See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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, 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
FOUR COUNTY CONSERVATION

Number & street (or P.O box, if mail is not delivered to street addr) Room/suite
P O BOX 427

City or town, state or country, and ZIP + 4
BELLEVUE OH 44811

D Employer identification number
34-1412058

E Telephone number
(419)483-8113

F Group Exemption Number. . . . ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) -- [ ] 501(c)(3) [X] 501(c)(7) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 82,547

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	1,153
	3	Membership dues and assessments			3	15,980
	4	Investment income			4	5,772
	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	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b	33,230		
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	33,230
	7a	Gross sales of inventory, less returns and allowances	7a	25,151		
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	25,151
	8	Other revenue (describe in Schedule O)			8	1,261
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	82,547
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	595
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	16,472
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	39,388
	17	**Total expenses.** Add lines 10 through 16 ▶			17	56,455
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	26,092
	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	135,930
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	162,022

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	43,563	22	33,081
23	Land and buildings	90,898	23	127,896
24	Other assets (describe in Schedule O)	1,469	24	1,045
25	**Total assets**	135,930	25	162,022
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	135,930	27	162,022

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

Check if the organization used Schedule O to respond to any question in this Part III X

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

What is the organization's primary exempt purpose? See attachment #1

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, & other relevant information for each program title

28 See attachment #2

(Grants $ 1,048) If this amount includes foreign grants, check here . . ▶ 28a

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 (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . ▶ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV X

(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
See attachment #3	#4			

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	35b		X
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 instructions ▶ 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 tax year 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 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		X
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 ▶ See attachment #5 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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 must be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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
NONE				

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
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

Sign Here

Ronald Pocock — Signature of officer — Date 4/4/11

RONALD POCOCK TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DENNIS Pocock		3-31-2011		P00108870
Firm's name ▶ Office 33507			Firm's EIN ▶ 43-1871840	
Firm's address ▶ OUTBACK PLAZA 4920 MILAN RD STE E SANDUSKY OH 44870			Phone no 419-627-1581	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FOUR COUNTY CONSERVATION

Employer identification number
34-1412058

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OH

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 4 GUN GIVEAW (event type)	(b) Event #2 52 GUN GIVEA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
REVENUE	1 Gross receipts	8,720	24,510		33,230
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	8,720	24,510		33,230
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				33,230

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☒ No	☐ Yes ____ % ☒ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending

Name of Organization	Employer Identification Number
FOUR COUNTY CONSERVATION	34-1412058

Primary Purpose

EDUCATIONAL CHARITABLE ANTI-DRUG MESSAGES SAFETY

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending	
Name of Organization FOUR COUNTY CONSERVATION		Employer Identification Number 34-1412058

Part III - Statement of Program Service Accomplishments

Grants and allocations	1,048	Amount includes foreign grants	Program service expenses

Exempt Purpose Achievements

None

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2010 or tax period beginning , and ending

Name of Organization: FOUR COUNTY CONSERVATION

Employer Identification Number: 34-1412058

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
WILLIAM FERRES 11 HORSESHOE DR MONROEVILLE, OH 44847	PRESIDENT 6.00	0	0	0
TOM KERR 101 PARKVIEW BELLEVUE, OH 44811	SECRETARY 4.00	0	0	0
RON POCOCK 230 HAMILTON ST BELLEVUE, OH 44811 See Comp. Expl. #1	TREASURER 6.00	595	0	0
WILLY GARDNER 7495 CR 205 BELLEVUE, OH 44811	VICE-PRESIDEN 2.00	0	0	0
CHUCK SEAMON 842 DELMOY AVE BELLEVUE, OH 44811	TRUSTEE 2.00	0	0	0
TED SEAMON 1923 CR 270 CLYDE, OH 43410	TRUSTEE 2.00	0	0	0
DAVE HORVATH 202 YORK ST BELLEVUE, OH 44811	TRUSTEE 2.00	0	0	0
STEVE MICHEL 8214 SOUTHWEST RD BELLEVUE, OH 44811	TRUSTEE 2.00	0	0	0
BOB LOWE 307 OAK ST CASTALIA, OH 44824	TRUSTEE 2.00	0	0	0
CLAYTON RENFRO 7326 N STATE ROUTE 101 CLYDE, OH 43410	TRUSTEE 2.00	0	0	0

990 COMPENSATION EXPLANATION

Attachment 4: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2010, or tax year period beginning	and ending

Name of Organization	Employer Identification Number
FOUR COUNTY CONSERVATION	34-1412058

Name	Explanation
Officer Comp. Expln. #1 RON POCOCK	PAID FOR KEEPING AND DOING THE FINANCIAL RECORDS

990 BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending

Name of Organization	Employer Identification Number
FOUR COUNTY CONSERVATION	34-1412058

Part V - Line 42a

Individual Name _____

or

Business Name

_____

_____

Street Address _____

_____

U S Address

Zip code _____ City _____ State ___

or

Foreign Address

City _____

Province or State _____

Country ___

Postal code _____

Phone Number _____

Fax Number _____

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FOUR COUNTY CONSERVATION	FOR FORM 990-EZ LINE 14	34-1412058

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	212
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property	06-2010	32,525	39 yrs	MM	S/L	452
					MM	S/L	

Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	664
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2010 Federal Depreciation Schedule

FOUR COUNTY CONSERVATION
34-1412058

03-31-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
POLE BARN	06-01-10	S/LMM	39	32,525	0	0	0	32,525	0	452
TRACTOR LAWN MOWER	01-01-03	200DBHY	7	4,750	0	0	0	4,750	4,538	212
2 Assets		Totals		37,275	0	0	0	37,275	4,538	664
2 Assets		Grand Totals		37,275	0	0	0	37,275	4,538	664

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

FOUR COUNTY CONSERVATION
34-1412058

03-31-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990-EZ Line 14								
POLE BARN	06-01-10	S/LMM	39	32,525	0	452	452	0
TRACTOR LAWN MOWER	01-01-03	150DBHY	7	4,750	0	291	212	-79
2 Assets		Totals		37,275	0	743	664	-79
2 Assets		Grand Totals:		37,275	0	743	664	-79

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

STATEMENT #1 - Membership Dues & Assessments (990-EZ PG 1 Line 3)

2010 MEMBERSHIP	9,600	
2011 MEMBERSHIP	6,380	
TOTAL CARRIED TO 990-EZ PG 1 Line 3		15,980

STATEMENT #2 - Investment Income (990-EZ PG 1 Line 4)

CLUB HOUSE RENT	5,500	
INTEREST	272	
TOTAL CARRIED TO 990-EZ PG 1 Line 4		5,772

STATEMENT #3 - Gross income from fundraising (990-EZ PG 1 Line 6b)

GUN GIVEAWAY	8,720	
52 GUN INC	24,510	
TOTAL CARRIED TO 990-EZ PG 1 Line 6b		33,230

STATEMENT #4 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

BOOKKEEPING	595	
TOTAL CARRIED TO 990-EZ PG 1 Line 12		595

STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

CLUB GROUND MAINTENANCE	385	
GASOLINE	983	
MOWER MAINTENANCE	95	
NEW EQUIPMENT	321	
POND EXPENSE	117	
SNOW REMOVAL	20	
TRACTOR MAINTENANCE	480	
WEED KILLER	55	
CLUB HOUSE EXPENSE	837	
CLUB HOUSE CLEANING	2,482	
SUPPLIES	35	
RECHARGE FIRE EXTINGUISHERS	126	
SEPTIC SYSTEM	192	
INSURANCE	3,167	
RIFLE RANGE	257	
UTILITIES	6,256	
TOTAL CARRIED TO 990-EZ PG 1 Line 14		15,808

STATEMENT #6 - ( )		
SHELLS INCOME	19	
MEAT PRIZES	12,561	
MONEY SHOOT	2,646	
PIE SHOOT	392	
PRACTICE	32	
SHELLS	132	
KITCHEN INCOME	2,107	
ICE	446	
POP	1,532	
TRAP INCOME	50	
14 TARGETS	4,791	
17 TARGETS	439	
HAND THROWER	4	
TOTAL CARRIED TO		25,151

STATEMENT #7 - ( )		
CONCELLED CARRY CLASSES	305	
CASH OVER	58	
DONATIONS FROM MEMBERS	165	
FESTIVAL INCOME	276	
MISC INCOME	275	
HATS	68	
TABLES AND CHAIR RENTAL	104	
TEE SHIRTS	10	
TOTAL CARRIED TO		1,261

STATEMENT #8 - ( )		
CASH SHORT	138	
COYOTE BOUNTY	575	
FESTIVAL EXPENSE	851	
MISC EXPENSE	632	
CLUB EQUIPMENT	56	
MEMORIAL FOR PAST MEMBERS	228	
OFFICE EXPENSE	1,948	
POND EXPENSE	131	
REAL ESTATE TAXES	2,304	
POLE BARN	32,525	
TOTAL CARRIED TO		39,388

STATEMENT #9 - ( )		
TRACTOR AND LAWN MOWER	1,045	

STATEMENT #10 - (#1)

STEIN HOSPICE	250	
WOHF RADIO ANTI DRUG ABUSE AD	149	
WOHF RADIO ANTI DRUG ABUSE AD	149	
OHIO UNIVERSITY SCHOLARSHIP (KAITLYNN SHARP)	500	
TOTAL CARRIED TO #1		1,048

990 - 2010 ADDITIONAL DETAIL STATEMENTS

FOUR COUNTY CONSERVATION
34-1412058

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562 664