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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 $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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 6/01/08 , and ending 5/31/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ASHLAND COUNTY FARM BUREAU, INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2690 AKRON RD

City or town, state or country, and ZIP + 4
WOOSTER OH 44691

D Employer identification number
34-6526258

E Telephone number
330-263-7456

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 ▶ $ 98,239

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	6,930
	3	Membership dues and assessments See Statement 1	3	87,080
	4	Investment income	4	3,029
	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 ▶ ☐		
	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	1,200
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	98,239
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 3	10	71,920
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	555
	13	Professional fees and other payments to independent contractors	13	900
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 4)	16	31,362
	17	**Total expenses.** Add lines 10 through 16 ▶	17	104,737
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,498
	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	96,123
	20	Other changes in net assets or fund balances (attach explanation) See Statement 5	20	-9,112
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	80,513

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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	95,736	22	89,581
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 6)	1,334	24	
25 **Total assets**	97,070	25	89,581
26 **Total liabilities** (describe ▶ See Statement 7)	947	26	9,068
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	96,123	27	80,513

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

What is the organization's primary exempt purpose?

PROMOTION AND EDUCATION OF FARMING

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

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

28 See Statement 8

(Grants $ 2,000) If this amount includes foreign grants, check here ▶ ☐ 28a 104,737

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) ▶ 32 104,737

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
WILLARD WELCH JR	NOVA	PRESIDENT			
336 SR 511	OH 44859	1	75	0	0
MARCIA LAHMERS	ASHLAND	VICE PRES.			
1698 SR 511	OH 44805	1	0	0	0
PATRICIA FITCH	GREENWICH	SECRETARY			
1353 CR 500	OH 44837	1	53	0	0
TERRY SWAISGOOD	POLK	TREASURER			
399 CR 1302	OH 44866	1	52	0	0
RON AUGENSTEIN	ASHLAND	TRUSTEE			
1072 TR 975	OH 44805	1	52	0	0
JIM BERNHARD	ASHLAND	TRUSTEE			
821 KING RIDGE DR	OH 44805	1	60	0	0
ELLEN HEIBY	PERRYSVILLE	TRUSTEE			
2188A TR 757	OH 44864	1	0	0	0
DAN LEDYARD	NOVA	TRUSTEE			
1059 TR 126	OH 44859	1	0	0	0
DR. DAVID GLAUER	LOUDONVILLE	TRUSTEE			
2801 SR 60	OH 44842	1	0	0	0
JUSTIN RINGLER	LOUDONVILLE	TRUSTEE			
2680 CR 687	OH 44842	1	0	0	0
JERRY ROBINSON	NOVA	TRUSTEE			
312 TR 791	OH 44859	1	52	0	0
JEAN SPRINKLE	ASHLAND	TRUSTEE			
954 TR 1193	OH 44805	1	60	0	0
MARY ANN FORBES	ASHLAND	TRUSTEE			
1176 SR 96	OH 44805	1	83	0	0
JOHN FITZPATRICK	WOOSTER	ORG DIRECTOR			
2690 AKRON RD	OH 44691	1	0	0	0
DEBRA GALLION	WOOSTER	OFFICE SEC.			
2690 AKRON RD	OH 44691	1	0	0	0
GEORGE ALLEMAN	GREENWICH	PAST TREASUR			
SR 60	OH 44837	1	38	0	0
ANGIE MEYER	POLK	PAST TRUSTEE			
506 CR 800	OH 44866	1	30	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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
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 (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	40b		
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	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The books are in care of ▶ WAYNE COUNTY FARM BUREAU Telephone no ▶ 330-263-7456

Located at ▶ 2690 AKRON RD WOOSTER, OH ZIP + 4 ▶ 44691

			Yes	No
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.**	42b		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 ▶ _____	42c		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 ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-chantable related organization?		
b	If "Yes," was the related organization(s) a section 527 organization?		

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 ▶		

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

▶ John Fitzpatrick 12/8/09
Signature of officer Date

▶ John Fitzpatrick, Organization Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Jeffrey A Harr, CPA	Date 12/1/09	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00642474
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Balestra, Harr & Scherer, CPAs, Inc. PO Box 875 Circleville, OH 43113-0875		EIN ▶ 31-1413363	Phone no ▶ 740-474-5210

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

DAA

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

Description	Amount
1520 Members	$ 87,080
Total	$ 87,080

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

Description	Amount
MISCELLANEOUS	$ 1,200
Total	$ 1,200

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
OHIO FARM BUREAU FEDERATION	69,920					
Total	69,920					

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
MEETINGS	1,430
OFFICE SUPPLIES	901
POSTAGE	3,538
TELEPHONE	1,290
PRINTING	2,875
SERVICES RENDERED BY WAYN	10,429
COUNCIL	76
LEGISLATIVE & PUBLIC AFFA	937
MEMBERSHIP CAMPAIGN	3,496
HOSPITALIZATION INSURANCE	776
DONATIONS & PUBLIC RELATI	3,929
INSURANCE PREMIUMS	388
MISCELLANEOUS EXPENSE	590
FARM BUREAU YOUTH ACTIVIT	474
INSURANCE PROMOTION	233
Total	$ 31,362

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	$ -9,112
Total	$ -9,112

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	$ 1,334	$
	1,334	

Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 884	$ 388
Deferred Revenue		8,680
ADVANCE MEMBERSHIPS	63	
	947	9,068

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
ASHLAND COUNTY FARM BUREAU, INC WAS FORMED TO PROMOTE THE BUSINESS NEEDS OF ITS FARMING MEMBERS THROUGH EDUCATIONAL AND OTHER MEANS. MEMBERSHIP DUES FOR 1520 MEMBERS WERE COLLECTED THIS TAX YEAR.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	Employer identification number
	ASHLAND COUNTY FARM BUREAU, INC	34-6526258
	Number, street, and room or suite no If a P O box, see instructions 2690 AKRON RD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WOOSTER OH 44691	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ WAYNE COUNTY FARM BUREAU

Telephone No ▶ 330-263-7456 FAX No ▶

- 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 1/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year or
▶ [X] tax year beginning 6/01/08 , and ending 5/31/09

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