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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **SEP 1**, 2009, and ending **AUG 31**, 20 **10****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**OTTAWA COUNTY FARM BUREAU**

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 28

Room/suite

City or town, state or country, and ZIP + 4

ALLEDALE, MI 49401**D** Employer identification number**38-1371277****E** Telephone number**616-895-4381****F** Group Exemption

Number ▶

N/A

• 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: ▶ **WWW.MICHFB.COM/COUNTIES/INDEX/70****J** Tax-exempt status (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 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.

L 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 ▶ \$ **272530****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue | | Expenses | | Net Assets | |
|---------|--|----------|--------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 0 | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | 0 | 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) |
| 3 | Membership dues and assessments | 3 | 105093 | 20 | Other changes in net assets or fund balances (attach explanation) |
| 4 | Investment income | 4 | 3787 | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 0 | | |
| b | Less: cost or other basis and sales expenses | 5b | 0 | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 | | |
| 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 \$ 0 of contributions reported on line 1) | 6a | 0 | | |
| b | Less: direct expenses other than fundraising expenses | 6b | 0 | | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 0 | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 0 | | |
| b | Less: cost of goods sold | 7b | 0 | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 | | |
| 8 | Other revenue (describe ▶ PROMOTION, SERVICE REVENUES) | 8 | 163650 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 272530 | | |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | 0 | | |
| 11 | Benefits paid to or for members | 11 | 4831 | | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 161531 | | |
| 13 | Professional fees and other payments to independent contractors | 13 | 1540 | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 28822 | | |
| 15 | Printing, publications, postage, and shipping | 15 | 16791 | | |
| 16 | Other expenses (describe ▶ OFFICE, PROMOTION, ORGANIZATION, PROGRAM) | 16 | 68349 | | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 281864 | | |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 376570 | 22 377281 |
| 23 Land and buildings | 116007 | 23 106124 |
| 24 Other assets (describe ▶) | 0 | 24 0 |
| 25 Total assets | 492577 | 25 483405 |
| 26 Total liabilities (describe ▶ CONSIGNMENT TICKETS) | 0 | 26 162 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 492577 | 27 483243 |

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

Cat. No 106421

Form **990-EZ** (2009)

SCANNED APR 28 2011

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE ATTACHMENT 1

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, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE ATTACHMENT 2

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► ☐

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

| | | Yes | No |
|------------|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | ✓ |
| 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. | | |
| 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? | ✓ | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | ✓ | |
| 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 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | ✓ |
| 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 outstanding at the end of the period covered by this return? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 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 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 | | ✓ |
| 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 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. 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. | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ PEGGY WEICK Telephone no. ▶ 616-895-4381 Located at ▶ 6355 LAKE MICHIGAN DR, ALLENDALE, MI ZIP + 4 ▶ 49401 | | |
| 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)? | Yes | No |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | ✓ |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | ✓ |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ 0 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 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 | | ✓ |

Part VI 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 |
|--|------------|----|
| 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 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 a section 527 organization? | 49b | ✓ |

50 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."

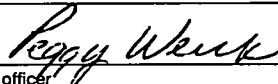

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| N/A | |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

f Total number of other employees paid over \$100,000 ▶

51 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 |
|--|---------------------|------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶

| | | | | |
|---|--|----------------------|---|--|
| Sign Here | 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 | | | |
| |  Signature of officer | | Date <u>4-8-11</u> | |
| | PEGGY WEICK - SECRETARY/TREASURER Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature  | Date <u>03/25/11</u> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 MICHIGAN FARM BUREAU 7373 W SAGINAW HWY, LANSING, MI 48917 | | EIN ▶ 38-1718391 | Phone no ▶ 517-323-7000 |
| May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

PURPOSE OF FARM BUREAU:

Farm Bureau is a free independent, non-governmental, voluntary organization of farm families united for the purpose of analyzing their problems and formulating action to achieve educational improvement, economic opportunity, and social advancement and thereby promote national welfare. Farm Bureau is local, statewide, national and international in its scope and influence and is non-partisan, non-sectarian, and non-secret in character.



Programs

Promotion & Education

The goal of the Promotion and Education program is to educate Michigan consumers about agriculture through working with children and schools and coordinating public outreach programs to promote and educate about agriculture. In addition, the Promotion and Education program strives to educate farmers on issues impacting agriculture.



Telling the farmer's story and making a difference in agriculture at the county level makes Farm Bureau's Promotion and Education committee an exciting and progressive program. Here is a chance to make new friends, meet people from a variety of backgrounds and engage in dynamic activities that demonstrate the importance of modern agriculture in today's society. If you're interested in finding out more about this committee, please contact the chair, Mary Willcome at (616) 677-2551

For more information about this program, visit the [Promotion & Education](#) website.

Washington Legislative Seminar

Each year, Farm Bureau organizes face-to-face meetings with hundreds of Farm Bureau leaders and their respective elected officials. These annual "lobbying" missions are a key element in the Farm Bureau grassroots policy development and policy execution process.



If you are interested in more information on the legislative activities in Ottawa county, contact the county administrative manager, Sharon Carlson at (616) 895-4381

For more information about this program, visit the [Washington Legislative Seminar](#) website.

Young Farmer

The Young Farmer program is designed to develop leadership potential for men and women between the ages of 18 and 35.

For more information about the Young Farmer program in Ottawa County, please contact the committee chair, Joe Vander Werff at (616)773-0753

For more information about this program, visit the Young Farmer website.



Young People's Citizenship Seminar

Over two hundred twenty of the top students from Michigan convene each year in late June to learn about world economic and political systems and conduct their own mock election. Sponsored by county Farm Bureaus across the state, the Citizenship Seminar has been conducted for over 35 years and has provided leadership skills for over 5,000 of Michigan's youth.



If anyone is interested in attending, call Sharon Carlson at (616) 895-4381.

For more information about this program, visit the Young People's Citizenship Seminar website.

LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| COLUMN (a) NAME AND ADDRESS | COLUMN (b) TITLE / AVG HOURS | COLUMN (c) COMPENSATION | COLUMN (d) BENEFITS | COLUMN (e) EXPENSES |
|--|--|----------------------------|------------------------|------------------------|
| MARK SHOENBORN PO BOX 28 ALLENDAL, MI 49401 | PRESIDENT 2 HOURS | \$1,000 | \$0 | \$0 |
| MICHAEL BRONKEMA PO BOX 28 ALLENDAL, MI 49401 | VICE PRESIDENT 2 HOURS | 715 | 0 | 0 |
| LUKE MEERMAN PO BOX 28 ALLENDAL, MI 49401 | THIRD MEMBER 2 HOURS | 650 | 0 | 0 |
| DAVID FRAAZA PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 450 | 0 | 0 |
| PATRICK MITCHELL PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 400 | 0 | 0 |
| ROGER UMLOR PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 350 | 0 | 0 |
| JON VRUGGINK PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 400 | 0 | 0 |
| JEFFREY VANDERWERFF PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 350 | 0 | 0 |
| JOSEPH VANDERWERFF PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 250 | 0 | 0 |
| ROGER VICTORY PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 400 | 0 | 0 |
| MARY WILLCOME PO BOX 28 ALLENDAL, MI 49401 | DIRECTOR 1 HOUR | 500 | 0 | 0 |
| SHARON CARLSON PO BOX 28 ALLENDAL, MI 49401 | FORMER SECRETARY/TREASURER 40 HOURS | 52,571 | 3,369 | 0 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | | |
|--|---|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization Ottawa County Farm Bureau | Employer identification number 38 1371277 | |
| | Number, street, and room or suite no. If a P O box, see instructions PO Box 28 | | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Allendale, MI 49401-9258 | | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Sharon Carlson**

Telephone No. ► (**616**) **895-4381** FAX No. ► (**616**) **892-4350**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **April 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☐ calendar year 20 or
- ☒ tax year beginning **September 1**, 20**09**, and ending **August 31**, 20**10**.

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.