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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 06/01/10, and ending 05/31/11**B** Check if applicable:

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

ASHLAND COUNTY FARM BUREAU, INC

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

377 W LIBERTY ST

Room/suite

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 ►**G** Accounting Method: Cash ☒ Accrual ☐ Other (specify) ►**H** Check ☒ if the organization is not
required to attach Schedule B**I** Website: ► N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527 (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 \$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.

► \$ 107,051

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	10,829
	3	Membership dues and assessments	3	92,650
	4	Investment income	4	3,572
	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 exceeds \$15,000)	6b	
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		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	107,051	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	69,160
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	907
	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	4,685
	16	Other expenses (describe in Schedule O)	16	21,919
	17	Total expenses. Add lines 10 through 16	17	97,621
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,430
	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	85,790
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	5,407
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	100,627

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

DAA

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

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	99,698	22	113,269
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	303
25 Total assets	99,698	25	113,572
26 Total liabilities (describe in Schedule O)	13,908	26	12,945
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,790	27	100,627

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

☒

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 Schedule O

(Grants \$ 2,000) If this amount includes foreign grants, check here

☐

28a 97,621

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 97,621

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

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

☐

(a) Name and address	(a) 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 336 SR 511 NOVA OH 44859	TRUSTEE 1.00	83	0	0
JERRY ROBINSON 312 TR 791 NOVA OH 44859	VICE PRES. 1.00	68	0	0
ELLEN HEIBY 2188A TR 757 PERRYVILLE OH 44864	SECRETARY 1.00	83	0	0
TERRY SWAIGOOD 399 CR 1302 POLK OH 44866	TREASURER 1.00	60	0	0
BILL BURROW 343 S MAIN ST POLK OH 44866	TRUSTEE 1.00	68	0	0
FRED MCCLAFIN 1112 TR 126 NOVA OH 44859	TRUSTEE 1.00	0	0	0
DR. DAVID GLAUER 2801 SR 60 LOUDONVILLE OH 44842	PRESIDENT 1.00	53	0	0
CHRISTY HULSE 971 CR 1600 ASHLAND OH 44805	TRUSTEE 1.00	83	0	0
MARCIA LAHMERS 1698 SR 511 ASHLAND OH 44805	TRUSTEE 1.00	68	0	0
DAN LEDYARD 1059 TR 126 NOVA OH 44859	TRUSTEE 1.00	60	0	0
JUSTIN RINGLER 757 CR 2654 LOUDONVILLE OH 44842	TRUSTEE 1.00	60	0	0
JEAN SPRINKLE 954 TR 1193 ASHLAND OH 44805	TRUSTEE 1.00	68	0	0
SHANE AYERS 940 TR 713 ASHLAND OH 44805	TRUSTEE-AT-LARGE 1.00	0	0	0

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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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 instructions	37a	0
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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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	
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	
377 W LIBERTY ST		
Located at	WOOSTER	OH
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)?	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?	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	
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	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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 may need to be completed instead of Form 990-EZ (see instructions)
- 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

	Yes	No
45		X
45a		X
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

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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."

	Yes	No
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

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

- 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	Signature of officer <i>John Fitzpatrick</i>		Date 12/19/11		
	Type or print name and title John Fitzpatrick, Org. Dir.				
	Print/Type preparer's name JEFFREY A. HARR	Preparer's signature <i>Jeffrey A. Harr, CPA</i>	Date 12/14/11	Check ☐ if self-employed	PTIN P00642474
	Firm's name ▶ Balestra, Harr & Scherer, CPAs, Inc.	Firm's EIN ▶ 31-1413363	Phone no 740-474-5210		

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ASHLAND COUNTY FARM BUREAU, INC

Employer identification number

34-6526258

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

Name and Address	Purpose	Amount
OHIO FARM BUREAU FEDERATION		\$ 67,160

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

Description	Amount
Expenses	
OFFICE	\$ 785
CONFERENCES/MEETINGS	\$ 2,142
INSURANCE	\$ 400
ADMINISTRATIVE SERVICES	\$ 6,864
LEGISLATIVE & PUBLIC AFFA	\$ 76
MEMBERSHIP CAMPAIGN	\$ 2,811
HOSPITALIZATION INSURANCE	\$ 1,196
DONATIONS & PUBLIC RELATI	\$ 678
PROMOTION & EDUCATION	\$ 2,102
MISCELLANEOUS EXPENSE	\$ 852
CENTER FOR FOOD & ANIMAL	\$ 12
INSURANCE PROMOTION	\$ 467
DONATIONS	\$ 2,500
TELEPHONE	\$ 1,034
Total	\$ 21,919

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

Description	Amount
-------------	--------

Name of the organization

ASHLAND COUNTY FARM BUREAU, INC

Employer identification number

34-6526258

UNREALIZED GAIN ON INVESTMENTS \$ 5,407

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

Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 0	\$ 303
Total	\$ 0	\$ 303

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 376	\$ 83
Deferred Revenue	\$ 13,532	\$ 12,862

Form 990-EZ, Part III, Line 28 - First Achievement

ASHLAND COUNTY FARM BUREAU, INC WAS FORMED TO PROMOTE THE BUSINESS NEEDS OF ITS FARMING MEMBERS THROUGH EDUCATIONAL AND OTHER MEANS. MEMBERSHIP DUES FOR 1460 MEMBERS WERE COLLECTED THIS TAX YEAR.

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

<u>Description</u>	<u>Amount</u>
1,460 MEMBERS	\$ 91,980
DEFERRED REVENUE	670
Total	<u>\$ 92,650</u>

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	ASHLAND COUNTY FARM BUREAU, INC	34-6526258
	Number, street, and room or suite no. If a P O box, see instructions	
	377 W LIBERTY ST	
	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-T (corporation)	07
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

WAYNE COUNTY FARM BUREAU
377 W LIBERTY ST

- The books are in the care of ► WOOSTER OH 44691
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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15/12, 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 06/01/10, and ending 05/31/11

- 2 If this tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.