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ASHL00

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** 06/01/09 **, and ending** 05/31/10

B Check if applicable
- [X] 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
377 W LIBERTY ST

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 [X] Accrual Other (specify) ▶

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] 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 ▶ $ 99,674

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	8,330
	3	Membership dues and assessments SEE STATEMENT 1	3	87,191
	4	Investment income	4	3,153
	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)	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	1,000
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	99,674
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10	71,206
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	915
	13	Professional fees and other payments to independent contractors	13	950
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,232
	16	Other expenses (describe ▶ SEE STATEMENT 4)	16	24,035
	17	**Total expenses.** Add lines 10 through 16 ▶	17	99,338
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	336
	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	80,513
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	4,941
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	85,790

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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	89,581	22	99,698
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	89,581	25	99,698
26	**Total liabilities** (describe ▶ SEE STATEMENT 6)	9,068	26	13,908
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	80,513	27	85,790

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

P14

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

28 SEE STATEMENT 7

(Grants $ 4,000) If this amount includes foreign grants, check here ▶ ☐ **28a** 99,338

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** 99,338

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	1.00	83	0	0
JERRY ROBINSON	NOVA	VICE PRES.			
312 TR 791	OH 44859	1.00	45	0	0
ELLEN HEIBY	PERRYSVILLE	SECRETARY			
2188A TR 757	OH 44864	1.00	90	0	0
TERRY SWAISGOOD	POLK	TREASURER			
399 CR 1302	OH 44866	1.00	90	0	0
BILL BURROW	POLK	TRUSTEE			
343 S MAIN ST	OH 44866	1.00	0	0	0
PATRICIA FITCH	GREENWICH	TRUSTEE			
1353 CR 500	OH 44837	1.00	60	0	0
DAVID GLAUER	LOUDONVILLE	TRUSTEE			
2801 SR 60	OH 44842	1.00	68	0	0
CHRISTY HULSE	ASHLAND	TRUSTEE			
971 CR 1600	OH 44805	1.00	0	0	0
MARCIA LAHMERS	ASHLAND	TRUSTEE			
1698 SR 511	OH 44805	1.00	157	0	0
DAN LEDYARD	NOVA	TRUSTEE			
1059 TR 126	OH 44859	1.00	0	0	0
JUSTIN RINGLER	LOUDONVILLE	TRUSTEE			
2680 CR 687	OH 44842	1.00	23	0	0
JEAN SPRINKLE	ASHLAND	TRUSTEE			
954 TR 1193	OH 44805	1.00	60	0	0
JOHN MCCONNELL	GREENWICH	TRUSTEE			
483 CR 1281 RD 2	OH 44837	1.00	0	0	0
JOHN FITZPATRICK	WOOSTER	ORG DIRECTOR			
377 W LIBERTY ST	OH 44691	1.00	0	0	0
SUE SMUCKER	WOOSTER	OFFICE SECRETARY			
377 W LIBERTY ST	OH 44691	1.00	0	0	0
JAMES BERNHARD	ASHLAND	TRUSTEE			
821 KING RIDGE DR	OH 44805	1.00	83	0	0
RON AUGENSTEIN	ASHLAND	TRUSTEE			
1072 TR 975	OH 44805	1.00	75	0	0
MARY ANN FORBES	ASHLAND	TRUSTEE			
1176 SR 96	OH 44805	1.00	81	0	0

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
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 outstanding at the end 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 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	40b		
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	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 ▶ WAYNE COUNTY FARM BUREAU Telephone no ▶ 330-263-7456

Located at ▶ 377 W LIBERTY ST 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)?	42b		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.**			
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 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 operating 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

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

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

X John Fitzpatrick 2/17/11
Signature of officer Date

John Fitzpatrick, Org. Dir.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 1/29/11	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

Federal Statements

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

Description	Amount
1,461 MEMBERS	$ 92,043
DEFERRED REVENUE	-4,852
TOTAL	$ 87,191

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

Description	Amount
MISCELLANEOUS	$ 1,000
TOTAL	$ 1,000

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
OHIO FARM BUREAU FEDERATION		67,206
TOTAL		67,206

Federal Statements

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

Description	Amount
EXPENSES	$
SUPPLIES	657
TELEPHONE	1,233
MEETINGS	1,429
INSURANCE	350
ADMINISTRATIVE SERVICES	7,675
COUNCIL	370
LEGISLATIVE & PUBLIC AFFA	398
MEMBERSHIP CAMPAIGN	3,132
HOSPITALIZATION INSURANCE	868
DONATIONS & PUBLIC RELATI	113
PROMOTION & EDUCATION	2,077
MISCELLANEOUS EXPENSE	772
FARM BUREAU YOUTH ACTIVIT	185
CENTER FOR FOOD & ANIMAL	4,387
INSURANCE PROMOTION	389
TOTAL	$ 24,035

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

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	$ 4,941
TOTAL	$ 4,941

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 388	$ 376
DEFERRED REVENUE	8,680	13,532
ADVANCE MEMBERSHIPS		
	9,068	13,908

Federal Statements

Statement 7 - 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 1461 MEMBERS WERE COLLECTED THIS TAX YEAR.

ASHL00

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 01/17/11 , 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 06/01/09 , and ending 05/31/10

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization ASHLAND COUNTY FARM BUREAU, INC	Employer identification number 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	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for

4 I request an additional 3-month extension of time until 04/15/11

5 For calendar year , or other tax year beginning 06/01/09 , and ending 05/31/10

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Patricia A Starkell Title ▶ CPA Date ▶ 1-14-11