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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

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

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

A For the 2008 calendar year, or tax year beginning 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 <u>MEDINA COUNTY FARM BUREAU</u>	D Employer identification number <u>34-6526355</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2690 AKRON RD</u>	E Telephone number <u>330-263-7456</u>
		City or town, state or country, and ZIP + 4 <u>WOOSTER OH 44691</u>	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).

I Website: ▶ <u>N/A</u>	G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
J Organization type (check only one)— ☒ 501(c) (<u>5</u>) ◀ (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 ▶ \$ 243,180**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	<u>6,527</u>
	3 Membership dues and assessments	3	<u>226,520</u>
	4 Investment income	4	<u>4,058</u>
	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 ▶ <u>See Statement 2</u>)	8	<u>6,075</u>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>243,180</u>
	Expenses	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	<u>455</u>
13 Professional fees and other payments to independent contractors		13	<u>900</u>
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	<u>14,125</u>
16 Other expenses (describe ▶ <u>See Statement 4</u>)		16	<u>44,050</u>
17 Total expenses. Add lines 10 through 16		17	<u>251,756</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>-8,576</u>
Net Assets		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
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>-17,752</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>239,339</u>

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

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		<u>265,400</u>	22 <u>256,529</u>
23 Land and buildings			23
24 Other assets (describe ▶ <u>See Statement 6</u>)		<u>1,255</u>	24 <u>1,150</u>
25 Total assets		<u>266,655</u>	25 <u>257,679</u>
26 Total liabilities (describe ▶ <u>See Statement 7</u>)		<u>988</u>	26 <u>18,340</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u>265,667</u>	27 <u>239,339</u>

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

Form **990-EZ** (2008)

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

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

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

28 See Statement 8

(Grants \$ 4,500) If this amount includes foreign grants, check here ☐

28a 251,756

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)

32 251,756

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
KEN BARCO	MEDINA	PRESIDENT			
6221 STONE RD	OH	1	55	0	0
JASON HAZEN	MEDINA	VICE PRES			
2276 FIXLER RD	OH	1	35	0	0
KATHY GARRISON	SEVILLE	SECRETARY			
10277 STERLING RD	OH	1	55	0	0
CELIA KRUGGEL	LITCHFIELD	TREASURER			
4720 AVON LAKE RD	OH	1	55	0	0
MIKE BOYERT	SEVILLE	STAT AGENT			
4557 PARADISE RD	OH	1	0	0	0
MATT BOYERT	SEVILLE	TRUSTEE			
4557 PARADISE RD	OH	1	0	0	0
BRIDGET COMES	MEDINA	TRUSTEE			
MCCC, 1101 W LIBERTY ST	OH	1	0	0	0
NYLA KOVALIK	WEST SALEM	TRUSTEE			
9888 CONGRESS RD	OH	1	55	0	0
DAN BOCK	SEVILLE	TRUSTEE			
4097 BLAKE RD	OH	1	30	0	0
GARY HAMLETT	HINCKLEY	TRUSTEE			
741 BELLUS RD	OH	1	10	0	0
DAN SIMAN	SPENCER	TRUSTEE			
9670 OLD MILL RD	OH	1	35	0	0
GARY VAUGHN	MEDINA	TRUSTEE			
6262 WEDGEWOOD RD	OH	1	40	0	0
LOWELL WOLFF	MEDINA	TRUSTEE			
6320 WOLFF RD	OH	1	40	0	0
RYAN GREGOIRE	SEVILLE	TRUSTEE			
6100 BUFFMAN RD	OH	1	30	0	0
KATIE KREIDER	SEVILLE	TRUSTEE			
8400 GUILFORD RD	OH	1	15	0	0
JOHN FITZPATRICK	WOOSTER	ORG DIRECTOR			
2690 AKRON RD	OH	8	0	0	0
DEBRA GALLION	WOOSTER	OFF SECRETAR			
2690 AKRON RD	OH	8	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	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		
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	JOHN FITZPATRICK 2690 AKRON RD Located at WOOSTER, OH	
	Telephone no	330-263-7456
	ZIP + 4	44691
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	42b	X
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 ?	42c	X
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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.

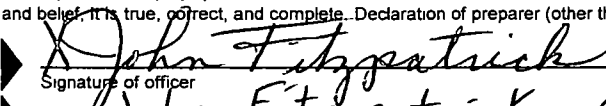
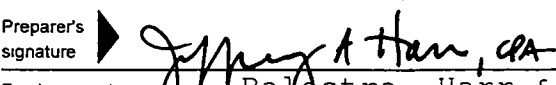
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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-charitable 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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.			
	 Signature of officer		12/8/09 Date	
	John Fitzpatrick, Organization Director Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's Identifying Number (See instr.)
	 Firm's name (or yours if self-employed), address, and ZIP + 4		12/2/09	P00642474
	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 ☒ Yes ☐ No				

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

<u>Description</u>	<u>Amount</u>
4081 MEMBERSHIP	\$ 244,860
DEFERRED DUES	-18,340
Total	<u>\$ 226,520</u>

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

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 6,075
Total	<u>\$ 6,075</u>

Federal Statements

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

Description of Property	Name and Address	Relationship to Organization		Class of Activity		Date of Gift	
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
	OHIO FARM BUREAU FEDERATION	187,726					
Total		187,726					

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
MEETINGS	2,475
SUPPLIES	866
SERVICES RENDERED BY WAYN	24,928
COUNCIL	310
LEGISLATIVE & PUBLIC AFFA	3,939
MEMBERSHIP CAMPAIGN	6,646
INSURANCE PROMOTION	1,115
HOSPITALIZATION	712
DONATIONS & PUBLIC RELATI	1,690
INSURANCE PREMIUMS	388
MISCELLANEOUS	981
Total	\$ <u>44,050</u>

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

<u>Description</u>	<u>Amount</u>
UNREALIZED LOSS IN VALUE OF MUTUAL FUND	\$ <u>-17,752</u>
Total	\$ <u>-17,752</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ <u>1,255</u>	\$ <u>1,150</u>
	<u>1,255</u>	<u>1,150</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ <u>988</u>	\$ <u>18,340</u>
ADVANCED MEMBERSHIP	<u>988</u>	<u>18,340</u>

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

Description

MEDINA COUTNY FARM BUREAU WAS FORMED TO PROMOTE THE
BUSINESS NEEDS OF FARMING IN GENERAL THROUGH EDUCATIONAL
AND OTHER MEANS AND AID IN THE BETTERMENT AND WELFARE OF
THOSE ENGAGED IN FARMING. MEMBERSHIP DUES FROM 4034
MEMBERS WERE COLLECTED THIS TAX YEAR.

**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	Employer identification number
	MEDINA COUNTY FARM BUREAU	34-6526355
	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 |
| ☒ 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 ► JOHN FITZPATRICK

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
 ► ☒ 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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)