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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For the	2011 calenda	ar year, or tax year beginning SEPTEMBER 1 , 2011, and	d ending	AUG	GUST	31 , <b>20</b> 12
В	Check if ap	pplicable	C Name of organization		D Emplo	yer iden	tification number
	Address o	change	OTTAWA COUNTY FARM BUREAU		38-13	37127	7
$\sqcup$	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	oom/suite	E Teleph	one num	ber
$\vdash$	Initial retu		6355 LAKE MICHIGAN DRIVE		616-8	395-5	846
H	Terminate Amended		City or town, state or country, and ZIP + 4		F Group	Exemp	otion
Ħ		on pending	ALLENDALE, MI 49401-9258		Numb	er 🕨	N/A
G		ting Method		Н			he organization is <b>not</b>
	Websit	-	MICHFB.COM/COUNTIES/INDEX/70				n Schedule B
					EZ, or 990-PF)		
	Check I		eck only one) — ☐ 501(c)(3) 👿 501(c)(_5_) ◀ (insert no ) ☐ 4947(a)(1) or e organization is not a section 509(a)(3) supporting organization or a section 527		•		<del></del>
			O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po	-		-	
			ses to file a return, be sure to file a complete return	otoura, maj	, 50 1040	(55	o mondonomo,, dan m
	_		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	f total assets	(Part II.		
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> œ	193,898.00
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances	c/coo tho	inetruc	tions f	
ш	alti		the organization used Schedule O to respond to any question in the				_
_	7 4			115 Faiti	<del></del>	1	
	1		ons, gifts, grants, and similar amounts received		. }	2	7 750
	2	_	ervice revenue including government fees and contracts		}		7,758
	3		ip dues and assessments	• •	٠ . ١	3	113,439
	4	Investmen			· · . }	4	4,291
	5a		ount from sale of assets other than inventory				
	b		or other basis and sales expenses	<i>5</i> \	0	_	
	6 6	•	ss) from sale of assets other than inventory (Subtract line 5b from line nd fundraising events	:5a)		5c	0.00
ē	a	_	ome from gaming (attach Schedule G if greater than		0		
Revenue	Ь		Ll	ontribution			
e S			aising events reported on line 1) (attach Schedule G if the		Ĭ		
œ	•		ch gross income and contributions exceeds \$15,000) .   6b		ام		
	C		ct expenses from gaming and fundraising events		0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	Sb and sub	otract	l	
	"	line 6c)				6d	0.00
	7a	•	es of inventory, less returns and allowances		اه		
	b		of goods sold		0	1	
	6					7c	0.00
	8	Other reve	rit or (loss) from sales of inventory (Subtract Vine 7) from line 7a)		· · ·	8	68,410
	9		enue. Add lines 1, 2, 3, 4 5c 6d, 7c, and 8			9	193,898.00
_	10		d similar amounts paid (lisen Schedile(O)) 2013			10	133,030.00
	11	Renefite n	aid to or for members			11	5,152
u			other compensation, and employee benefits     T		}	12	92,353
ď	13	Drofossion	nal fees and other payments to independent contractors.			13	
Fxnenses	13			• •		14	1,985
×	14	•	y, rent, utilities, and maintenance			15	30,924
	·   • •		ublications, postage, and shipping			16	19,184
	16	•	enses (describe in Schedule O)				65,437
_	17		enses. Add lines 10 through 16		. 🟲	17	215,035.00
Ť	18		(deficit) for the year (Subtract line 17 from line 9)		ا ،	18	(21,137.00)
9,	19		s or fund balances at beginning of year (from line 27, column (A)) (i ar figure reported on prior year's return)	•			412 554 55
Not Assets		•				19	413,564.00
Š	20		nges in net assets or fund balances (explain in Schedule O)			20	0
_	<sup>-</sup>   21	Net assets	s or fund balances at end of year. Combine lines 18 through 20 .	<b>.</b>	. 🕨	21	392,427.00

	rt II Balance Sheets. (see the instructions	ior Pari II.)				
	Check if the organization used Schedule	•	v question in this	Part II		🔽
			y quodion in une	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			315,062	22	303,714
23	Land and buildings			98,502		88,815
24	Other assets (describe in Schedule O)				24	0
25	Total assets			413,564.00		392,529.00
26	Total liabilities (describe in Schedule O) .				26	102
27	Net assets or fund balances (line 27 of column	n (B) must agree with	line 21) .	413,564.00	27	392,427.00
Part	t III Statement of Program Service Accom	plishments (see th	e instructions for			
	Check if the organization used Schedule	O to respond to an	y question in this	Part III . 🔽	(Rea	Expenses uired for section
What	t is the organization's primary exempt purpose?	SEE SCHEDULE O				c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				_	nizations and section (a)(1) trusts, optional
	neasured by expenses. In a clear and concise nons benefited, and other relevant information for ea		services provided	I, the number of		thers)
28	PUBLIC POLICY - USING A GRASS ROOTS I	PHILOSOPHY VOLUN	TEER MEMBERS S	URFACE		
	CURRENT AND EMERGING AGRICULTURAL IS	SUES TO PROVIDE	DIRECTION TO	THE STATE		
	ORGANIZATION IN A PLAN OF WORK ON A I			······································		
20	<u> </u>	t includes foreign gra		<u>.                                    </u>	28a	<del> </del>
29	PROMOTION & EDUCATION - EDUCATION ABO				İ	
	OFFERED TO HUNDREDS IN THE GENERAL PU			KFAST ON THE		
	FARM AND TO 4-H CLUBS, FFA CHAPTERS, (Grants \$ ) If this amoun	t includes foreign gra		<b>&gt;</b> [	29a	
30	YOUNG FARMERS - EDUCATION & LEADERSH			FOR	234	<del> </del>
	CURRENT LOCAL AG LEADERS WITHIN THE A					
	AND ENCOURAGES INVOLVEMENT TO DEVELOR					
	/	t includes foreign gra		▶ 🗌	30a	
31	Other program services (describe in Schedule O)					
		t ıncludes foreign gra	nts, check here .	<u></u> ▶□	31a	
_	Total program service expenses (add lines 28a		<u> </u>		32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				nstruc	_
-	Oncok ii kilo organization dood oonloadi					
		h (h) Title and average	(c) Reportable	(d) Health benefits,	ΤĖ	<u> [x]</u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe benefit plans, and	( )	
MERI	(a) Name and address  LE LANGELAND	hours per week	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and	( )	Estimated amount of
		hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and deferred compensation	( )	Estimated amount of
4679	LE LANGELAND	hours per week devoted to position	compensation (Forms W-2/1099-MISC (If not pald, enter -0-)	contributions to employe benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE	LE LANGELAND 9 BALDIN ST, HUDSONVILLE, MI 49426	hours per week devoted to position  PRESIDENT 2	compensation (Forms W-2/1099-MISC (If not pald, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425	LE LANGELAND 9 BALDIN ST, HUDSONVILLE, MI 49426 3 MEERMAN	hours per week devoted to position  PRESIDENT 2  VICE PRESIDENT	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  F HEHL  68 88TH AVE, COOPERSVILLE, MI 490404	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK	hours per week devoted to position  PRESIDENT  2  VICE PRESIDENT  2  THIRD MEMBER  2  DIRECTOR	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRE 9182	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1	compensation (Forms W-2/1099-MISC (if not pald, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  I HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT	hours per week devoted to position  PRESIDENT  2  VICE PRESIDENT  2  THIRD MEMBER  2  DIRECTOR	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 1,130 630 530	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  I HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1 DIRECTOR 1	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  9 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1	compensation (Forms W-2/1099-MISC (if not pald, enter -0-) 1 , 130 630 450	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1429 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  9 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 1,130 630 530	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROGE	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  17 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  18 K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1	compensation (Forms W-2/1099-MISC (If not pald, enter -0-) 1 , 130 630 450 350	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4675 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROGE 5790	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  9 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1	compensation (Forms W-2/1099-MISC (if not pald, enter -0-) 1 , 130 630 450	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROBE	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  17 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  0 22ND ST, HUDSONVILLE, MI 49426	hours per week devoted to position  PRESIDENT  2  VICE PRESIDENT  2  THIRD MEMBER  2  DIRECTOR  1  DIRECTOR  1  DIRECTOR  1  DIRECTOR  1  DIRECTOR  1	compensation (Forms W-2/1099-MISC (If not pald, enter -0-) 1 , 130 630 450 350	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROGE 5790 ROBE 1850	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  1 HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  0 22ND ST, HUDSONVILLE, MI 49426  ER UMLOR	hours per week devoted to position  PRESIDENT  VICE PRESIDENT  THIRD MEMBER  DIRECTOR	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 1,13( 63( 53( 45( 35( 30( 30(	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRE 9182 DOUG 7671 PATE 7164 ROGE 5790 ROBE 1850	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  I HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  0 22ND ST, HUDSONVILLE, MI 49426  ER UMLOR  10 14TH AVE, CONKLIN, MI 49403	hours per week devoted to position  PRESIDENT  VICE PRESIDENT  THIRD MEMBER  DIRECTOR	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 1,13( 63( 53( 45( 35( 30( 30(	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRE 9182 DOUG 7671 PATE 7164 ROGE 5790 ROBE 1850 PAUL	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  I HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  0 22ND ST, HUDSONVILLE, MI 49426  ER UMLOR  10 14TH AVE, CONKLIN, MI 49403  L PYLE	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1	compensation (Forms W-2/1099-MISC (if not pald, enter -0-) 1 , 130 630 450 350 450 300	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4675 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROGE 5790 ROBE 1850 PAUI	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  E MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  I HEHL  68 88TH AVE, COOPERSVILLE, MI 490404  K HAVERDINK  2 40TH AVE, JENISON, MI 49428  GLAS HASSEVOORT  1 72ND AVE, HUDSONVILLE, MI 49426  RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  0 22ND ST, HUDSONVILLE, MI 49426  ER UMLOR  10 14TH AVE, CONKLIN, MI 49403  L PYLE  HUNTERS CREEK DRIVE, ZEELAND, MI 49464	hours per week devoted to position  PRESIDENT  2 VICE PRESIDENT  2 THIRD MEMBER  2 DIRECTOR  1 PRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1	compensation (Forms W-2/1099-MISC (if not pald, enter -0-) 1 , 130 630 450 350 450 300	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4675 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROBE 1850 PAUI 10457 MARY 1413 EMII	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  17 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  18 K HAVERDINK  19 2 40TH AVE, JENISON, MI 49428  19 3 GLAS HASSEVOORT  10 72ND AVE, HUDSONVILLE, MI 49426  10 RICK MITCHEL  4 BARRY ST, HUDSONVILLE, MI 49426  ER VICTORY  10 22ND ST, HUDSONVILLE, MI 49426  ER UMLOR  10 14TH AVE, CONKLIN, MI 49403  11 PYLE  HUNTERS CREEK DRIVE, ZEELAND, MI 49464  19 WILLCOME  37 32ND AVE, MARNE, MI 49435  LY BARNES	hours per week devoted to position  PRESIDENT 2 VICE PRESIDENT 2 THIRD MEMBER 2 DIRECTOR 1	compensation (Forms W-2/1099-MISC (If not pald, enter -0-)  1 , 130  630  450  300  450  450	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of
4679 LUKE 1425 MATT 1446 KIRK 9182 DOUG 7671 PATE 7164 ROGE 1850 PAUL 10457 MARY 1413 EMIL 8334	LE LANGELAND  9 BALDIN ST, HUDSONVILLE, MI 49426  5 MEERMAN  50 60TH AVE, COOPERSVILLE, MI 49404  17 HEHL  58 88TH AVE, COOPERSVILLE, MI 490404  18 K HAVERDINK  19 2 40TH AVE, JENISON, MI 49428  10 GLAS HASSEVOORT  10 72ND AVE, HUDSONVILLE, MI 49426  11 RICK MITCHEL  12 BARRY ST, HUDSONVILLE, MI 49426  13 22ND ST, HUDSONVILLE, MI 49426  14 BER VICTORY  15 00 14TH AVE, CONKLIN, MI 49403  16 PYLE  HUNTERS CREEK DRIVE, ZEELAND, MI 49464  17 WILLCOME  37 32ND AVE, MARNE, MI 49435	hours per week devoted to position  PRESIDENT  2 VICE PRESIDENT  2 THIRD MEMBER  2 DIRECTOR  1 PRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1 DIRECTOR  1	compensation (Forms W-2/1099-MISC (If not pald, enter -0-)  1,130  630  450  300  450	contributions to employed benefit plans, and deferred compensation	( )	Estimated amount of

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	e	-3
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			$\mathbf{x}$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	х	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Х	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	l		
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Х	
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		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   [37a]  0			ļ
b	Did the organization file Form 1120-POL for this year?	37b	_	Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-		<del></del>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		Х
39	Section 501(c)(7) organizations. Enter:	i		
а	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 ▶			!
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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ PEGGY WEICK Telephone no. ▶ 616-	895	-584	6
	Located at ▶ 6355 LAKE MICHIGAN DRIVE, ALLEGAN, MI ZIP + 4 ▶ 4940	1-9	258	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<del> </del> -	X
	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	420		
43	and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
	and office the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	110
	completed instead of Form 990-EZ	44a	1	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			T
	completed instead of Form 990-EZ	44b	-~-	Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<u>                                     </u>		
	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	Х
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	451		
	1 on the control of t	45b	1	X

46	Did the organization engage, directly or in	directly, in political ca	ampaign activities on	behalf of or in	oppositio	1	Yes	NO
40	to candidates for public office? If "Yes," c					46		X
Part \	Section 501(c)(3) organization 501(c)(3) organizations and sect and 52, and complete the tables	s and section 494 ion 4947(a)(1) none for lines 50 and 51	7(a)(1) nonexempt exempt charitable tr	usts must a				n
_	Check if the organization used Sci	nedule O to respond	to any question in th	nis Part VI	<u></u>		1	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect du	uring the ta	ax 47	Yes	No X
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	o an exempt non-char ection 527 organizatio five highest compens	ritable related organiz n? sated employees (oth	er than office	rs, director	49a 49b s, trustee	es and	X X key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	employee nd deferred	(e) Estimated other co		
NONE								
			:					
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe	nsated independent	contractors w	/ho each r	eceived	more	than
(a)	Name and address of each independent contractor pa	nid more than \$100,000	(b) Type of ser	vice	(c)	Compensa	tion	
NONE								
						<del></del>		
			-				<u>-</u>	<u> </u>
	<del></del>		0100.000		<del></del> -			
52	Total number of other independent control Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note: All section !	501(c)(3) organizatior	ns and 4947(a	1)(1)	►   Ye	s X	No
Under p	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other that	return, including accompar in officer) is based on all inf	nying schedules and statem ormation of which preparer	nents, and to the has any knowled	best of my kn lge	owledge a	nd belief	f, it is
Sign Here	Signature of officer  PEGGY WEICK, SECRETAR	Y/TREASURER		<u>گ</u> Date	3-26-1	3	<del></del>	
	Type or print name and title	2, 1100101						
Paid Prep		Preparer's signature	C	ate	Check Self-emplo			
•	Only Firm's name			Firm	's EIN ▶			
	Firm's address >	a a bassa a bassa a Cost	instructions	Pho	ne no	<u> </u>		Ne

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

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Department of the Treasury Internal Revenue Service

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

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

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

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

	ection 501(c)(4), (5), or (6) orga of organization			Employer ide	ntification number
OTT	AWA COUNTY FARM	BUREAU		38-1371	277
Part		e organization is exempt un	der section 501(	c) or is a section 527	organization.
1	Provide a description of t	he organization's direct and indi	rect political campa	ign activities in Part IV	
2	Political expenditures .			▶ :	\$
3	Volunteer hours .		•		
Part		e organization is exempt ur			
1	•	excise tax incurred by the organ			\$ 
2	<u>-</u>	excise tax incurred by organizat	-		\$ <del></del> -:
3	•	ed a section 4955 tax, did it file f	Form 4720 for this ye	ear?	∐ Yes ∐ No
4a	Was a correction made?		• •	• •	Yes No
b	If "Yes," describe in Part		day as ation EOA/	a) avecation E0:	(/_)/(2)
Part		e organization is exempt ur ly expended by the filing organ			1(0)(3).
•	activities	• • • • •		· .	6
2		filing organization's funds cont			
-	527 exempt function acti			•	<b>B</b>
3		expenditures Add lines 1 and	2 Enter here and	on Form 1120-POL.	·
•	line 17b .			▶ (	\$
4	Did the filing organization	n file Form 1120-POL for this ye	ar?		. Yes No
5		ses and employer identification r		ection 527 political organ	nizations to which the filing
•		ents For each organization listed			
	the amount of political co	ontributions received that were p	romptly and directly	delivered to a separate	political organization, such
	as a separate segregated	fund or a political action comm	ittee (PAC) If additio	onal space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
-				-	TIONO, OTHER O
(1)		ļ			
			<u> </u>	<del>                                     </del>	
(2)					
	···				
(3)					
(4)		<b> </b>			
			<u> </u>		
(5)					
			<del>                                     </del>	<del> </del>	
(6)				1	1

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

Schedule C (Form 990 or 990-EZ) 2011

Sched	ule C (Form 990 or 990-EZ) 2011					Page <b>2</b>
Part	II-A Complete if the organizati section 501(h)).	on is exempt ι	under section 50	11(c)(3) and file	d Form 5768 (ele	ection under
A C	heck ► ☐ if the filing organization be name, address, EIN, exp					oup member's
вС	check 🕨 🗌 if the filing organization of	hecked box A	and "limited cont	rol" provisions a	apply.	
		bbying Expendit		-	(a) Filing organization's totals	(b) Affiliated
	(The term "expenditures"	means amounts	ans amounts paid or incurred.)			group totals
1a	Total lobbying expenditures to influence	ce public opinion	(grass roots lobby	ring)		
b	Total lobbying expenditures to influence	ce a legislative bo	ody (direct lobbying	g)		
С	Total lobbying expenditures (add lines	1a and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (a					
f Lobbying nontaxable amount Enter the amount from the following table						
	columns					
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter	25% of line 1f)				
h	Subtract line 1g from line 1a. If zero of	r less, enter -0-	•			
i	Subtract line 1f from line 1c If zero or		•			
j	If there is an amount other than ze reporting section 4911 tax for this year		1h or line 1i, did	the organization	n file Form 4720	Yes No
	(Some organizations that r	nade a section (	Period Under Sec 501(h) election do actions for lines 2a	not have to com		е
	Lobbyi	ng Expenditures	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

For or	(election under section 501(h)).	Yes" response to lines 1a through 1i below, provide in Part IV a detailed description			(b)		
	e lobbying activity.	aescription	Yes	No	Ar	nount	
1	During the year, did the filing organization attempt to influence foreign, national, s legislation, including any attempt to influence public opinion on a legislative referendum, through the use of:						<u> </u>
а	Volunteers?	_	<u> </u>				
b	Paid staff or management (include compensation in expenses reported on lines 1c th	rough 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	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 m	eans?					
i	Other activities?						
j	Total Add lines 1c through 1i		ļ				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c	c)(3)?	<u> </u>				
b		4040	1				
d d	If "Yes," enter the amount of any tax incurred by organization managers under section the filing organization incurred a section 4912 tax, did it file Form 4720 for this year						
Part	III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection 501(c	:)(5),	or se	ction		
	33 (4)(5).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the	prior year?			3		Х
	Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."			Part	III-A, I		
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not incline) political expenses for which the section 527(f) tax was paid).	ude amount	s of	1	<u>.</u>	13,	435
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c		0	.00
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section	162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, we excess does the organization agree to carryover to the reasonable estimate of nond						
	and political expenditure next year?	eductible lobt	·yiiig ·	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•		5		0	.00
Comp	rt IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; F so, complete this part for any additional information	art I-C, line 5;	Part	II-A, a	nd Part	il-B,	line
							•••••
							•••••
							·

Schedule C (For	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
•		

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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		Employer identification number
OTTAWA COUNTY FARM BUREAU		38-1371277
FORM 990EZ, PART I, LINE 8.		
FBINS PROMOTION INCOME:	\$ 9.808	
BCBS SERVICE REVENUE:	\$32,505	
RENTT:	\$26,097	
	TOTAL: \$68,410	
FORM 990EZ, PART I, LINE 16:		
OFFICE SUPPLIES	\$ 2,699	
TELEPHONE	\$ 1,837	
INSURANCE	\$ 2,056	
BUSINESS CHARGES	\$ 319	
FIELD COMMUNICATIONS	\$ 5,082	
ACCOUNTING SUPPORT	\$ 1,248	
CONTRIBUTION	\$ 6,143	
ORGANIZATION	\$14,299	
PROGRAM	\$23,319	
FBI PROMOTION		
	\$ 328	
•		
тотат.	\$65,437	
10	¥93/131	
••••••		

Schedule O (Form 990 or 990-EZ) (2011)			Page 2
Name of the organization			Employer identification number
OTTAWA COUNTY FARM BUREAU			38-1371277
	•••••		
	•		
FORM 990EZ, PART II, LINE 26 C	ONSIGNMENT TICKETS \$102		
FORM 990 EZ, PART III STATEMENT	OF PROGRAM SERVICE ACCOM	PLISHMENTS:	
PURPOSE OF FARM BUREAU. FARM B	UREAU IS A FREE INDEPENDE	NT, NON-GOVERNMENTAL, VOLUN	TARY
			2. BODWII NETVO
ORGANIZATION OF FARM FAMILIES U	NITED FOR THE PURPOSE OF A	ANALYZING THEIR PROBLEMS AN	D FORMULATING
ACTION TO ACHIEVE EDUCATIONAL I	MPROVEMENT, ECONOMIC OPPO	RTUNITY, AND SOCIAL ADVANCE	MENT AND
THEREBY PROMOTE NATIONAL WELFAR	E FARM BUREAU IS LOCAL,	STATEWIDE, NATIONAL AND IN	TERNATIONAL IN ITS
SCOPE AND INFLUENCE AND IS NON-	PARTISAN, NON-SECTARIAN,	AND NON-SECRET IN CHARACTER	<i>-</i>
			······
FORM 990EZ, PART IV, LIST OF OF	FICERS AND DIRECTORS -		
NAME & ADDRESS	TITLE/AVG HOURS	COMPENSATION	BENEFITS
PEGGY WEICK	SECRETARY/TREASURER	\$39,180	\$6,900
PEGGI WEICK			
6355 LAKE MICHIGAN DR, ALLENDALE, MI 4940	1 37		
FORM 990EZ, PART V, LINE 35:	ALL INCOME IS RELATED TO E	XEMPT PURPOSE	
			·