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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **9/01/08**, and ending **8/31/09**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Ottawa County Farm Bureau		D Employer identification number 38-1371277
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 6355 Lake Michigan Dr. P.O. Box 28		E Telephone number 616-895-4381
		City or town, state or country, and ZIP + 4 Allendale MI 49401-0028		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

I Website: ▶ **N/A****J** Organization type (check only one) — ☒ 501(c) (**5**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **256,229****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	12,459
	3 Membership dues and assessments	3	85,835
	4 Investment income	4	5,962
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ See Statement 2)	8	151,973	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	256,229	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	4,428
	12 Salaries, other compensation, and employee benefits	12	159,885
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	32,545
	15 Printing, publications, postage, and shipping	15	25,289
	16 Other expenses (describe ▶ See Statement 3)	16	48,483
17 Total expenses. Add lines 10 through 16	17	270,630	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,401
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	506,978
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	492,577

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	382,509	376,570
23 Land and buildings	125,925	116,007
24 Other assets (describe ▶ _____)		
25 Total assets	508,434	492,577
26 Total liabilities (describe ▶ See Statement 4)	1,456	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	506,978	492,577

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

Form **990-EZ** (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? See Exempt Statement for Exempt Purpose		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	Promotion and Education - Promotional and Educational activities including, but not limited to, printing of newsletters and brochures. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	Program Activities - Membership information and activities including AD&D, Young Farm Activities, Special Projects and etc. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	Legislative Activities - Seminars for members to become acquainted with Legislators and to voice concern for the Agricultural Community. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) See Statement 5 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Bronkema, Michael	Director	400	0	0
Carlson, Sharon	Secretary	51,947	0	0
Dietrich, Michael	Director	400	0	0
Fraaza, David	Director	500	0	0
Gavin, David	Director	150	0	0
Gruppen, Robert	Director	450	0	0
Langeland, Merle	Director	840	0	0
Meerman, Luke	Director	400	0	0
Schoenborn, Mark	Director	840	0	0
Van Dyke, David	Director	1,000	0	0
VanderWerff, Jeffrey	Director	400	0	0
Vruggink, Jon	Director	400	0	0
Willcome, Mary	Director	500	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed		None
42a The books are in care of Sharon Carlson Telephone no 616-895-4381 6355 Lake Michigan Dr. Located at Allendale, MI ZIP + 4 49401-0028		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Sharon Carlson Date: January 11, 2010

Type or print name and title: SHARON CARLSON Secretary/Treasurer

Paid Preparer's Use Only

Preparer's signature: Daniel L. Curtis CPA Date: 12/11/09 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: Tamminga & Levering, Accts. Inc.
11304 Edgewater Drive, Suite C
Allendale, MI 49401

Preparer's Identifying Number (See instr.): P00029349

EIN: 38-2364148

Phone no: 616-895-6126

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

38-1371277

Federal Statements

FYE: 8/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
County dues	\$ 85,835
Total	<u>\$ 85,835</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
F.B. Insurance Agreement	\$ 102,190
F.B. Insurance Agreement	33,813
Blue Cross & Blue Shield Ins.	12,513
Agents Expense Reimbursements	3,457
Total	<u>\$ 151,973</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Secretary meetings & travel	1,060
County board	8,673
State annual	7
County annual	3,337
Leaders' meetings	198
Legislative	1,034
Workers comp	266
Insurance	1,781
Telephone	5,409
Lease - equipment	3,389
County newsletter	4,718
Field comm support	4,286
Business charges	2,985
Young farmers	1,703
Membership	1,687
4-H Fair promo	427
Local affairs	4,698
Recognition\awards	173
YPCS	750
Contributions	1,902
Total	<u>\$ 48,483</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,388	\$
Payroll taxes payable	68	
	<u>1,456</u>	

Federal Statements**Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

Organizational Activities - County, State and National annual meetings where policies are formed. Also, leader meetings to inform and train members.