378 · including grants of \$ ) (Revenue	s 42	,19
4b	(Code:) (Expenses \$ 55,378. including grants of \$) (Revenue ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATION		
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FAMILY FARM ALLIANCE

C/O ERROTABERE RANCHES Form 990 (2011) C/O ERROTABE
Part IV Checklist of Required Schedules

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did 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 I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
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 IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
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 VII	11b		X
С	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	11c		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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI, XII, and XIII	12a		
U	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	15		Х
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	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
· · ·				

Form **990** (2011)

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## FAMILY FARM ALLIANCE

Form 990 (2011)

Pa	rt IV Checklist of Required Schedules (continued)			ugo -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	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, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		x
24a	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			
	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		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	- 55		
04	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a		35a		x
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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	1		
<b>.</b> -	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38		
		⊦orm	<b>990</b> (	2011)

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Form 990 (	2011)	C/0	ERROTABERE	RANCHES	5
Part V	Statement	ts Regardi	ing Other IRS Fil	ings and Ta	ax Compliance

#### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990 (2011)
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FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

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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

X

<u>Sec</u>	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 1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
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		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	-	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				37
	persons other than the governing body?		7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			37	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	-	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
40		Г	10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	····  -	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990.		11a	Λ	
b	Did the event in the second title of interval as the Olf INIA I we to line 12		12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	····  -	12.0		
C	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did 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		Х
	Other officers or key employees of the organization	···· F	15b		Х
	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				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website I Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	, and	finar	icial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orga	nizati	on: 🕨	•	
	DANIEL ERROTABERE, TREASURER - 559-867-4461				
132000	22895 S DICKENSON AVENUE, RIVERDALE, CA 93656		<b>F</b> .	0000	0.04.1
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2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

FAMILY FARM ALLIANCE

C/O ERROTABERE RANCHES

(E)

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

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

**/D** 

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

• 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.

 $\langle \alpha \rangle$ 

Т

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

(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per	do not che Der box, unless				than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	wook	offic	icer and a director/trustee)		from	from related	other			
	(describe	irector						the	organizations	compensation
	nours for	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(W 2/1000 WIGO)		and related
	in Schedule	idual	In stitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	(describe hours for related organizations in Schedule O)	Indiv	Insti	Officer	Key	High emp	Form			
(1) HARVEY BAILEY										0
DIRECTOR	0.00	Х		÷				0.	0.	0.
(2) SANDY DENN DIRECTOR	0.00	v						0.	0.	0.
(3) RON RAYNER	0.00	X		K				0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(4) DANIEL ERROTABERE	0.00							0.	0•	
TREASURER	0.00	x		x		ľ		0.	0.	0.
(5) PATRICK O'TOOLE					2					
PRESIDENT	0.00	x		x				0.	0.	0.
(6) BILL KENNEDY										
CHAIRMAN	0.00	X		Х				0.	0.	0.
(7) CHRIS HURD										
DIRECTOR	0.00	Х						0.	0.	0.
(8) DON SCHWINDT										
2ND VICE PRESIDENT	0.00	X		X				0.	0.	0.
(9) TOM SCHWARZ	0.00	x						0.	0.	0.
DIRECTOR (10) HAROLD MOHLMAN	0.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
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## FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

	990 (2011) C/O ERRO	TABERE I	RAI	NCI	IES	3				86-06	<u>573</u>	419	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more than one box, unless person is both an			(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		Est am	(F) imate ount c other				
		(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	ensat m the nization relate nization	e on ed
								_						
	Sub total								0.		0.			0.
	Sub-total Total from continuation sheets to Part VI						5		0.		0.			0.
	Total (add lines 1b and 1c)			h			١Ļ		0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	not limited to th	iose	liste	ed al	bove	e) wh	io r	eceived more than \$100	),000 of reportabl	e			0
													Yes	No
3	Did the organization list any <b>former</b> officer,													х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		<u>л</u>
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a					-		elat	ted organization or indiv	idual for services				
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of com	ipensa	ation fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or wi	thir		year.		(0)		
	(A) Name and business	address							(B) Description of s	services	C	( <b>C</b> ) ompen		ı
	N KEPPEN & ASSOC BOX 216, KLAMATH FALLS	S, OR 97	76(	01					EXECUTIVE DI	RECTOR		118	,33	34.

2	Total number of independent contractors (including but not limited to those listed above) who received more than	
	\$100,000 of compensation from the organization 🕨 1	

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Form **990** (2011)

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## ALLIANCE TABERE RANCHES

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				BERE RANCHES	S		86-0673	419 Page 9
Pa	rt V		Statement of Revenue					
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d f	Federated campaigns11Membership dues11Fundraising events11Related organizations10Government grants (contributions)10All other contributions, gifts, grants, andsimilar amounts not included above11Noncash contributions included in lines 1a-1f: \$	176,163. 78,000. 8,292.				
Cor			Total. Add lines 1a-1f		262,455.			
Program Service Revenue	2		CONFERENCE REGISTRAT	EO 541900	42,195.	42,195.		
- BG		e						
ק		f	All other program service revenue					
			Total. Add lines 2a-2f		42,195.			
	3		Investment income (including dividends, other similar amounts)					
	4		Income from investment of tax-exempt b	· · ·				
	5		Royalties					
	6	a	(i) Rea	l (ii) Personal				
			Less: rental expenses					
			Rental income or (loss)					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securi	ties (ii) Other				
			assets other than inventory Less: cost or other basis and sales expenses					
			Gain or (loss)					
			Net gain or (loss) Gross income from fundraising events (n					
Other Revenue			including \$ of contributions reported on line 1c). See Part IV, line 18	. a				
đ			Less: direct expenses Net income or (loss) from fundraising ever					
			Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses					
			Net income or (loss) from gaming activitie	es 🕨				
			Gross sales of inventory, less returns and allowances					
			Less: cost of goods sold					
┝		С	Net income or (loss) from sales of invento					
ŀ	11	2	Miscellaneous Revenue	Business Code				
		a b						
		c						
			All other revenue					
		е	Total. Add lines 11a-11d			10 105		
13200 01-23	<b>12</b>		Total revenue. See instructions.	►	304,650.	42,195.	0.	0 • Form <b>990</b> (2011)
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#### Form 990 (2011)

## FAMILY FARM ALLIANCE 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).

	Check if Schedule O contains a respons	se to any question in th	is Part IX		[
Do	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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				
3	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
)	Payroll taxes				
1	Fees for services (non-employees):	110 224			
а	Management	118,334.			
b	Legal	15,372.			
С	Accounting	4,069.			
d	Lobbying	68,138.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,248.			
g	Other	20,240.			
2	Advertising and promotion	10,011.			
3	Office expenses	10,011.			
4	Information technology				
5	Royalties				
6		14,493.			
7	Travel Payments of travel or entertainment expenses	11,155.			
8	,				
•	for any federal, state, or local public officials Conferences, conventions, and meetings				
9 D	Interest				
, 1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
- 3	Insurance	1,864.			
, 1	Other expenses. Itemize expenses not covered	-,			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONFERENCE EXPENSES	55,378.			
b	IGA LAWSUIT	50,134.			
č					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	366,041.			
3	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)

10 2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411 Form 990 (2011)

Part X Balance Sheet

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	82,277.	1	20,886.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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			
<i>"</i>		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	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		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000.	15	5,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	25,886.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21			21	
jii	22	Payables to current and former officers, directors, trustees, key employee			
Liabilities		highest compensated employees, and disqualified persons. Complete Pa of Schedule L		22	
	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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow SFAS 117, check here 🕨 🗓 and comp	lete		
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	25,886.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
n		Organizations that do not follow SFAS 117, check here 🕨 📖 an	d		
۲.		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds $\dots$		32	05 002
~	33	Total net assets or fund balances		33	25,886.
	34	Total liabilities and net assets/fund balances		34	25,886.

Form 990 (2011)

132011 01-23-12

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86-0673419 <sub>Pa</sub>	ge <b>12</b>	2
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Form	990 (2011) C/O ERROTABERE RANCHES	86-06	573419	Pag	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.	
3	Revenue less expenses. Subtract line 2 from line 1	3			91.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85	7,2	77.	
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	25	5,8	86.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Cash Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
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	
С	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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
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				
	separate basis, consolidated basis, or both:					
	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 Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

Form 990 (2011)

132012 01-23-12

Schedule B	
(Form 990, 990-EZ,	

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

86-06	572	119

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 5) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** 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, total 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 total 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 Part I, 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) (2011)

Schedule B (Form 990,	990-EZ, or 990-PF) (2011)
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### Name of organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Employer identification number

86-0673419

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	SAN LUIS WATER DISTRICT PO BOX 2135 LOS BANOS, CA 93635	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	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) Total contributions	(d) Type of contribution		
3	WESTLANDS WATER DISTRICT PO BOX 6056 FRESNO, CA 93703	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	ARVIN-EDISON WATER STORAGE DISTRICT PO BOX 175 ARVIN, CA 93203	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	FRIANT WATER AUTHORITY 854 N HARVARD AVE LINDSAY, CA 93247	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	MARICOPA-STANFIELD IRRIGATION DISTRICT 41630 W LOUIS JOHNSON DR	\$5,500 <b>.</b>	Person X Payroll Noncash (Complete Part II if there		
123452 01-2	MARICOPA, AZ 85138	Schedule B (Form S	is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)		
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Schedule B (Form 990,	990-EZ, or 990-PF) (2011)
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### Name of organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

86-0673419

	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
7	Name, address, and 2P + 4         SOUTHWESTERN WATER CONSERVATION         DISTRICT         841 E 2ND AVE         DURANGO, CO 81301	\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributic
8	ST MARY'S REHAB WORKING GROUP		Person X
	17 ROBERTSON CT	\$ 10,000.	Payroll Noncash (Complete Part II if the
	GLASGOW, MT 59230		is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
9	WASHINGTON STATE POTATO COMMISSION 108 INTERLAKE RD MOSES LAKE, WA 98837	\$10,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WASHINGTON STATE WATER RESOURCES 606 COLUMBIA ST NW STE 211 OLYMPIA, WA 98501	\$7,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WILBUR-ELLIS	5 000	Person X Payroll
	2400 DEL PASO RD STE 140 SACRAMENTO, CA 95834	\$5,000.	Noncash (Complete Part II if the is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II if th

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page <b>3</b>
Name of organization	Employer identification number
FAMILY FARM ALLIANCE	
C/O ERROTABERE RANCHES	86-0673419

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2011) 123453 01-23-12 16

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2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

Name of org	ganization		Employer identification number		
FAMIL	Y FARM ALLIANCE				
	RROTABERE RANCHES		86-0673419		
Part III	Exclusively religious, charitable, etc., ind	dividual contributions to section 501(c)(7	), (8), or (10) organizations that total more than \$1,000 for the		
	year. Complete columns (a) through (e) and	the following line entry. For organizations	), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year. (Enter this information once.) \$\$		
	the total of exclusively religious, charitable, i	etc., contributions of <b>\$1,000 or less</b> for th	e year. (Enter this information once.)		
(a) No.	Use duplicate copies of Part III if addition	T			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		-			
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			_		
			<u> </u>		
			<u> </u>		
F		(e) Transfer of gift			
		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			<u> </u>		
ŀ					
	(e) Transfer of gift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
123454 01-23	3-12		Schedule B (Form 990, 990-EZ, or 990-PF) (2011)		
		17			

10541112 758364 0402941 2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

SCHEDULE C	Po	olitical Campaign a	and Lobbyir	ng Activities	OMB No. 1545-0047	
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527		2011				
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service			te instructions.	A AC (Daliking) Commission A		
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> </ul>	anizations: Con r than section 50	Form 990, Part IV, line 3, or Form nplete Parts I-A and B. Do not con D1(c)(3)) organizations: Complete	nplete Part I-C.		ctivities), then	
<ul> <li>Section 527 organization</li> </ul>	•	e Part I-A only. Form 990, Part IV, line 4, or Forl	m 990-EZ Part VI lij	ne 47 (Lobbying Activities)	then	
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> </ul>	panizations that panizations that	have filed Form 5768 (election un have NOT filed Form 5768 (electio	der section 501(h)): C on under section 501	Complete Part II-A. Do not co (h)): Complete Part II-B. Do n	mplete Part II-B. ot complete Part II-A.	
-		Form 990, Part IV, line 5 (Proxy tions: Complete Part III.	Tax), or Form 990-E	Z, Part V, line 35C (Proxy Ta	ax), then	
Name of organization	FAMILY	FARM ALLIANCE OTABERE RANCHES		Emplo	over identification number 86-0673419	
Part I-A Comple		anization is exempt under	er section 501(c)	or is a section 527 or		
2 Political expenditure	es	ration's direct and indirect politica		►\$		
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)	(3).		
1 Enter the amount of	f any excise tax	incurred by the organization unde	er section 4955	▶\$		
2 Enter the amount of	f any excise tax	incurred by organization manage	rs under section 495	₅▶\$.		
		n 4955 tax, did it file Form 4720 f				
					Ves No	
b If "Yes," describe in		enization is exempt und	r agation 501/a)	avaant agation 501/	N(2)	
-		anization is exempt unde			;)(3).	
		d by the filing organization for sec		•		
		ization's funds contributed to oth				
		. Add lines 1 and 2. Enter here ar		•••••••••••••••••••••••••••••••••••••••		
-	-	s. Add lines 1 and 2. Enter here ar				
				•••••••••••••••••••••••••••••••••••••••	Yes No	
5 Enter the names, ac made payments. Fo contributions receiv						
( <b>a)</b> 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	
For Paperwork Reducti	on Act Notice	see the Instructions for Form 9	90 or 990-F7	Schedule C (	Form 990 or 990-EZ) 2011	
LHA						

132041 01-27-12

## FAMILY FARM ALLIANCE

Schedule C (Form 990 or 990-EZ) 2011 C/O	ERROTABERE RANCHES		86-0	0673419 Page 2
	ion is exempt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under section 50	<i>、n</i>			
	ngs to an affiliated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exc				
B Check F if the filing organization check	cked box A and "limited control" pro	ovisions apply.		
	bbying Expenditures		<b>(a)</b> Filing organization's	(b) Affiliated group totals
(The term "expenditures"	means amounts paid or incurred.	)	totals	
<b>1a</b> Total lobbying expenditures to influence pu	blic opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a				
<b>c</b> Total lobbying expenditures (add lines 1a a				
	<i>.</i>			
e Total exempt purpose expenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable amount. Enter the an	ount from the following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable am	ount is:		
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000		ess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.			
	-61			
g Grassroots nontaxable amount (enter 25%	,			
<ul> <li>h Subtract line 1g from line 1a. If zero or less</li> <li>i Subtract line 1f from line 1c. If zero or less,</li> </ul>				
j If there is an amount other than zero on eit		•		1
				Yes No
	4-Year Averaging Period Under			
(Some organizations t	hat made a section 501(h) electio		lete all of the five	
columns b	elow. See the instructions for line	es 2a through 2f on pa	ge 4.)	
Lo	obying Expenditures During 4-Ye	ar Averaging Period		
Calendar year		( ) 00/0		
(or fiscal year beginning in)	) 2008 (b) 2009	(c) 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount				
<b>b</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				<u> </u>
			Schedule C (Form	990 or 990-EZ) 2011

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## FAMILY FARM ALLIANCE

# Schedule C (Form 990 or 990-EZ) 2011 C/O ERROTABERE RANCHES 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	of the lobbying activity.		No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
-	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	i), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		. 3	<u> </u>	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				<u>.</u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR (	b) Part	III-A, lin	e 3, is
	answered "Yes."			25	1 1 6 2
1	Dues, assessments and similar amounts from members		. 1	254	4,163.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).			6	1 2 0
	Current year				<u>3,138.</u>
b	Carryover from last year				$\frac{3,994}{7,122}$
c	Total				7,132.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3	4	7,427.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		20	
_	expenditure next year?			35	9,705.
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa	rt II-A; and Pa	art II-B, lir	ne 1. Also, o	complete
this p	part for any additional information.				

132043 01-27-12

Schedule C (Form 990 or 990-EZ) 2011

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20 2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

86-0673419 Page 3

60	HEDULE D	Supplement	al Financial Statements	I	OMB No. 1545-0047
	m 990)		2011		
(1 011	11 330)		anization answered "Yes," to Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	tment of the Treasury al Revenue Service		Inspection		
	e of the organizati	on FAMILY FARM ALLIAN	ICE	Employer	identification numb
	C C	C/O ERROTABERE RAN	ICHES		6-0673419
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, lin			
			(a) Donor advised funds (	<b>b)</b> Funds and	d other accounts
1		nd of year			
2		utions to (during year)			
3		from (during year)			
4		t end of year	writing that the assets held in donor advised fun	<u> </u>	
5	-		Yes N		
6			exclusive legal control? advisors in writing that grant funds can be used o		
0			or donor advisor, or for any other purpose confer		
				-	Yes N
Pa			ganization answered "Yes" to Form 990, Part IV,		
1		servation easements held by the organizat			
		n of land for public use (e.g., recreation or	·	ly important	land area
		f natural habitat	Preservation of a certified hi		
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	ified conservation contribution in the form of a co	onservation e	asement on the last
	day of the tax year	r.			
				Held a	at the End of the Tax Ye
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
С	Number of conser	vation easements on a certified historic st	ructure included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
				2d	
3	Number of conser	vation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	ization durin	g the tax
	year 🕨				
4		where property subject to conservation ea			
5	-	tion have a written policy regarding the pe			Yes N
e	,	forcement of the conservation easements	, and enforcing conservation easements during t		
6 7			enforcing conservation easements during the ye		
8	-		ve satisfy the requirements of section 170(h)(4)(E		
Ū				,,	Yes N
9			tion easements in its revenue and expense state		
-			ation's financial statements that describes the org		
	conservation ease	-	·		Ū
Pa	rt III Organiza	ations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar As	sets.
	Complete if	f the organization answered "Yes" to Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement ar	nd balance s	heet works of art,
	historical treasures	s, or other similar assets held for public ex	hibition, education, or research in furtherance of	public servic	e, provide, in Part XIV
	the text of the foot	tnote to its financial statements that descr	ibes these items.		
b			SC 958), to report in its revenue statement and b		
			education, or research in furtherance of public se	rvice, provide	e the following amoun
	relating to these it				
-					
2	-		easures, or other similar assets for financial gain,	provide	
	-	unts required to be reported under SFAS 1		•	
a					
b	Assets included in	1 Form 990, Part X		. 🕨 🖇 🔛	
1.1.1.4		aduation Act Nation and the Instruction	o for Form 990	California	
LHA 13205 01-23-		eduction Act Notice, see the Instruction	15 101 FUTIII 330.	Sched	lule D (Form 990) 20
01-23-	- 12		21		

10541112 758364 0402941 2011.0

04030	FAMILY	FARM	ALLIANCE	C/0	ER	04029411

	FAMILY	FARM ALLIA	NCE			
Sche	dule D (Form 990) 2011 C/O ERR	OTABERE RA	NCHES		86-0	673419 Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	ner Similar Ass	sets (continued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that are a	significant use of i	ts collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	change programs		
b	Scholarly research	е				
с	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purpose in P	art XIV.
5	During the year, did the organization solicit of					
	to be sold to raise funds rather than to be m					Yes No
Pa	t IV Escrow and Custodial Arran					
	reported an amount on Form 990, Pa				, , , ,	· , ···· = _ , _ ·
	Is the organization an agent, trustee, custod		liary for contributio	ns or other assets no	ot included	
	on Form 990, Part X?					Yes No
h	If "Yes," explain the arrangement in Part XIV					
			lowing table.			Amount
~	Beginning balance				1c	/ inount
	Additions during the year					
-	Distributions during the year					
f	Ending balance		010		[ 11 ]	Yes No
	Did the organization include an amount on F		21?		L	
Par	If "Yes," explain the arrangement in Part XIV <b>t V</b> Endowment Funds. Complete		owered "Vee" to Fr	arm 000 . Dart IV line	10	
1 0				(c) Two years back		k (a) Four years back
4.	De sienie state state state	(a) Current year	(b) Prior year	(C) TWO years back	(a) Three years bac	ck (e) Four years back
	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (	a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered for	the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organization					
4	Describe in Part XIV the intended uses of the	e organization's endo	owment funds.			
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990	), Part X, line 10.			
	Description of property	(a) Cost or o basis (investn			Accumulated epreciation	(d) Book value
<b>1</b> a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line	10(c).)		0.
		,,,	, , , , ,		····· F	-

Schedule D (Form 990) 2011

132052 01-23-12

FAMILY FARM		_		
Schedule D (Form 990) 2011 C/O ERROTAB			86	-0673419 Page 3
(a) Description of security or category		ne 12.	(c) Method of valu	ation:
(including name of security)	(b) Book value	с	ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)		4		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, li I	ine 13.		- 11
(a) Description of investment type	(b) Book value	C	(c) Method of valu ost or end-of-year ma	
(1)				
(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, line				
	Description			(b) Book value
				5,000.
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				<b></b>
Total. (Column (b) must equal Form 990, Part X, col (B) line				5,000.
Part X         Other Liabilities.         See Form 990, Part X,           1.         (a) Description of liability	line 25.	(b) Book value		
		(b) BOOK value	-	
(1) Federal income taxes			-	
(2) (3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	statements that reports the oroa	inization's liability for uncertain	ain tax positions under
2. FIN 48 (ASC 740).				
132053 01-23-12			Sch	nedule D (Form 990) 2011

	FAMILY FARM ALLIANCE				244.0
	dule D (Form 990) 2011 C/O ERROTABERE RANCHES		Fire and shall Obert		3419 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 t			ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per l	Return	
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:				
а	Net unrealized gains on investments	<b>2</b> a			
b	Donated services and use of facilities	<b>2</b> b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	. 4b			
с	Add lines 4a and 4b			4c	
5				5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	ments Wit	h Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIV Supplemental Information				
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	t III. lines 1a a	nd 4: Part IV. lines	1b and 2b: Pa	art V. line 4: Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

132054 01-23-12 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. **2011** Open to Public Inspection

OMB No. 1545-0047

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Employer identification number 86-0673419

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.
 Schedule O (Form 990 or 990-EZ) (2011)

 132211 01-23-12
 25

Name of the organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES	Employer identification numb 86-0673419
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	D FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
132212 01-23-12	Sobodulo O /Earm 000 ar 000 E7) (0
26 41112 758364 0402941 2011.04030 FAMILY FARM AI	Schedule O (Form 990 or 990-EZ) (20

Page 2 

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

<ul> <li>If you are filing for an Automatic 3-Month Extension, or</li> </ul>	complete only Part I (on page
--	-------------------------------

<ul> <li>If you are filing for an Automatic 3-Month Extension, of Part II Additional (Not Automatic) 3-Mo</li> </ul>			nal (no c	opies n	eeded)
			•	•	er, see instructions
Type or print         Name of exempt organization or other filer, see FAMILY FARM ALLIANCE           File by the         C/O ERROTABERE RANCHES	e instructions			r identific	ation number (EIN) or
la data far					mber (SSN)
instructions. City, town or post office, state, and ZIP code. RIVERDALE, CA 93656		dress, see instructions.			
Enter the Return code for the return that this application is	s for (file a separa	ate application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	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 g DANIEL ERRC			viously file	ed Form	8868.
<ul> <li>The books are in the care of ▶ 22895 S DIC Telephone No. ▶ 559-867-4461</li> <li>If the organization does not have an office or place of be If this is for a Group Return, enter the organization's for box ▶ □ . If it is for part of the group, check this box</li> </ul>	usiness in the U	FAX No. ►	If this is fo	r the who	ble group, check this
<ul> <li>I request an additional 3-month extension of time un</li> <li>For calendar year 2011, or other tax year beginn</li> <li>If the tax year entered in line 5 is for less than 12 mo</li> <li>Change in accounting period</li> </ul>	ing	, and endir	ig Final	return	·
7 State in detail why you need the extension ADDITIONAL TIME NEEDED TO ACCURATE RETURN.	GATHER I	NFORMATION TO VERI	FY AN	D COI	MPLETE AN
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	enter the tentative tax, less any			٥
nonrefundable credits. See instructions.			<u>8a</u>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, o					
tax payments made. Include any prior year overpay	ment allowed as	a credit and any amount paid			0
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include	, , ,	th this form, if required, by using			0.
EFTPS (Electronic Federal Tax Payment System). Se		at he completed for Dort II	80	\$	0.
Signature and Ver Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepa	n, including accom	st be completed for Part II boanying schedules and statements, and t	-	of my know	vledge and belief,
	tle 🕨 CPA		Date		

Form 8879-EO		e Signature Authorization	ļ	OMB No. 1545-1878
Form <b>OO13-LO</b>	For calendar year 2011, or fiscal year beginning	Exempt Organization , 2011, and ending	,20	0044
		d to the IRS. Keep for your records.		2011
Department of the Treasury Internal Revenue Service		See instructions.		
Name of exempt organization			Employeri	identification number
FAMILY FARM A				C T 2 4 1 0
C/O ERROTABER	E RANCHES		86-06	673419
Name and title of officer DANIEL ERROTA	BERE			
TREASURER				
	Return and Return Information	On (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b> whichever is applicable, bi than 1 line in Part I.	<b>a,</b> below, and the amount on that line t ank (do not enter -0-). But, if you enter	879-EO and enter the applicable amount, if any. for the return being filed with this form was blan red -0- on the return, then enter -0- on the applic	nk, then leave l able line below	line <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b> v. <b>Do not</b> complete more
1a Form 990 check here	<b>b</b> Total revenue, if any	(Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check he 3a Form 1120-POL check		any (Form 990-EZ, line 9) rm 1120-POL, line 22)	_	
4a Form 990-PF check he		vestment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here		8868, Part I, line 3c or Part II, line 8c)		
Part II Declarat	ion and Signature Authorizat	tion of Officer		
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected	stitution to debit the entry to this acco an 2 business days prior to the payme ic payment of taxes to receive confide	ax preparation software for payment of the organ bunt. To revoke a payment, I must contact the U ent (settlement) date. I also authorize the financi ential information necessary to answer inquiries as my signature for the organization's electronic	J.S. Treasury F ial institutions and resolve is:	inancial Agent at involved in the sues related to the
Officer's PIN: check one	box only			
X Lauthorize HE	NRY & HORNE, LLP		to enter my	v PIN 29411
		) firm name		Enter five numbers, but
				do not enter all zeros
is being filed wit		ectronically filed return. If I have indicated within es as part of the IRS Fed/State program, I also a n.		
indicated within		my signature on the organization's tax year 201 being filed with a state agency(ies) regulating cl consent screen.		5
Officer's signature 🕨		Date		
	tion and Authentication			
	our six-digit electronic filing identificatio	n 8642366050	04	
number (EFIN) followed by	your five-digit self-selected PIN.	do not enter all zero		
	ng this return in accordance with the re	nature on the 2011 electronically filed return for equirements of <b>Pub. 4163,</b> Modernized e-File (M		
ERO's signature <b>DANI</b>	EL A. MACE, CPA	Date 🕨 11	1/12/12	
	ERO Must Reta	ain This Form - See Instructions m To the IRS Unless Requested To I		
LHA For Paperwork Rec 123051 12-01-11	luction Act Notice, see instructions.			Form <b>8879-EO</b> (2011)

28

10541112 758364 0402941 2011.04030 FAMILY FARM ALLIANCE C/O ER 04029411

# ARIZONA FORM Arizona Exempt Organization Annual Information Return 20

99	For the $\lfloor \mathbf{X}  floor$ calendar year 2011 or	fiscal year beginning	and ending

<ul> <li>A Date Arizon</li> <li>B Nature of A</li> <li>C Check feder</li> </ul>	Amenco one i - 7 S ( if: ha op Arizo eral f ch a	Image: Index of the sector	-	82 3 82 8	86 AZ trai N/ Retur -mos. 2C	n filed under extension. Fed 6-mos. AZ - Fed
of	2	Less: Cost of goods sold or of operations - attach				
Income		itemized statement 2		00		
	3	Gross profit from business activities - subtract		<u>्</u>		66
		line 2 from line 1		00 81		00
	4 5	Interest Dividends	4		-	
	-	Dividends Rents and royalties	6		-	
		Gain or (loss) from sales of assets, excluding inventory items	7	00	-	
	8	Dues, assessments, etc., from members	8	176,163 00		
	9	Dues, assessments, etc., from affiliated organizations	9	00		
	10	Contributions, gifts, grants, etc., received	10	86,29200		
		Other income - attach itemized statement	11	42,195 00	-	TATEMENT 1
Administrative		Total income - add lines 3 through 11			12	304,65000
Administrative Expenses		Compensation of officers, directors, trustees, etc. Salaries and wages - other than amounts included on line 2	13 14	00	-	
	14	Interest	15		-	
	16	Taxes	16	00	-	
	17	Rent expense	17	00	2	
	18	Depreciation - attach schedule	18	00	2	
		Miscellaneous expenses - attach itemized statement	19	00	+	· · · · · · · · · · · · · · · · · · ·
<b>D</b> 's house of the		Total expenses - add lines 13 through 19			20	00
Disbursements From Current		Dues, assessments, etc., to affiliated corporations	21 22	00		
Income for the		Contributions, gifts, grants, etc., paid Benefit payments to or for members or their dependents:	22		ני	
Organization's	20	a. Death, sickness, hospitalization, disability, or pension benefits	23a	00	7	
Exempt Purposes		<b>b.</b> Other benefits	23b	00	-	
i uipoooo	24	Dividends and other distributions to members, shareholders, or depositors	24	00		
	25	Other	25	366,041 00	-	TATEMENT 2
Distances	26	Total - add lines 21 through 25	-		26	366,04100
Disbursements From Principal		Dues, assessments, etc., to affiliated corporations	27	00	-	
for the	28 29	Contributions, gifts, grants, etc., paid Benefit payments to or for members or their dependents:	28	00	ני	
Organization's	29	<b>a.</b> Death, sickness, hospitalization, disability, or pension benefits	29a	00	7	
Exempt Purposes		b. Other benefits	29b	00	-	
T urposes	30	Dividends and other distributions to members, shareholders, or depositors	30	00	)	
	31	Other	31	00	)	
	32	Total - add lines 27 through 31			32	00
Other	33			00.00	33	61 301 00
Accumulation of Income		Accumulation of income in current year - line 12 less the sum of line			34	-61,391 00 87,277 00
137971 10-24-11		Accumulation of income at beginning of year Accumulation of income at end of year - add lines 34 and 35			35 36	25,88600
Penalty	30	Penalty for late filing or incomplete filing - See instructions			30	23,00000
ADOR 10418 (11)		THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN				

2011

ADOR 10418 (11)

A2a Acco b Le c Lii A3a Othe b Le c Lii A4 Inver A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A9 Total A10 Acco A11 Morte A12 Othe	Assets  Asset  Asset Asset Asset  Asset	A2a A2b (b) A3a A3b (b) A7a A7a A7b (b) SEE STATE	00 00 00 00 00 00 00 00 00	Beginning of year 82,277		00 00 00 00 00
A2a Acco b Le c Lii A3a Othe b Le c Lii A4 Inver A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A9 Total A10 Acco A11 Morte A12 Othe	n punts receivable ess: allowance for doubtful accounts ine A2a less line A2b. Enter difference in column er notes and loans receivable - <i>attach schedule</i> ess: allowance for doubtful accounts ine A3a less line A3b. Enter difference in column intories stments (securities) - <i>attach schedule</i> stments (other) - <i>attach schedule</i> d, buildings, and equipment; basis ess: accumulated depreciation - <i>attach schedule</i> ine A7a less line A7b. Enter difference in column er assets - <i>describe</i> <b>Liabilities</b>	A2a A2b (b) A3a A3b (b) A7a A7a A7b (b) SEE STATE	00 00 00 00 00 00 00 00 00		00 A2c 00 A3c 00 A4 00 A5 00 A6	00 00 00 00 00
A2a Acco b Le c Lii A3a Othe b Le c Lii A4 Inver A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A9 Total A10 Acco A11 Morte A12 Othe	bunts receivable ess: allowance for doubtful accounts ine A2a less line A2b. Enter difference in column er notes and loans receivable - <i>attach schedule</i> ess: allowance for doubtful accounts ine A3a less line A3b. Enter difference in column intories stments (securities) - <i>attach schedule</i> stments (other) - <i>attach schedule</i> d, buildings, and equipment; basis ess: accumulated depreciation - <i>attach schedule</i> ine A7a less line A7b. Enter difference in column er assets - <i>describe</i> Liabilities	A2a A2b (b) A3a A3b (b) A7a A7a A7b (b) SEE STATE	00 00 00 00 00 00 00 00 00		00 A2c 00 A3c 00 A4 00 A5 00 A6	00
A2a Acco b Le c Lii A3a Othe b Le c Lii A4 Inver A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A9 Total A10 Acco A11 Morte A12 Othe	bunts receivable ess: allowance for doubtful accounts ine A2a less line A2b. Enter difference in column er notes and loans receivable - <i>attach schedule</i> ess: allowance for doubtful accounts ine A3a less line A3b. Enter difference in column intories stments (securities) - <i>attach schedule</i> stments (other) - <i>attach schedule</i> d, buildings, and equipment; basis ess: accumulated depreciation - <i>attach schedule</i> ine A7a less line A7b. Enter difference in column er assets - <i>describe</i> Liabilities	A2a A2b (b) A3a A3b (b) A7a A7a A7b (b) SEE STATE	00 00 00 00 00 00 00 00 00		00 A2c 00 A3c 00 A4 00 A5 00 A6	00
b Le c Lin A3a Othe b Le c Lin A4 Inver A5 Inves A6 Inves A7a Land b Le c Lin A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	ess: allowance for doubtful accounts	A2b           (b)           A3a           A3b           (b)           A7a           A7b           (b)           SEE         STATE	00 00 00 00 00 00 MENT 3	5,000	00 A3c 00 A4 00 A5 00 A6	00
C Lin A3a Othe b Le c Lin A4 Inver A5 Inves A6 Inves A7a Land b Le c Lin A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	ine A2a less line A2b. Enter difference in column in er notes and loans receivable - attach schedule ess: allowance for doubtful accounts	A3a A3b (b) A7a A7b (b) SEE STATE	00 00 00 00 00 MENT 3	5,000	00 A3c 00 A4 00 A5 00 A6	00
b Le c Lii A4 Inver A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	ess: allowance for doubtful accounts	A3b (b) A7a A7b (b) SEE STATE	00 00 00 MENT 3	5,000	00 A4 00 A5 00 A6	00
c Lin A4 Inver A5 Inves A6 Inves A7a Land b Le c Lin A8 Othe A9 Total A10 Accoo A11 Morte A12 Othe	ine A3a less line A3b. Enter difference in column ntories stments (securities) - attach schedule stments (other) - attach schedule d, buildings, and equipment; basis ess: accumulated depreciation - attach schedule ine A7a less line A7b. Enter difference in column er assets - describe	A7a A7b A7b SEE STATE	00 00 MENT 3	5,000	00 A4 00 A5 00 A6	00
A4 Inver A5 Inves A6 Inves A7a Land b Le c Lin A8 Othe A9 Total A10 Accoo A11 Morte A12 Othe	ntories	A7a A7b (b) SEE STATE	00 00 MENT 3	5,000	00 A4 00 A5 00 A6	00
A5 Inves A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A10 Acco A11 Morta A12 Othe	stments (securities) - attach schedule	A7a A7b (b) SEE STATE	00 00 MENT 3	5,000	00 A5 00 A6	00
A6 Inves A7a Land b Le c Lii A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	stments (other) - attach schedule	A7a A7b (b) SEE STATE	00 00 MENT 3	5,000	00 A6	
A7a Land b Le c Lii A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	d, buildings, and equipment; basis ess: accumulated depreciation - attach schedule ine A7a less line A7b. Enter difference in column er assets - describe al assets - add lines A1 through A8 Liabilities	A7a A7b (b) SEE STATE	00 00 MENT 3	5,000		<u> </u>   00
b Le c Lin A8 Othe A9 Total A10 Acco A11 Morta A12 Othe	ess: accumulated depreciation - attach schedule ine A7a less line A7b. Enter difference in column er assets - describe	A7b  (b) SEE STATE	00 MENT 3	5,000	00 A7c	
c Lin A8 Othe A9 Total A10 Acco A11 Morte A12 Othe	ine A7a less line A7b. Enter difference in column fer assets - describe S al assets - add lines A1 through A8 Liabilities	(b) SEE STATE	MENT 3	5,000	00 A7c	
A8 Othe A9 Total A10 Acco A11 Morta A12 Othe	er assets - describe S	SEE STATE	MENT 3	5,000	00 A7c	
A9 Total A10 Acco A11 Morto A12 Other	Il assets - add lines A1 through A8			5,000		00
A10 Acco A11 Morto A12 Othe	Liabilities					
A10 Acco A11 Morto A12 Othe	Liabilities			87,277	00 A9	25,886 00
A11 Morte A12 Othe						
A11 Morte A12 Othe	punts pavable and accrued expenses					
A11 Morte A12 Othe	ounts pavable and accrued expenses					
A12 Othe					00 A10	
	gages and other notes payable - attach schedule				00 A11	
A13 Total	er liabilities - describe				00 A12	00
	Il liabilities - add lines A10 through A12				00 A13	00
	Net Assets					
	ital stock or trust principal				00 A14	
A15 Paid-	-in or capital surplus			07 077	00 A15	
	ined earnings or accumulated income			87,277		
A17 Total	I net assets - add lines A14 through A16			87,277	00 A17	25,886 00
A18 Total	I liabilities and net assets - add lines A13 and A	417		87,277	00 A 18	25,88600
	on Under penalties of perjury, I declare that I have best of my knowledge and belief, it is a true, of the income tax laws of the State of Arizona.					
Please			I		ᡎᠸᢑ᠈	SURER
Sign Here	Officer's signature		I Date	e	Title	BOKEK
			241	•		
Paid						
Preparer's	DANIEL A. MACE, CPA		1	11/12/12	P000	92674
Use Only	Preparer's signature		Date			s EIN, PTIN or SSN
OSC Only	rioparor o orginataro		But	•	rioparor	
	HENRY & HORNE, LLP				86-0	133881
	Firm's name (or preparer's, if self-employed)					X EIN or SSN
	1115 EAST COTTONWOOD SU	JITE 100				
	CASA GRANDE, AZ	00	8	5122-2950	(520	)836-8201
137972	Firm's address			code	FILLER	elephone number

AZ 99	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
CONFERENCE REGISTRATIO		42,195.
TOTAL TO FORM 99, PAGE 1, LINE	11	42,195.

AZ 99	OTHER E	EXPENSES	STATEMENT	2
DESCRIPTION			AMOUNT	
MANAGEMENT FEES			118,3	34.
LEGAL FEES			15,3	72.
ACCOUNTING FEES			4,0	69.
LOBBYING FEES			68,1	
OTHER PROFESSIONAL FEES			28,2	
OFFICE EXPENSES			10,0	
TRAVEL			14,4	
INSURANCE			1,8	
CONFERENCE EXPENSES			55,3	
IGA LAWSUIT			50,1	34.
TOTAL TO FORM 99, PAGE 1, L	INE 25		366,0	41.
AZ 99	OTHER A	ASSETS	STATEMENT	3

DESCRIPTION		BEG OF	YEAR	END OF	YEAR
DEPOSITS			5,000.		5,000.
TOTAL TO FORM 99, PAGE 2,	LINE A8		5,000.		5,000.

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Forr	. 99	90		on 501(c), 527,		he Internal Re	evenue Cod	ncome Tax e (except black lung	омв No. 1545-0047 <b>2010</b>
		the Treasury ue Service	The organiz		-		•	reporting requirements.	Open to Public Inspection
			ar year, or tax yea	-			l ending		1 mapeedion
	heck if		organization	n beginning		urre urre	a onicing	D Employer identifica	ation number
a	Addres	FAMI	LY FARM A ERROTABER		s				
Ē	Name change		usiness As					86-06	73419
	Initial	- X	and street (or P.O.	box if mail is not a	delivered to street a	ddress)	Room/suite		
			5 S DICKE			,		541-8	84-7963
	Amend return		own, state or coun					G Gross receipts \$	712,351.
	Applica	I KIVG	RDALE, CA	93656				H(a) Is this a group retu	um
	pendin	<sup>g</sup> F Name a	nd address of prin	cipal officer: $\mathbf{D}\mathbf{A}$	NIEL ERR	<b>DTABERE</b>		for affiliates?	Yes X No
		22895	S DICKEN	SON AVEN	<u>IUE, RIVE</u>	<u>RDALE, C</u>	<u>A 936</u>	H(b) Are all affiliates inclu	ded? Yes No
<u>I</u> T	axexe	mpt status:	501(c)(3) 🛛 🗶	501(c) ( 6	) 🗲 (insert no.)	4947(a)(1)	or 527	If "No," attach a li	st. (see instructions)
			FAMILYFAR		E.ORG			H(c) Group exemption	
			X Corporation	Trust	Association	Other 🕨	L Year	of formation: 1991 M	State of legal domicile: $\operatorname{AZ}$
Pa	_	Summary							
8								E BUSINESS CO	
anc			NG AGRICU						OF FARMERS
Activities & Governance	1	Check this bo		+	-			e than 25% of its net ass	
20 C			ing members of th		• •	,			10
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ependent voting n						10
ties			of individuals empl						0
čtivi			of volunteers (estir d business revenu						0.
Ac			business taxable i						0.
		Net unielateu	DUSITIESS (axable i	IICOINE IIONI FOI	m 990-1, me 34 .			Prior Year	Current Year
	8	Contributions	and grants (Part V	III line 1h)				377,804.	659,518.
Revenue			ce revenue (Part V	. ,				43,415.	52,833.
eve		-	come (Part VIII, col					0.	0.
č			(Part VIII, column					0.	0.
			- add lines 8 throu					421,219.	712,351.
	13 (	Grants and sir	nilar amounts paid	(Part IX, colum	n (A), lines 1-3)			0.	0.
	14	Benefits paid	to or for members	(Part IX, column	n (A), line 4)			0.	0.
ŝ	15	Salaries, othe	compensation, er	nployee benefit	s (Part IX, columr	ı (A), lines 5-10)		100,000.	0.
us(	16a I	Professional f	undraising fees (Pa	art IX, column (A	), line 11e)			0.	0.
Expenses	b.	Total fundrais	ing expenses (Part	IX, column (D),	line 25) 🛛 🕨 🔄		0.		
ш			es (Part IX, column					278,523.	700,526.
			s. Add lines 13-17					378,523.	700,526.
<u>, 0</u>	19	Revenue less	expenses. Subtrac	ct line 18 from li	ne 12			42,696.	11,825.
Net Assets or Fund Balances							_	eginning of Current Year	End of Year
Bala		-						75,452.	87,277.
let ⊿			(Part X, line 26)					<u> </u>	<u> </u>
	<u>22</u>   art	Signatur	fund balances. Su Block	btract line 21 tro	om line 20			/3,432.	01,211.
		1		womined this retu	rn ingluding apop	nonving oppodul	lao and atatar	nents, and to the best of my	knowledge and balief it is
	•	• • • • •	*					r has any knowledge.	Miowiedye and belief, it is
<u>uue</u> ,	CUITEG	, and complete			ncer ) is based off a	I III:01 IIIduuri ur v	winch prepare		
e:	-	Signatur	e of officer	and the second				Date	
Sigı Her		1 1	EL ERROTA	BERE, TR	EASURER				
	-		arint name and title		<b></b>				
		, Print/Type pre	parer's name		Preparer's sign	ature		Date Check	PTIN
Paid			A. MACE,	CPA	DANIEL		, CPA	08/26/11 self-employed	
Prep	arer	Firm's name	▶ HENRY &	HORNE,	LLP			Firm's EIN 🔈	
Use	Only		▶ 1115 EA			ITE 100			
					95122-2			Dhong no 52	08368201

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) C/O ERROTABERE RANCHES	86-06734	<b>119</b> Pa
'aı	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
	Briefly describe the organization's mission: TO IMPROVE BUSINESS CONDITIONS AFFECTING AGRICULTURE &		
	BUSINESS INTERESTS OF FARMERS IN IRRIGATED AGRICULTURE		
	Did the organization undertake any significant program services during the year which were not listed on		
•	the prior Form 990 or 990 EZ?	Γ	Yes X
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	Yes X
	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of the organization's three largest program services by	•	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
a	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: ) (Expenses \$ 662,284. including grants of \$ )	(Revenue \$	
a	MEMBER DEVELOPMENT AND COUNSEL TO PROVIDE WESTERN FARM		IOSE TI
	RELATED INDUSTRIES WITH AN ORGANIZATION DEDICATED TO T		
	OF IRRIGATED AGRICULTURE		
	AND MICH I AND MICH		
b		(Revenue \$	52,83
b	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA	TION TO WE	STERN
b	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
b	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA	TION TO WE & REGULATI	ESTERN LONS
þ	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
þ	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
þ	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
þ	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
þ	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
3	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
b	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMATERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION	TION TO WE & REGULATI	ESTERN LONS
	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INF	ATION TO WE & REGULATI PUT TO LEGI	ESTERN LONS
	ANNUAL CONFERENCE TO PROVIDE ACCURATE & TIMELY INFORMA FARMERS & RELATED INDUSTRIES RE: PROPOSED LEGISLATION WHICH MAY AFFECT WESTERN AGRICULTURE TO FACILITATE INF (Code:) (Expenses \$4, 245. including grants of \$)	ATION TO WE & REGULAT PUT TO LEG	ESTERN IONS ISLATOI
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## FAMILY FARM ALLIANCE

	990 (2010) C/O ERROTABERE RANCHES 86-0673	419	Р	age 3
Pa	rt IV Checklist of Required Schedules			<b>↓</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did 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 I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	L
6	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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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 IV	9		<u>X</u>
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	10		X
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		3	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X X
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 VII	11b		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	11c		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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		X
f	• •			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI, XII, and XIII	<u>12a</u>		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X X
13	-	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- <u>~</u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	
19	complete Schedule G, Part III	19	1	X
00-	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	- <u>-</u> va		
U.	operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Form 990 (2010)

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# \* <sub>b</sub> \* <sub>n</sub>

## FAMILY FARM ALLIANCE Form 990 (2010) C/O ERROTABERE RANCHES

			······	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
00	United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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,			v
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
<b>9</b> 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		- 11
2-14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c		2.10		
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> </u>		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		х
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		Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	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		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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	07		v
20	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?	20	v	
	Note. All Form 990 filers are required to complete Schedule O	38		I

Form 990 (2010)

032004 12-21-10

#### Form 990 (2010) ANCHES Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 3 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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 account)? х 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year \_\_\_\_\_\_7d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9a а b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against h amounts due or received from them.) \_\_\_\_\_ 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax exempt interest received or accrued during the year ..... 12b 13 Section 501(c)(29) gualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the b

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2010)

organization is licensed to issue qualified health plans

Enter the amount of reserves on hand \_\_\_\_\_\_ 13c

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### Form 990 (2010)

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### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

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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	<u> </u>	
Section A. Governing Body and Management		

500	don A. doverning body and management			<b>.</b>						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year1a 10									
b	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		X						
3										
	of officers, directors or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6										
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a	Х							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·						
	by the following:			1.1						
а	The governing body?	8a	X							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						

Section 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		X						
b	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		12a	Х							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	12b	Х							
с	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		Х						
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									
	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									
	exempt status with respect to such arrangements?	16b		·						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright\!\mathrm{AZ}$									
40	Social 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for									

18	Section 6104 requires	an organization to make its F	Forms 1023 (or 1024 if applicable), 990, and 990-1 (501(c)(3)s only) available	le tor
	public inspection. Indi	cate how you make these ava	ailable. Check all that apply.	
	Own website	X Another's website	X Upon request	

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 🏲
	DANIEL ERROTABERE, TREASURER - 559-867-4461
	22005 C DICKENCON AVENUE DIVEDDALE CA 93656

2289	5 S	DICKENSON	AVENUE,	RIVERDALE,	, CA	93050

Form **990** (2010)

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2010.04020 FAMILY FARM ALLIANCE C/O ER 04029412

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#### Form 990 (2010)

### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

### 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.

• 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per	(cl	heck all tha		that	nat apply)		compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099-MISC)	other compensation from the organization and related organizations
HARVEY BAILEY									_	
DIRECTOR		Х				L		0.	0.	0.
JIM LUNDGREN										
DIRECTOR		X	ļ	L			Ļ	0.	0.	0.
SANDY DUNN										
DIRECTOR		X			Ļ	<u> </u>	<b> </b>	0.	0.	0.
RON RAYNER										
DIRECTOR		X		-			<u> </u>	0.	0.	0.
DANIEL ERROTABERE										
TREASURER		X	ļ	X				0.	0.	0.
PATRICK O'TOOLE									0.	0.
PRESIDENT		X		X				0.	U.	<u> </u>
BILL KENNEDY									0.	0.
CHAIRMAN		X	-	X				0.		0.
MARK RICKS		37						0.	0.	0.
1ST VICE PRESIDENT		X	-	X	-	-	-	U.		<u> </u>
CHRIS HURD		x						0.	0.	0.
DIRECTOR		~			╞	-		U.	0.	0.
DON SCHWINDT		x		x				0.	0.	0.
2ND VICE PRESIDENT										<u> </u>
		-			-					
		-			-	_				
		•			•					E 000 (0010)

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Form 990 (2010)

Form 990 (2010) C/O ERRO Part VII Section A. Officers Directors Tru						lint		Companyate d English	<u>86-0</u>	<u>573</u>	419	Page 8
Part VII Section A. Officers, Directors, Tru (A) Name and title	<b>(B)</b> Average hours per week			<b>s, ar</b> (C Posi c all t	<b>;)</b> tion	1		Compensated Employ (D) Reportable compensation from	ees (continued) (E) Reportable compensatic from related		(F Estim amou oth	ated int of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comper from organi and re organiz	nsation the zation elated
1b Sub-total								0.		0.		0.
<ul> <li>c Total from continuation sheets to Part VI</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>						►	10 r	0 . 0 . eceived more than \$100	),000 in reportab	0. 0.		0. 0.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		3 Ye	es No X
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? <i>If "Yes,</i>	" co	mpl	ete S	Sche	edul	ə J i	for such individual			4	X
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors											5	<u> </u>
1 Complete this table for your five highest co the organization. (A)	mpensated in	aepe	anae		onti	racto		.nat received more than 	\$100,000 of con	ipensi	(C)	F)
Name and business	address							Description of s	services	С	ompensa	ation
PO BOX 216, KLAMATH FALL:	5, OR 9'	760	01					EXECUTIVE DI	RECTOR		100	000.
2 Total number of independent contractors (i \$100,000 in compensation from the organi		iot li	mite	d to		se li 1	stec	above) who received n	nore than	•		····

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Part VIII	Statement	of Rev	enue	)		

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				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, grants amounts	b c	Federated campaigns1aMembership dues1bFundraising events1c	197,903.				
Contributions, gifts, grants and other similar amounts	e	Related organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	<u>454,115.</u> 7,500.				
Sontril		Noncash contributions included in lines 1a-1f; \$		6E0 E10			
9	h	Total. Add lines 1a-1f		659,518.			
vice	2a b	PROG.SERV.REVENUE-RELA		52,833.	52,833.		
Program Service Revenue	c d						
Progr		All other program service revenue					
$ \rightarrow $	g	Total. Add lines 2a-2f		52,833.			
	3	Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond	►				
	4 5	Royalties	•				
Other Revenue	b C	(i) Real         Gross Rents         Less: rental expenses         Rental income or (loss)         Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities assets other than inventory Less; cost or other basis	ii) Other				
	d	Gain or (loss)					
		including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	b				
		Net income or (loss) from fundraising events Gross income from gaming activities. See	• <b>&gt;</b>				
		Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	b				
	10 a	Gross sales of inventory, less returns and allowances	a				
		Less: cost of goods sold			 		· · · · · · · · · · · · · · · · · · ·
	44 -	Miscellaneous Revenue	Business Code				
	11 a b			s 		······································	<u> </u>
		All other revenue		· · · · · · · · · · · · · · · · · · ·			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		712,351.	52,833.	0.	0.
03200	9			1 1 2 2 3 3 4 4			Form <b>990</b> (2010)
12-21	- 10			9			

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### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES Part IX Statement of Functional Expenses

	Section 501(c) All other organizations must com	3) and 501(c)(4) organiza			ח
	All other organizations must com not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) (A) Total expenses	(B) Program service expenses	(C) (C) Management and general expenses	<i>(</i> 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):				
a	Management	15 014			· · · · · · · · · · · · · · · · · · ·
b	Legal	15,814.			
C.	Accounting	800.			
d	Lobbying	60,763.			
e	Professional fundraising services. See Part IV, line 17				·····
f	Investment management fees	122,155.			
9 40	Other	144,100.			
12	Advertising and promotion	13,820.			
13 14	Office expenses Information technology				
15	Royalties				
16	Occupancy				
17	Travel	23,325.			
18	Payments of travel or entertainment expenses				
10	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 0.)				
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				

032010 12-21-10

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Form 990 (2010)

Form 990 (2010)

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2010.04020 FAMILY FARM ALLIANCE C/O ER 04029412

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Form 990 (	
Part X	<b>Balance Sheet</b>

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### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Par	ιx	Balance Sneet				
-				(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		70,452.	1	82,277.
	2	Savings and temporary cash investments		<b>F</b>	2	
1	3	Pledges and grants receivable, net			3	U
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di				and the important of the
	Ū	employees, and highest compensated employee	=			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as				
	-	4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
ĺ		employees' beneficiary organizations (see instru			6	
Assets	7	Notes and loans receivable, net			7	
rss(	8	Inventories for sale or use			8	
<	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		1	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	*
	15	Other assets. See Part IV, line 11		5,000.	15	5,000.
	16	Total assets. Add lines 1 through 15 (must equ			16	87,277.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		1	19	
	20	Tax-exempt bond liabilities			20	
ŝ	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
abil		highest compensated employees, and disqualifi				a se an an an an tha shine. An
Ë		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
i	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨 🚺 and complete			
ŝ		lines 27 through 29, and lines 33 and 34.				
ŏ	27	Unrestricted net assets		75,452.	27	<u> </u>
sala	28	Temporarily restricted net assets			28	
а ц	29	Permanently restricted net assets			29	
E L		Organizations that do not follow SFAS 117, c	heck here 🕨 🛄 and 👘			
ŗ		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30	
SS	31	Paid in or capital surplus, or land, building, or ea	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
ž	33	Total net assets or fund balances		75,452.	33	87,277.
	34	Total liabilities and net assets/fund balances		75,452.	34	87,277.
						Form <b>990</b> (2010)

Form **990** (2010)

032011 12-21-10

			FAM	ГLY	FARM	ALI	LIANCE
ļ	Form 990 (	2010)	C/0	ERI	ROTABE	ERE	RANCHES
ſ	Part XI	Reconciliatio	n of Ne	t Ass	sets		

L					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	12,3	351.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	00,!	526.
3	Revenue less expenses. Subtract line 2 from line 1	3		11,8	325.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			152.
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		87,2	277.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🛄 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2		x
 b	Were the organization's financial statements audited by an independent accountant?			<u> </u>	X
,~ C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
•	review, or compilation of its financial statements and selection of an independent accountant?		20		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
Ь	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue			8 - A	
u	separate basis, consolidated basis, or both:	a on a		-	:
	Separate basis Consolidated basis Solidated basis Solidated basis Solidated basis				
20	•	nalo Aud	1 <b>4</b>		
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?				x
				1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			)	1

Form 990 (2010)

032012 12-21-10

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

#### Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2010

Employer identification number

86-0673419

Name of the organiza	tion	
	FAMILY	FARM

#### FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	Σ 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 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 crueity 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., purpose, 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)

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Name of organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES Page 1 of 1 of Part I

Employer identification number

86-0673419

Part I Contributors (see instructions)

		1	
(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
No.	Name, address, and ZIP + 4         WESTLANDS WATER DISTRICT         PO BOX 6056	Aggregate contributions	Type of contribution       Person    X      Payroll
<u>No.</u>	Name, address, and ZIP + 4 <u>WESTLANDS WATER DISTRICT</u> <u>PO BOX 6056</u> <u>FRESNO, CA 93703</u> (b)	Aggregate contributions \$25,349. (c)	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
<u>No.</u>	Name, address, and ZIP + 4 <u>WESTLANDS WATER DISTRICT</u> <u>PO BOX 6056</u> <u>FRESNO, CA 93703</u> (b)	Aggregate contributions \$	Type of contribution         Person       X         Payroll
No. 4 (a) No. (a)	Name, address, and ZIP + 4         WESTLANDS WATER DISTRICT         PO BOX 6056         FRESNO, CA 93703         (b)         Name, address, and ZIP + 4         (b)         Name, address, and ZIP + 4	Aggregate contributions  \$	Type of contribution         Person       X         Payroll

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### Name of organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES

Page of of Part II Employer identification number

86-0673419

#### Part II 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
		\$	

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	FARM ALLIANCE <u>ROTABERE RANCHES</u> Exclusively religious, charitable, etc., ir	adividual contributions to postio	Employer identification number		
C/O ERF	ROTABERE RANCHES Exclusively religious, charitable, etc., ir	dividual contributions to socia			
	Exclusively religious, charitable, etc., in	adividual contributions to section			
	Part III, enter the total of <i>exclusively</i> religions <b>\$1,000 or less</b> for the year. (Enter this infi	e columns (a) through (e) and the ous, charitable, etc., contributions	following line entry. For organizations completing		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	-	(e) Transfer of gift	L		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	and discussed a state of	(e) Transfer of gift	t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
_		(e) Transfer of gift	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
I –			· · · · · · · · · · · · · · · · · · ·		
			Schedule B (Form 990, 990-EZ, or 990-PF) (20		

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SCHEDULE C	Po	litical Campaign	and Lobbyin	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		nizations Exempt From Incom	-	-	2010
Department of the Treasury Internal Revenue Service	► Complete	if the organization is describe	d below. 🕨 Attach t ate instructions.	to Form 990 or Form 990-E	Z. Open to Public
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (othe</li> <li>Section 527 organize</li> <li>If the organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> </ul>	ganizations: Comp or than section 50 <sup>-</sup> ations: Complete wered "Yes," to F ganizations that h ganizations that h wered "Yes," to F	Form 990, Part IV, line 3, or Fol olete Parts I-A and B. Do not con (c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or Fol ave filed Form 5768 (election un ave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	rm 990-EZ, Part V, lin nplete Part I-C. Parts I-A and C below rm 990-EZ, Part VI, lin der section 501(h)): C on under section 501(	. Do not complete Part I-B. ne 47 (Lobbying Activities), omplete Part II-A. Do not cor h)): Complete Part II-B. Do no	<b>then</b> nplete Part II-B. ot complete Part II-A.
Name of organization		ARM ALLIANCE		Emplo	yer identification number
Part I-A Comple	C/O ERRC	TABERE RANCHES			86-0673419
<ol> <li>Provide a description</li> <li>Political expenditure</li> </ol>	on of the organiza	tion's direct and indirect politica	al campaign activities i	in Part IV. ►\$_	
Part I-B Compl	ete if the ora	nization is exempt und	er section 501(c)	(3)	
		curred by the organization und			
2 Enter the amount o	of any excise tax in	curred by organization manage	rs under section 4955	► \$	
		4955 tax, did it file Form 4720 t			
4a Was a correction m	nade?				LYes LNo
b if "Yes," describe in		winchiew in evenent word	an addition EO1(a)	avaant agation 501(a	.)/0)
		anization is exempt und			;)(3).
2 Enter the amount o	of the filing organiz	by the filing organization for sec ation's funds contributed to oth	ner organizations for se	ection 527	
		Add lines 1 and 2. Enter here a			
•					
		120-POL for this year?		······································	Yes No
made payments. Fe contributions receiv	or each organizati ved that were pro	bloyer identification number (Ell on listed, enter the amount paid mptly and directly delivered to a dditional space is needed, prov	I from the filing organi: a separate political org	zation's funds. Also enter the anization, such as a separat	the filing organization ∋ amount of political
(a) Name	e	(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
For Paperwork Reduct	tion Act Notice, s	ee the Instructions for Form 9	990 or 990- <b>EZ</b> .	Schedule C (	Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990 EZ) 2010 Part II-A Complete if the orga (election under sect	anization is exer	BERE RANCHE	. <u>S</u> n 501(c)(3) and fil	<u>86-0</u> ed Form 5768	673419 Page 2
A Check      if the filing organizati		iated aroun.			
	+	id "limited control" pro	visions apply.		
Limits	on Lobbying Exper			<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (	arass roots lobbying)		<u> </u>	
<b>b</b> Total lobbying expenditures to influe	• • •				
c Total lobbying expenditures (add lin	-				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter				· · · · · ·	
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000	· · · · · · · · · · · · · · · · · · ·	the amount on line 1e.			
Over \$500,000 but not over \$1,000,		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17.0		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0				
	φτ,σσσ,σ				
<ul> <li>g Grassroots nontaxable amount (entrin h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than zero</li> </ul>	or less, enter -0 or less, enter -0	ine 11 did the organiz			
reporting section 4911 tax for this y	*			Г	Yes No
(Some organiza	4-Year Ave tions that made a so umns below. See the	raging Period Under ection 501(h) election	Section 501(h) n do not have to comp es 2a through 2f on pa	plete all of the five	
1					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))				·호텔 : 11 원 : 13	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))			and the product of the fill		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

032042 02-02-11

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# FAMILY FARM ALLIANCE

# Schedule C (Form 990 or 990-EZ) 2010 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	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:					
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				en land	
	Media advertisements?				<u> </u>	
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		e de ference. A companya de la comp			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	L			· · · · · · · · · · · · · · · · · · ·	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
	501(c)(6).					
			r	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				<u>X</u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			X		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(2) if POT(t) Pot III. A lines 1 and 0 are preserved libration of the section 501(c)(2) if POT(t) Pot III.					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	EL IEI-A, II	ne o is a	Iswered		
1	Dues, assessments and similar amounts from members		1	195	7,903.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			<u>, , , , , , , , , , , , , , , , , , , </u>	1,5051	
~	expenses for which the section 527(f) tax was paid).	oui	1.0			
а	Current year		2a	4/	1,717.	
	Carryover from last year				2,280.	
c	Total				5,997.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				3,003.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4	18	3,994.	
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Com	olete 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. Also	o, complete	this part	
for a	ny additional information.					

Schedule C (Form 990 or 990-EZ) 2010

032043 02-02-11

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SCHEDUL	ED	Supplementa	al Financial Statements		-	OMB No.	1545-00	047
(Form 990)							JU	J
Department of the Tre	Part IV, line 6, 7, 8, 9, 10, 11, or 12.							olic
Internal Revenue Ser	Internat Revenue Service Attach to Form 990. See separate instructions.							
Name of the organization FAMILY FARM ALLIANCE Em					ployer ide פה	entificati -0673		
Part I O	rganiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A		unts. Co	molete if	the	
	-	n answered "Yes" to Form 990, Part IV, lin				inpiete ii		
	J			(b) Fur	nds and o	ther acco	ounts	
1 Total num	nber at er	nd of year						
		utions to (during year)						
3 Aggregate	e grants f	from (during year)						
		t end of year						
	-		writing that the assets held in donor advised fur		_	_	_	-
	-		exclusive legal control?		L	Yes		_ No
			advisors in writing that grant funds can be used					
			or donor advisor, or for any other purpose confe		Г	٦.,	1	٦
			ganization answered "Yes" to Form 990, Part IV			Yes		<u>No</u>
			10 10 10 10 10 10 10 10 10 10 10 10 10 1	nne /	•			
	•	servation easements held by the organizat of land for public use (e.g., recreation or o		llv imn	ortant lan	d area		
		f natural habitat	Preservation of a certified h					
		of open space		1010110	Structure			
			fied conservation contribution in the form of a c	onserv	ation eas	ement or	h the la	ast
day of the								
,	,				Held at t	he End of	the Ta:	x Year
a Total num	nber of co	onservation easements		2a				
				2b				
c Number o	of conser	vation easements on a certified historic st	ructure included in (a)	2c				
d Number o	of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure					
				2d	l			
3 Number o	of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nizatio	n during t	he tax		
year 🕨 _								
		where property subject to conservation ea						
	-	tion have a written policy regarding the pe			Г	Yes	<u> </u>	No
			it holds?, and enforcing conservation easements during					] NU
			enforcing conservation easements during the y					-
	-		ve satisfy the requirements of section 170(h)(4)(		Ψ			
						Yes		No
9 In Part XI	V. descril	be how the organization reports conservat	tion easements in its revenue and expense state	ment,	and balar		t, and	
			tion's financial statements that describes the o					
conserva	tion ease	ments.						
Part III O	rganiza	ations Maintaining Collections of	of Art, Historical Treasures, or Other	Simi	lar Ass	ets.		
Co	omplete if	the organization answered "Yes" to Form	1 990, Part IV, line 8.					
1a If the orga	anization	elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	ind ba	lance she	et works	of art,	,
historical	treasures	s, or other similar assets held for public ex	hibition, education, or research in furtherance o	fpubli	c service,	provide,	in Par	t XIV,
		tnote to its financial statements that desc						
-		-	SC 958), to report in its revenue statement and					
			education, or research in furtherance of public se	ervice,	provide ti	ne follow	ing an	nounts
relating to					*			
					\$			
			pogurag, or other similar assets for financial gain		\$\$			
			easures, or other similar assets for financial gain	hione	ue			
		Ints required to be reported under SFAS t in Form 990, Part VIII, line 1	(ASC 958) relating to these items:		\$			
					Ψ \$			
b Assets in	งเนนชน ที่ไ	TOTH 000, FAILA			Ψ			
LHA For Pape	rwork R	eduction Act Notice, see the Instruction	as for Form 990.		Schedul	e D (For	m 990	) 2010
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		FARM ALLIA						<b>•</b> -	•
		OTABERE RA		<b>T</b> ue	<b>Oth</b> - <i>v</i>	<u>86-06</u>			
	rt III Organizations Maintaining C Using the organization's acquisition, accessi								
3	(check all that apply):	ion, and other record	is, check any or	the lollowing that a	ale a sign	meant use of its	CONSCIO	rittern	5
а	Public exhibition	c		exchange program	19				
b	Scholarly research	e		skendarge program	.5				
c	Preservation for future generations			<u></u>					
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organization	's exemp	t purpose in Par	t XIV.		
5	During the year, did the organization solicit c			-			. /		
Ŭ	to be sold to raise funds rather than to be m		-				Yes		No
Pa	rt IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		oto il tito organiz						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribu	tions or other asse	ets not ind	cluded			
	on Form 990, Part X?		=			<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIV								
			0				Amoun	t	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F						Yes		] No
<u>b</u>	If "Yes," explain the arrangement in Part XIV	•							
Pa	rt V Endowment Funds. Complete	If the organization ar	nswered "Yes" to	Form 990, Part IV	', line 10.				
		(a) Current year	(b) Prior yea	(c) Two years	back (d)	Three years back	(e) Fou	r years	back
1a	Beginning of year balance					e en telegalet i		····	
b	Contributions					no aprilate ann an			
C	Net investment earnings, gains, and losses							<u></u>	
d	Grants or scholarships				`				<u></u>
е	Other expenditures for facilities								
	and programs							<u> </u>	
f	Administrative expenses								<u> </u>
g	End of year balance					11 1. A 1			· ···
2	Provide the estimated percentage of the year	ar end balance held a	as:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and administere	d for the	organization			
	by:							Yes	No
	(i) unrelated organizations						<u> </u>		
	(ii) related organizations								
	If "Yes" to 3a(ii), are the related organization			·····		•••••••••••••••••••••••	. <b>3</b> b		
4 Dai	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipn								
ra		1	-	1	(-) (-)	umulated		Le unite	
	Description of investment	(a) Cost or o basis (investr		Cost or other sis (other)	· · ·	eciation	(d) Boo	K Valu	e 
1a	Land								
b	Buildings	1							
c	Leasehold improvements								
d	Equipment								
e	Other	,							
<u>Tota</u>	I. Add lines 1a through 1e <i>. (Column (d) must</i> e	equal Form 990, Part	X, column (B), li	ne 10(c).)	<u></u>	🕨			0.
						Schedule	D (Forr	n aani	2010

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Part VII	Investments -	Other Se	curiti	ies. See	Form §	990, Part X, lin	e 12.
	) (Form 990) 2010	C/0	ERR	OTABE	RE	RANCHES	: /
		FAMI	LY	FARM	ALL	IANCE	

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation	
(1) Financial derivatives				
(2) Closely-held equity interests(3) Other				
(A)				
(B)				
(C)				·····
(O)				
(E)				
(F)	·····		· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				
(i)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨		and the second second		y the state of the second s
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		•
(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			antes di Masimi di Si	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		a series de dese	i se la construction de la Referencia. Transforma de la Referencia	
Part IX Other Assets. See Form 990, Part X, lin				
	a) Description			(b) Book value
(1) MEETING ROOM DEPOSIT				5,000.
(2)				
(3)				· · · · ·
(4) (5)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)			5,000.
Part X Other Liabilities. See Form 990, Part >				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	ne 25.) 🕨	ments that reports the or	ganization's liability for uncertain	tax positions under
2. FIN 48 (ASC 740). 032053		• • • •		
032053 12-20-10			Schee	dule D (Form 990) 2010

	FAMILY FARM ALLIANCE		
	dule D (Form 990) 2010 C/O ERROTABERE RANCHES		 86-0673419 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to		ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		 
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		 
6	Investment expenses		 
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer		
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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	 
ď	Other (Describe in Part XIV.)	_2d	
е	Add lines 2a through 2d		 2e
З	Subtract line 2e from line 1		 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	4 1
С	Add lines 4a and 4b		 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 5
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme		 r Return
1	Total expenses and losses per audited financial statements		 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		 5
Pa	t XIV Supplemental Information		 

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2010

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SCHEDULE O

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(Form 990 or 990-EZ)

#### Department of the Treasury Internal Revenue Service

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.



Name of the organization FAMI

FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES Employer identification number 86-0673419

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

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Schedule O (Form 990 or 990-EZ) (2010) Name of the organization FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES	Page 2 Employer identification number 86-0673419
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	NANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
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032212 Sche 01-24-11 25	dule O (Form 990 or 990-EZ) (2010)

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If you are filing for an Additional (Not Automatic) 3-Month E Note. Only complete Part II if you have already been granted ar					
If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month			opies n	eeded).	
Name of exempt organization			Empl	oyer identificati	on number
FAMILY FARM ALLIANCE				-	
C/U ERROTABERE RANCHES	nt C/O ERROTABERE RANCHES			<u>6-067341</u>	9
tended Number, street, and room or suite no. If a P.U. box,	, see instruc	tions.			
re date for 22895 S DICKENSON AVENUE					
City, town or post office, state, and ZIP code. For a	i foreign add	iress, see instructions.			
RIVERDALE, CA 93656					
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orm 990-BL	02	Form 1041-A			08
orm 990-EZ	03	Form 4720			09
orm 990 PF	04	Form 5227			10
orm 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-T (trust other than above) TOP! Do not complete Part II if you were not already grant	06	Form 8870			12
DANIEL ERROTAI					
			CA 9	3656	
The books are in the care of $\blacktriangleright$ <u>22895</u> <u>S</u> DICKE Telephone No. $\blacktriangleright$ <u>559-867-4461</u>	NSON A	VENUE - RIVERDALE, ( FAX No. ►			
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	IRS e-file Signature Authorization		
Form 8879-EO	for an Exempt Organization	0010	
	For calendar year 2010, or fiscal year beginning, 2010, and ending, 20, 20	2010	
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. See instructions.		
Name of exempt organization		r identification number	
	FAMILY FARM ALLIANCE C/O ERROTABERE RANCHES 86-0	0673419	
Name and title of officer			
	DANIEL ERROTABERE TREASURER		
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	im for which you are using this Form 8879-EO and enter the applicable amount, if any, from the ret a, below, and the amount on that line for the return being filed with this form was blank, then leave lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line belo	e line 1b, 2b, 3b, 4b, or 5b,	
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	712351	
2a Form 990-EZ check h	nere 🕨 🗌 b Total revenue, if any (Form 990-EZ, line 9) 2b		
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check her	e <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b		
Part II Declara	tion and Signature Authorization of Officer		
1-888-353-4537 no later the processing of the electron payment. I have selected	estitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury nan 2 business days prior to the payment (settlement) date. I also authorize the financial institution nic payment of taxes to receive confidential information necessary to answer inquiries and resolve a personal identification number (PIN) as my signature for the organization's electronic return and, electronic funds withdrawal. box only	is involved in the issues related to the	
X   authorize HE	NRY & HORNE, LLP to enter	my PIN 29411	
	ERO firm name	Enter five numbers, but do not enter all zeros	
is being filed wit	o on the organization's tax year 2010 electronically filed return. If I have indicated within this return th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the n the return's disclosure consent screen.	that a copy of the return e aforementioned ERO to	
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronic this return that a copy of the return is being filed with a state agency(ies) regulating charities as p nter my PIN on the return's disclosure consent screen.	cally filed return. If I have art of the IRS Fed/State	
Officer's signature 🕨	Date 🕨		
Part III Certifica	ation and Authentication		
•	our six-digit electronic filing identification		
	y your five-digit self-selected PIN. 86423660504 do not enter all zeros		
I certify that the above nu confirm that I am submitti e-file Providers for Busine	meric entry is my PIN, which is my signature on the 2010 electronically filed return for the organiza ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informa ss Returns.	ation indicated above. I tion for Authorized IRS	
ERO's signature ►	Date Date 26/1	1	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So		
LHA For Paperwork Red 023051 12-27-10	duction Act Notice, see instructions.	Form <b>8879-EO</b> (2010)	
	27		

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