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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)

2009

127,081.

OMB No 1545 1150

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

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements 7/01 For the 2009 calendar year, or tax year beginning 6/30 2010 2009, and ending Check if applicable D Employer identification number Address change use IRS label or TILLAMOOK COUNTY FARM BUREAU MARKETING 57-1174334 ASSOCIATION FOUNDATION Name change Telephone number print or type Initial return P.O. BOX 729 503-842-6435 Termination TILLAMOOK, OR 97141 Specific Instruc-Amended return Group Exemption Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Cash Accrual Other (specify) ► Check ► X if the organization is **not** required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) Tax-exempt status (check only one) -|X| = 501(c) (3)  $\blacktriangleleft$  (insert no) 4947(a)(1) or 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 291,628 Part I... Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 5,150. 3 Membership dues and assessments 3 4 Investment income 11,478. 4 5a Gross amount from sale of assets other than inventory 275,000 b Less cost or other basis and sales expenses 5 b 147,919.

SEE STATEMENT

6a

6b

1

5 c

21

c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 87 Att Celenta Verdine > 8 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 143,709. Grants and symplar affounts paid (attach schedule) Benefits paid to or formembers SEE STATEMENT 2 10 10 26,100 11 11 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 18 364. 13 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe ► SEE STATEMENT 3 4,983. 16 Total expenses. Add lines 10 through 16 17 31,522. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 112,187. 18 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). 19 271,511. 20 Other changes in net assets or fund balances (attach explanation) 20

of contributions

Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II) (A) Beginning of year (B) End of year 21,073. 22 22 Cash, savings, and investments 265,673 23 Land and buildings 250,438. 118,025 23 24 Other assets (describe > 24 25 Total assets 271,511 25 383,698 26 Total liabilities (describe ► 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 271,511 27 383,698.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)

**b** Less direct expenses other than fundraising expenses

a Gross revenue (not including \$

reported on line 1)

21

6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here

Form 990-EZ (2009)

383,698.

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	f'lll   Statement of Program Se			ons.)		Expenses						
	s the organization's primary exempt purpose? PR				(Keg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional						
Desc	ribe what was achieved in carrying out thribe the services provided, the number of	je organization's exempt purp	oses In a clear and co	oncise manner,	orga	nizations and section						
desci	ribe the services provided, the number of ram title	persons benefited, or other	relevant information foi	r each	4947	(a)(1) trusts, optional thers)						
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28	THE ORGANIZATION PROVIDED				_							
	ADULTS AND PROVIDED FINAN	NCIAL ASSISTANCE TO	THE Y.M.C.A.,	MUSEUM,								
	AND A SHELTERED WORKSHOP FOR DISABLED INDIVIDUALS.											
		28 a	30,234.									
	(Giants 4 20, 100.) II ti	nis amount includes foreign gi	iants, check here		20 a	30,234.						
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	(Cronto &	nis amount includes foreign gr										
	(Grants \$ ) If th	iis amount includes loreigh gi	ants, check here		29 a							
30					1							
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	(Grants \$ ) If th	nis amount includes foreign gi	rants check here		30 a							
21	Other program services (attach schedule		arts, check here		30 a							
31	, ,	•		. $\square$								
		is amount includes foreign gi	rants, check here	<b>•</b>	31 a							
32	Total program service expenses (add II			<b>—</b>	32	30,234.						
Par	List of Officers, Directors	. Trustees, and Kev Em	plovees. List each or	ne even if not con	nnens	ated (See the instrs.)						
34, -1,2	<u> </u>	(b) Title and average hours		(d) Contributions		(e) Expense account						
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances						
		to position	,	deferred compensa	ation	and other anowarices						
DER	RAL BRADEN	PRESIDENT	0.	,	0.	0.						
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Form **990-EZ** (2009)

Pa	Other Information (Note the statement requirements in the instrs for Part V.)  SEE STA	ATEME	ENT	4
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	्राह्य ३८ स्ट्रिट	Х
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 why the organization did not report the income on Form 990-T		1	
ä	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Χ_
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37b	in A	X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	·	X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A	W. 1	4 o 4	
39	Section 501(c)(7) organizations Enter	1.5	<b>4.</b> .	3 - ( )
	a Initiation fees and capital contributions included on line 9	100	2	,2
1	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			<sup>2</sup> 4. }
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .	A 12 1		
	0., section 4373 0.	1 12 1	1 5 +	
Ī	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		<u>X</u>
•	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	 [ 2 <sup>k</sup> 1		
(	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		·	
•	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	40 e	-	X
41	List the states with which a copy of this return is filed > OR		•	
42	a The organization's books are in care of ► MARCELLA NAEGELI Located at ► 175 WILSON RIVER LOOP, TILLAMOOK, OR  Telephone no ► 503-84	12-64	135_	
		· – – –		
!	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country	;		· . 🖫
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		: ا: <del>: ا</del>		
		z., 1	3 -	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.		<i>'</i>	٦
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	·	Х
	If 'Yes,' enter the name of the foreign country			
٧s	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	_		NT / 7
70				N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Γ	Yes	No
_			163	110
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
45	ts any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BAA		m <b>990</b> -	EZ (2	
	• •		•	,

address, and ZIP + 4

TILLAMOOK, OR 97141-2417

May the IRS discuss this return with the preparer shown above? See instructions

Only

BAA

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 Х 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 b b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's 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 NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules 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 Date Here Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid self employed 544-62-0284 Pre-SIMPSON & ROESENER LLP Firm's name (or yours if self-employed). parer's 26-3906917 2216 4TH STREET Use

Phone no

(503) 842-4417

►X Yes No

Form 990-EZ (2009)

# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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Name o	of the organization			FARM BUREAU MARK	KETING	;			1 ' '		tion number		
The second	šis-I Danas		CIATION FOUND		may sat a	20001	4- 4	1	<del></del>	174334			
				is (All organizations					See I	nstruct	IONS		
	<del></del>	-		use it is (For lines 1 thro	_		-						
•	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
	A hospital or cooperative hospital service organization described in section 170(bX1)(A)(iii).												
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's												
5	name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7													
8	A commur	nity trust	described in <b>section</b>	170(b)(1)(A)(vi). (Comple	ete Part l	1)							
9													
10	<b>—</b>			exclusively to test for pr		-			• •				
11	more publ	icly supp	orted organizations	l exclusively for the bene described in section 509( zation and complete line	(a)(1) or	section	509(a)(2	ctions ( 2) See	of, or ca section	rry out th <b>509(a)(3</b>	ne purpose ). Check t	s of on he box	e or that
	a Type		<b>b</b> Type II		II – Fund			ted		d 🗌	Type III-	Other	
е	By checking than found 509(a)(2)	ng this bo dation ma	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	lled directions	tly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ins othe ection	er
f	If the orga		received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (	organizatio	n,	
g	Since Aug	ust 17, 2	006, has the organiza	ation accepted any gift of	or contrib	ution fr	om any	of the f	ollowing	persons	7		
												Yes	No
	(i) a pe	rson who	directly or indirectly	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11g(i)		
			ber of a person des	= =							11 g (ii)		
		•	•	n described in (i) or (ii) a	hova?						11 g (iii)		
h			•	the supported organization							119(11)	L	
	(i) Name of Sup		(ii) EIN	(iii) Type of organization		ls the	Loapa	ou notify	600	s the	(vii) Amoun	of Supp	
	Organization	on	(1) 2114	(described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister	is the tion in col d in your irning ment?	the organ	ipport?	organizat	ion in col zed in the	(VII) Amoun	н от эфр	ioi t
					Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total beginning in) È Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 8,300 7,640 8,615 7,470. 5,150 37,175. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 8,300 640 8,615 ,470 37,175. ,150 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 37,175. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > 8,300 7,640 8,615 7,470 5,150 Amounts from line 4 37,175. Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 81 56 1,397 9 similar sources 11,478 13,021. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) 0. Total support. Add lines 7 through 10 50,196. Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 74.1% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 96.2% 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test** – **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

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Schedule A (Form 990 or 990-EZ) 2009

### Part III의 Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	<u>cked the box on li</u>	ne 9 of Part I )				
Sect	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line	客外的对於一樣				10 12 3.3	
	7c from line 6)		ALM THE THE THE	State of the state	(图) (2) (4)		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is		-				
	requiarly carried on					1	
	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Other income Do not include gain or loss from the sale of				Mary Mary		
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990	is for the organiza			<del></del>		3)
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	is for the organization stop here	ation's first, seco		<del></del>		(3)
13 14 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organization to the stop here blic Support P	ercentage	nd, third, fourth,	or fifth tax year a	s a section 501(c)(	•
13 14 Sec 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20	is for the organization of the stop here  blic Support P 009 (line 8, column	ercentage  (f) divided by I	nd, third, fourth,	or fifth tax year a	s a section 501(c)(	%
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from	is for the organization here  blic Support P  009 (line 8, column  2008 Schedule A,	ercentage (f) divided by III Part III, line 15	nd, third, fourth, ne 13, column (f))	or fifth tax year a	s a section 501(c)(	<b>&gt;</b>
13 14 Sec 15 16 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from tion D. Computation of Inv	is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incom	ercentage in (f) divided by III Part III, line 15 ine Percentag	nd, third, fourth, ne 13, column (f))	or fifth tax year a	15 16	% %
13 14 Sec 15 16 Sec 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from tion D. Computation of Inv	blic Support P 09 (line 8, column 2008 Schedule A, restment Incon for 2009 (line 10c,	ercentage  n (f) divided by lin Part III, line 15 ne Percentag  column (f) divide	nd, third, fourth, ne 13, column (f) e ed by line 13, column	or fifth tax year a	15 16	% %
13 14 Sec 15 16 Sec 17 18	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from tion D. Computation of Inv  Investment income percentage in 133-1/3 support tests – 2009. If the	blic Support P  09 (line 8, column  2008 Schedule A,  restment Incom  for 2009 (line 10c,  from 2008 Schedul  organization did not	ercentage  n (f) divided by In Part III, line 15 ne Percentag column (f) divide le A, Part III, line check the box on	nd, third, fourth, ne 13, column (f)) e ed by line 13, column 17	or fifth tax year a	15 16 17 18 3%, and line 17 is no	% % %
13 14 Sec 15 16 Sec 17 18 19 a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from tion D. Computation of Investment income percentage for Investment Income Investment Investment Investment Investment Investment Investment Investment Investment Investment Investme	blic Support P O9 (line 8, column 2008 Schedule A, restment Incom or 2009 (line 10c, from 2008 Schedul organization did not oox and stop here the organization did	ercentage  n (f) divided by In  Part III, line 15  ne Percentag  column (f) divided  e A, Part III, line  check the box on  The organization  d not check a bo	nd, third, fourth, ne 13, column (f)) e ed by line 13, column 17 line 14, and line 15 n qualifies as a pi x on line 14 or 19	or fifth tax year a	15 16 17 18 3%, and line 17 is no organization	% % % % % and line 18

Dart IVE C	unnlement	al Informa	tion Compl	lete this part	to provide	the explanate	one required by	/4334 Part II June 10:	age 4
P	art II, line	17a or 17b	; and Part I	II, line 12. P	rovide any	other addition	al information.	Part II, line 10; See instructions.	
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2009

#### FEDERAL STATEMENTS

PAGE 1

TILLAMOOK COUNTY FARM BUREAU MARKETING **ASSOCIATION FOUNDATION** 

57-1174334

STATEMENT 1 FORM 990-EZ, PART I, LINE 5C **NET GAIN (LÓSS) FRÓM NONINVENTORY SALES** 

OTHER ASSETS

DESCRIPTION:

REAL ESTATE - TILLAMOOK, OR

DATE ACQUIRED: HOW ACQUIRED:

7/01/2003 PURCHASE

DATE SOLD:

TO WHOM SOLD: GROSS SALES PRICE:

275,000. 143,100.

COST OR OTHER BASIS: BASIS METHOD:

COST

7/01/2009

EXPENSES OF SALE:

17,671.

DEPRECIATION:

12,852.

GAIN (LOSS)

127,081.

TOTAL GAIN (LOSS) OTHER ASSETS \$

127,081.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

127,081.

**STATEMENT 2** FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID** 

CLASS OF ACTIVITY:

YOUTH ACTIVITIES

DONEE'S NAME: DONEE'S ADDRESS:

TILLAMOOK COUNTY Y.M.C.A.

610 STILLWELL AVENUE TILLAMOOK, OR 97141

RELATIONSHIP OF DONEE:

NONE

CASH AMOUNT GIVEN:

25,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

MARIE MILLS CENTER, INC.

DONEE'S ADDRESS:

1800 FRONT STREET

TILLAMOOK, OR 97141

SHELTERED WORKSHOP

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

NONE

1,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

MUSEUM

TILLAMOOK COUNTY PIONEEER MUSEUM

2106 2ND STREET

TILLAMOOK, OR 97141

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

NONE

100.

**STATEMENT 3** FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

DEPRECIATION

2,165.

INSURANCE

512. 158.

LICENSES AND FEES OFFICE EXPENSES

756.

2009

### **FEDERAL STATEMENTS**

PAGE 2

# TILLAMOOK COUNTY FARM BUREAU MARKETING ASSOCIATION FOUNDATION

57-1174334

STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

PROPERTY TAXES STATE EXCISE TAX UTILITIES \$ 1,139. 10.

TOTAL \$ 243.

STATEMENT 4
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO