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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)

- ▶ 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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 06/01/09, and ending 05/31/10

- 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

MEDINA COUNTY FARM BUREAU

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

377 W LIBERTY ST

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

WOOSTER

OH 44691

D Employer identification number

34-6526355

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 Tax-exempt status (check only one) — ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527

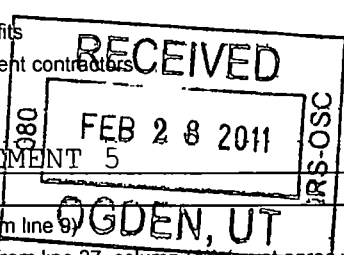
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 252,529

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	11,572
	3	Membership dues and assessments	3	235,155
	4	Investment income	4	4,802
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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 ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less cost of goods sold	7b		
7c	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	252,529	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3 STMT 4	10	202,066
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	530
	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	
	16	Other expenses (describe ▶ SEE STATEMENT 5)	16	60,224
	17	Total expenses. Add lines 10 through 16	17	263,770
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,241
	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	239,339
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	5,392
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	233,490



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	256,529	264,303
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 7)	1,150	
25 Total assets	257,679	264,303
26 Total liabilities (describe ▶ SEE STATEMENT 8)	18,340	30,813
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	239,339	233,490

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

Form **990-EZ** (2009)

P 14

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached 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 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		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?		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?		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 40a , section 4912 40a ; section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41 <u>NONE</u>		
42a The organization's books are in care of 42a <u>JOHN FITZPATRICK</u> Telephone no 42a <u>330-263-7456</u> <u>377 W LIBERTY ST</u> Located at 42a <u>WOOSTER, OH</u> ZIP + 4 42a <u>44691</u>		
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 42b _____ 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 42c _____		
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 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		
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 a section 527 organization?		

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."

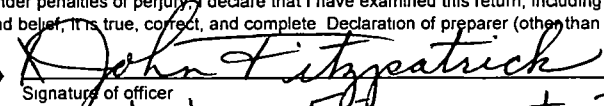
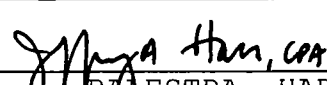
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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.			
	 Signature of officer		Date <u>2/22/11</u>	
	Type or print name and title <u>John Fitzpatrick, Org. Dir.</u>			
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	<u>1/29/11</u> <u>BALESTRA, HARR & SCHERER, CPAS, INC.</u> <u>PO BOX 875</u> <u>CIRCLEVILLE, OH 43113-0875</u>	EIN <u>31-1413363</u> Phone no <u>740-474-5210</u>	<u>P00642474</u>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Federal Statements

FYE: 5/31/2010

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

Description	Amount
4121 MEMBERSHIP	\$ 235,155
TOTAL	\$ 235,155

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		189,566
TOTAL		189,566

Statement 4 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Date of Gift	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			SCHOLARSHIPS	12,500				
TOTAL				12,500				

Federal Statements

FYE: 5/31/2010

Statement 5 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
POSTAGE & TELEPHONE	4,497
PRINTING AND PUBLICATIONS	564
SUPPLIES	713
MEETINGS	4,311
INSURANCE	350
SERVICES RENDERED BY WAYN	20,584
COUNCIL	555
LEGISLATIVE & PUBLIC AFFA	874
MEMBERSHIP CAMPAIGN	5,849
INSURANCE PROMOTION	1,946
HOSPITALIZATION	868
DONATIONS & PUBLIC RELATI	169
MISCELLANEOUS	1,738
PROMOTION & EDUCATION	6,054
CENTER FOR FOOD & ANIMAL	11,152
TOTAL	\$ <u>60,224</u>

Statement 6 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENTS	\$ <u>5,392</u>
TOTAL	\$ <u>5,392</u>

Statement 7 - 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>1,150</u>	\$ <u>1,150</u>

Statement 8 - 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>18,340</u>	\$ <u>368</u>
ADVANCED MEMBERSHIP	<u>18,340</u>	<u>30,445</u>
	<u>18,340</u>	<u>30,813</u>

Statement 9 - 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 4121
MEMBERS WERE COLLECTED THIS TAX YEAR.

Federal Statements

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KEN BARCO 6221 STONE RD MEDINA, OH	TRUSTEE	1.00	45	0	0
JASON HAZEN 2276 FIXLER RD MEDINA, OH	TRUSTEE	1.00	55	0	0
KATHY GARRISON 10277 STERLING RD SEVILLE, OH	SECRETARY	1.00	50	0	0
CELIA KRUGGEL 4720 AVON LAKE RD LITCHFIELD, OH	TREASURER	1.00	55	0	0
MIKE BOYERT 4557 PARADISE RD SEVILLE, OH	TRUSTEE	1.00	40	0	0
MATT BOYERT 4557 PARADISE RD SEVILLE, OH	PRESIDENT	1.00	45	0	0
BRIDGET COMES MCCC, 1101 W LIBERTY ST MEDINA, OH	TRUSTEE	1.00	20	0	0
NYLA KOVALIK 9888 CONGRESS RD WEST SALEM, OH	TRUSTEE	1.00	0	0	0
DAN BOCK 4097 BLAKE RD SEVILLE, OH	V PRESIDENT	1.00	45	0	0

Federal Statements

34-6526355

FYE: 5/31/2010

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAN SIMAN 9670 OLD MILL RD SPENCER, OH	TRUSTEE	1.00	50	0	0
GARY VAUGHN 6262 WEDGEWOOD RD MEDINA, OH	TRUSTEE	1.00	50	0	0
LOWELL WOLFF 6320 WOLFF RD MEDINA, OH	TRUSTEE	1.00	40	0	0
RYAN GREGOIRE 6100 BUFFMAN RD SEVILLE, OH	TRUSTEE	1.00	25	0	0
KATIE KREIDER 8400 GUILFORD RD SEVILLE, OH	TRUSTEE	1.00	10	0	0
SUE ARTERS 8990 SPENCER LAKE RD SPENCER, OH	TRUSTEE	1.00	0	0	0
DICK HILL 6762 SPIETH RD MEDINA, OH	TRUSTEE	1.00	0	0	0
DEB INDOE 7900 RICHMAN RD LODI, OH	TRUSTEE	1.00	0	0	0
JOHN FITZPATRICK 377 W LIBERTY ST WOOSTER, OH	ORG DIRECTOR	8.00	0	0	0

MEDI00 MEDINA COUNTY FARM BUREAU
34-6526355
FYE: 5/31/2010

Federal Statements

Statement 10 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SUE SMUCKER 377 W LIBERTY ST WOOSTER, OH	OFFICE SECRE	8.00	0	0	0

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**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 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
▶ ☒ 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)

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

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	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	

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 ► 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 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 Storkwell Title ► CPA

Date ► 1-14-11