**Forms 990 / 990-EZ Return Summary**

For calendar year 2018, or tax year beginning **04/01/18**, and ending **03/31/19**

**OHIO ECOLOGICAL FOOD AND FARM ASSOC**

<table>
<thead>
<tr>
<th>Net Asset / Fund Balance at Beginning of Year</th>
<th>360,569</th>
</tr>
</thead>
</table>

**Revenue**

<table>
<thead>
<tr>
<th>Contributions</th>
<th>660,829</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program service revenue</td>
<td>206,617</td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
</tr>
<tr>
<td>Capital gain / loss</td>
<td></td>
</tr>
<tr>
<td><strong>Fundraising / Gaming:</strong></td>
<td></td>
</tr>
<tr>
<td>Gross revenue</td>
<td></td>
</tr>
<tr>
<td>Direct expenses</td>
<td></td>
</tr>
<tr>
<td>Net income</td>
<td>65,035</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>932,481</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Program services</th>
<th>819,104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>104,445</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11,641</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>935,190</td>
</tr>
<tr>
<td><strong>Excess / (deficit)</strong></td>
<td>-2,709</td>
</tr>
</tbody>
</table>

**Changes**

- **Net Asset / Fund Balance at End of Year** | 357,860 |

**Reconciliation of Revenue**

<table>
<thead>
<tr>
<th>Total revenue per financial statements</th>
<th>932,481</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Unrealized gains</td>
<td></td>
</tr>
<tr>
<td>Donated services</td>
<td></td>
</tr>
<tr>
<td>Recoveries</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Plus:</td>
<td></td>
</tr>
<tr>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue per return</strong></td>
<td>932,481</td>
</tr>
</tbody>
</table>

**Reconciliation of Expenses**

<table>
<thead>
<tr>
<th>Total expenses per financial statements</th>
<th>935,190</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Donated services</td>
<td></td>
</tr>
<tr>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>Losses</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Plus:</td>
<td></td>
</tr>
<tr>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses per return</strong></td>
<td>935,190</td>
</tr>
</tbody>
</table>

**Balance Sheet**

<table>
<thead>
<tr>
<th>Assets</th>
<th><strong>Beginning</strong></th>
<th>641,224</th>
<th><strong>Ending</strong></th>
<th>598,731</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities</td>
<td>280,655</td>
<td>240,871</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td>360,569</td>
<td>357,860</td>
<td>-2,709</td>
<td></td>
</tr>
</tbody>
</table>

**Differences**

**Miscellaneous Information**

- Amended return
- Return / extended due date **08/15/19**
- Failure to file penalty

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OEFFA 07/17/2019 1:22 PM
Form 990-T Return Summary

For calendar year 2018, or tax year beginning 04/01/18, and ending 03/31/19

34-1638273

OHIO ECOLOGICAL FOOD AND FARM ASSOC

Income and deductions reflect Form 990-T page 1

Income
- Gross profit: 0
- Capital gain / loss: 0
- All other income: 5,961
  Total income: 5,961

Deductions
- Officer compensation: 0
- Salaries: 0
- All other deductions: 0
  Total deductions: 0

Adjustments
- Income from additional activities: 0
- Disallowed fringe benefits: 0
- Net operating loss (prior to 2018): 0
- Specific deduction: 1,000
  Total adjustments: (1,000)

Unrelated business taxable income: 4,961

Taxes / Credits / Payments
- Regular tax: 1,042
- Other tax: Proxy AMT Facilities
  Tax: 1,042
- Foreign tax credit and other credits: 0
- General business credits: 0
- Prior year minimum tax credit: 0
  Total nonrefundable credits: 0
- Other taxes: 0
  Total tax: 1,042
- Estimated tax payments and Tax withheld: 1,740
- Paid with extension: 0
- Other credits / payments: 0
- Estimated tax penalty: 0
  Payments / penalty / application: 698
  Net tax due: 1,042

Additions to Tax
- Interest on late payments: 0
- Failure to file penalty: 0
- Failure to pay penalty: 0
  Total additions: 0

Balance due

Refund

Next Year’s Estimates
- 1st quarter: 0
- 2nd quarter: 0
- 3rd quarter: 85
- 4th quarter: 261
  Total: 346

Miscellaneous Information
- Number of Sch M Units: 0
- Amended return: No
- Return / extended due date: 08/15/19
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning ..........4/01 .... 2018, and ending ..........3/31 20 19 ....

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization: OHIO ECOLOGICAL FOOD AND FARM ASSOC

Name and title of officer: CAROL GOLAND

EXECUTIVE DIRECTOR

Part I  Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .......... 1b 932,481
2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize OTTINGER & ASSOCIATES, LLC ERO firm name to enter my PIN 38273 as my signature

Enter five numbers, but do not enter all zeros

☐ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

Officer’s signature: CATHARINE E. OTTINGER,CPA

Date: 07/11/19

Part III Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31510601478

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature: CATHARINE E. OTTINGER,CPA

Date: 07/11/19

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.
**Form 990**

**Return of Organization Exempt From Income Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

---

### A. For the 2018 calendar year, or tax year beginning 04/01/18, and ending 03/31/19

<table>
<thead>
<tr>
<th>C. Name of organization</th>
<th>D. Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHIO ECOLOGICAL FOOD AND FARM ASSOC</td>
<td>34-1638273</td>
</tr>
</tbody>
</table>

### B. Check if applicable:

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

### C. Name and address of principal officer:

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL GOLAND</td>
<td>41 CROSWELL DRIVE</td>
</tr>
</tbody>
</table>

### I. Tax-exempt status:

- [ ] 501(c)(3)
- [ ] 501(c)(4)
- [ ] ( ) t (insert no.)
- [ ] 4947(a)(1) or 527

<table>
<thead>
<tr>
<th>J. Website</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.oeffa.org">www.oeffa.org</a></td>
<td></td>
</tr>
</tbody>
</table>

### K. Form of organization:

- [ ] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other

### L. Year of formation: 1990

<table>
<thead>
<tr>
<th>M. State of legal domicile: OH</th>
</tr>
</thead>
</table>

---

### Part I: Summary

1. **Briefly describe the organization's mission or most significant activities:**

   To build a healthy food system that brings prosperity to family farmers, safeguards the environment, and provides safe, local food to consumers.

2. **Activities & Governance**

   - Number of voting members of the governing body: 3
   - Number of independent voting members of the governing body: 4
   - Total number of individuals employed in calendar year 2018: 5
   - Total number of volunteers (estimate if necessary): 6

3. **Revenue**

   - Contributions and grants: $668,035
   - Program service revenue: $221,356
   - Investment income: $621
   - Other revenue: $943,366

4. **Expenses**

   - Grants and similar amounts paid: $587,061
   - Benefits paid to or for members: $0
   - Salaries, other compensation, employee benefits: $0
   - Professional fundraising fees: $1,016,493
   - Total fundraising expenses (Part IX, column (D), line 25): $352,075
   - Total expenses: $935,190
   - Revenue less expenses: $2,709

5. **Net Assets or Fund Balances**

   - Net assets or fund balances: $935,190
   - Total liabilities (Part X, line 26): $0

---

### Part II: Signature Block

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 BLOCK**

**CAROL GOLAND**

**EXECUTIVE DIRECTOR**

**Date:**

<table>
<thead>
<tr>
<th>Paid Preparer</th>
<th>Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATHARINE E. OTTINGER, CPA</td>
<td>OTTINGER &amp; ASSOCIATES, LLC</td>
</tr>
<tr>
<td>CATHERINE E. OTTINGER, CPA</td>
<td>PO BOX 185</td>
</tr>
<tr>
<td>CATHERINE E. OTTINGER, CPA</td>
<td>GALENA, OH 43021-0185</td>
</tr>
</tbody>
</table>

**Firm's EIN:** 31-1621273

**Phone no.:** 740-965-6853

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For Paperwork Reduction Act Notice, see the separate instructions.
### Part III  Statement of Program Service Accomplishments

**Check if Schedule O contains a response or note to any line in this Part III**  

1. **Briefly describe the organization's mission:**
   
   **TO BUILD A HEALTHY FOOD SYSTEM THAT BRINGS PROSPERITY TO FAMILY FARMERS, SAFEGUARDS THE ENVIRONMENT, AND PROVIDES SAFE, LOCAL FOOD TO CONSUMERS.**

2. **Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**
   
   [ ] Yes  [X] No

   If "Yes," describe these new services on Schedule O.

3. **Did the organization cease conducting, or make significant changes in how it conducts, any program services?**
   
   [ ] Yes  [X] No

   If "Yes," describe these changes on Schedule O.

4. **Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

   **4a** (Code: ) (Expenses $815,382 including grants of $) (Revenue $)
   
   SEE SCHEDULE O

   **4b** (Code: ) (Expenses N/A including grants of N/A) (Revenue N/A)

   **4c** (Code: ) (Expenses N/A including grants of N/A) (Revenue N/A)

   **4d** Other program services (Describe in Schedule O.)
   
   (Expenses $3,722 including grants of $) (Revenue $)

   **4e** Total program service expenses u $819,104
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A

Yes No
1 X

2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

Yes No
2 X

3. 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

Yes No
3 X

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II

Yes No
4 X

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If “Yes,” complete Schedule C, Part III

Yes No
5 X

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I

Yes No
6 X

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II

Yes No
7 X

8. Did the organization obtain separate, independent audited financial statements for the tax year?

Yes No
8

9. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III

Yes No
9 X

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part IV

Yes No
10 X

11. If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:

a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

Yes No
11a X

b. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?

Yes No
11b X

c. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?

Yes No
11c X

d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?

Yes No
11d X

e. Did the organization report an amount for other liabilities in Part X, line 25?

Yes No
11e X

f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?

Yes No
11f X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII

Yes No
12a X

b. Was the organization included in consolidated, independent audited financial statements for the tax year?

Yes No
12b X

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E

Yes No
13 X

14a. Did the organization maintain an office, employees, or agents outside of the United States?

Yes No
14a X

b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?

Yes No
14b X

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts I and IV

Yes No
15 X

16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV

Yes No
16 X

17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I

Yes No
17 X

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II

Yes No
18 X

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III

Yes No
19 X

20a. Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H

Yes No
20a X

b. If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes No
20b

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II

Yes No
21 X
**Form 990 (2018) Page 4**

### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period? exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Is the organization 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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If “Yes,” complete Schedule L, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If “Yes” to line 35a, 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,” complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DAA
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .

2b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a  Did the organization have unrelated business gross income of $1,000 or more during the year?

3b  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a  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)?

4b  If "Yes," enter the name of the foreign country: 


5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a  Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a  Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

7b  If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d  If "Yes," indicate the number of Forms 8282 filed during the year

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

10 Section 501(c)(7) organizations. Enter:

10a  Initiation fees and capital contributions included on Part VIII, line 12

10b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a  Gross income from members or shareholders

11b  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a  Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

13b  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c  Enter the amount of reserves on hand

14a  Did the organization receive any payments for indoor tanning services during the tax year?

14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.
### Part VI: Governance, Management, and Disclosure

**Form 990 (2018) Page 6**

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Did the organization have members or stockholders?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8a. The governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b. Each committee with authority to act on behalf of the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10b. If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization have a written conflict of interest policy? If “No,” go to line 13</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13. Did the organization have a written whistleblower policy?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14. Did the organization have a written document retention and destruction policy?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a. The organization’s CEO, Executive Director, or top management official</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Other officers or key employees of the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16b. If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed: OH

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [ ] Own website
- [ ] Another’s website
- [x] Upon request
- [ ] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization’s books and records:

CAROL GOLAND

41 CROSWELL ROAD

COLUMBUS OH 43214 614-421-2022
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBE TURNER</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REP AT LARGE</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BEN JACKLE</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TREASURER</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>STEVE EDWARDS</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MIKE LAUGHLIN</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REP AT LARGE</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LYNNE GENTER</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VAL JORGENSEN</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REP AT LARGE</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DAVE BELL</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VP/GRAIN GROWERS CHP</td>
<td>0.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BRYN BIRD</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REP AT LARGE</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MARDY TOWNSEND</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REP AT LARGE</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>JUDY SAUER</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>O-K RIVER VALLEY CHP</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PAUL DORRANCE</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) TOM RAPINI</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAKE EFFECT CHAPTER</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) BRIAN GRUBB</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOON CHAPTER</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) CHRISTINE HUGHES</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTHEAST OHIO CHAPT</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) CAROL GOLAND</td>
<td>20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 17,808

c Total from continuation sheets to Part VII, Section A: 17,808

d Total (add lines 1b and 1c): 17,808

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person.

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII... 

<table>
<thead>
<tr>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>990</td>
<td>1,513,281</td>
<td>1,455,659</td>
<td>67,622</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Contributions, Gifts, Grants and Similar Amounts

- **1a** Federated campaigns
- **1b** Membership dues
- **1c** Fundraising events
- **1d** Related organizations
- **1e** Government grants (contributions)
- **1f** All other contributions, gifts, grants, and similar amounts not included above

Noncash contributions included in lines 1a-1f: 

<table>
<thead>
<tr>
<th>Busn. Code</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>990</td>
<td>660,829</td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>541300</td>
<td>196,660</td>
<td>196,660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>900099</td>
<td>9,670</td>
<td>9,670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>287</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** Add lines 2a–2f: 206,617

#### Other Revenue

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Busn. Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c</td>
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<tr>
<td>9a</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
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</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** Add lines 11a–11d: 63,502

**Total Revenue** See instructions: 932,481 254,282 17,370 0
## Part IX  Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenses</td>
<td>Program service expenses</td>
<td>Management and general expenses</td>
<td>Fundraising expenses</td>
</tr>
</tbody>
</table>

### 1. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21

### 2. Grants and other assistance to domestic individuals. See Part IV, line 22

### 3. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16

### 4. Benefits paid to or for members

### 5. Compensation of current officers, directors, trustees, and key employees:  
- **17,807**
- **15,849**
- **1,780**
- **178**

### 6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

### 7. Other salaries and wages
- **476,797**
- **401,702**
- **68,740**
- **6,355**

### 8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- **12,338**
- **10,733**
- **1,605**

### 9. Other employee benefits
- **37,760**
- **35,155**
- **2,605**

### 10. Payroll taxes
- **38,413**
- **31,963**
- **5,944**
- **506**

### 11. Fees for services (non-employees):
- **Management**
- **Legal**
- **Accounting**
- **Lobbying**
- **Professional fundraising services. See Part IV, line 17**
- **Investment management fees**
- **Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)**

### 12. Advertising and promotion
- **31,971**
- **27,333**
- **1,973**
- **2,665**

### 13. Office expenses
- **24,127**
- **20,206**
- **3,864**
- **57**

### 14. Information technology

### 15. Royalties

### 16. Occupancy
- **38,275**
- **31,594**
- **6,232**
- **449**

### 17. Travel
- **26,778**
- **26,778**

### 18. Payments of travel or entertainment expenses for any federal, state, or local public officials

### 19. Conferences, conventions, and meetings
- **5,304**
- **5,304**

### 20. Interest
- **1,653**
- **1,653**

### 21. Payments to affiliates
- **3,480**
- **3,480**

### 22. Depreciation, depletion, and amortization
- **6,204**
- **5,471**
- **676**
- **57**

### 23. Insurance

### 24. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)
- **FOOD AND BEVERAGE**
- **STIPENDS AND SCHOLARSHIPS**
- **PROFESSIONAL FEES**
- **SPEAKER FEES**
- **All other expenses**

### 25. Total functional expenses, Add lines 1 through 24e
- **935,190**
- **819,104**
- **104,445**
- **11,641**

### 26. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

---

**Form 990 (2018)**

**OHIO ECOLOGICAL FOOD AND FARM ASSOC 34-1638273**

**Page 10**
### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest bearing</td>
<td>140,650</td>
<td>1</td>
<td>139,499</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>40,555</td>
<td>2</td>
<td>40,726</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>91,869</td>
<td>4</td>
<td>53,143</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>2,720</td>
<td>9</td>
<td>2,875</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>377,050</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>17,835</td>
<td>10b</td>
<td>362,695</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td>15</td>
<td>3,273</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>641,224</td>
<td>16</td>
<td>598,731</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>69,081</td>
<td>17</td>
<td>38,616</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
<td>25</td>
<td>202,255</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>280,655</td>
<td>26</td>
<td>240,871</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>310,569</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>50,000</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
<td>29</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>360,569</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>641,224</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>932,481</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>935,190</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-2,709</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>360,569</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>357,860</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash ☐ Accrual X Other ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Public Charity Status and Public Support

**2018**

**Name of the organization:** OHIO ECOLOGICAL FOOD AND FARM ASSOC

**Employer identification number:** 34-1638273

## Part I  
**Reason for Public Charity Status**  
(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s):</td>
<td></td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1–10 above (see instructions))</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and member fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 % |
| Public support percentage from 2017 Schedule A, Part II, line 14 | 15 % |

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

---

**Schedule A (Form 990 or 990-EZ) 2018**
### Part III: Support Schedule for Organizations Described in Section 509(a)(2)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>421,893</td>
<td>418,529</td>
<td>513,780</td>
<td>668,035</td>
<td>660,829</td>
<td>2,683,066</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>255,668</td>
<td>296,214</td>
<td>297,697</td>
<td>269,689</td>
<td>263,267</td>
<td>1,382,535</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>19,530</td>
<td>20,000</td>
<td>19,530</td>
<td>20,000</td>
<td>39,530</td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>677,561</td>
<td>714,743</td>
<td>811,477</td>
<td>937,724</td>
<td>924,096</td>
<td>4,065,601</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>677,561</td>
<td>714,743</td>
<td>811,477</td>
<td>937,724</td>
<td>924,096</td>
<td>4,065,601</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>677,561</td>
<td>714,743</td>
<td>811,477</td>
<td>937,724</td>
<td>924,096</td>
<td>4,065,601</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>19,530</td>
<td>20,000</td>
<td>19,530</td>
<td>20,000</td>
<td>39,530</td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td>6,071</td>
<td>10,480</td>
<td>5,618</td>
<td>9</td>
<td>22,178</td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>19,530</td>
<td>20,000</td>
<td>19,530</td>
<td>20,000</td>
<td>39,530</td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td>4,026,071</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>677,561</td>
<td>714,743</td>
<td>811,477</td>
<td>937,724</td>
<td>924,096</td>
<td>4,065,601</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>6,071</td>
<td>10,480</td>
<td>5,618</td>
<td>9</td>
<td>22,178</td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>4,627</td>
<td>1,089</td>
<td>9,637</td>
<td>4,249</td>
<td>4,950</td>
<td>24,552</td>
</tr>
<tr>
<td>11 Add lines 10a and 10b</td>
<td>6,071</td>
<td>10,480</td>
<td>5,618</td>
<td>9</td>
<td>22,178</td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>4,627</td>
<td>1,089</td>
<td>9,637</td>
<td>4,249</td>
<td>4,950</td>
<td>24,552</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td>688,259</td>
<td>726,312</td>
<td>826,732</td>
<td>941,973</td>
<td>929,055</td>
<td>4,112,331</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.90 % |

16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 97.64 % |

#### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1 % |

18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | 1 % |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a public supported organization | | |

19b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a public supported organization | | |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | |
Part IV  Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Supporting Organizations (continued)

11  Has the organization accepted a gift or contribution from any of the following persons?
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b  A family member of a person described in (a) above?
   c  A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

11a  
11b  
11c  

Section B. Type I Supporting Organizations

1  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1  Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1  Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2  Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3  By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI how the organization’s supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a  The organization satisfied the Activities Test. Complete line 2 below.
   b  The organization is the parent of each of its supported organizations. Complete line 3 below.
   c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2  Activities Test. Answer (a) and (b) below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3  Parent of Supported Organizations. Answer (a) and (b) below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d <strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8 <strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 Enter 85% of line 1. | 2 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 Enter greater of line 2 or line 3. | 4 |
| 5 Income tax imposed in prior year | 5 |
| 6 **Distributable Amount**. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total of lines 3a through e</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI**  
**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(Uniform Reporting Plan, Form 990, 990-EZ, or 990-PF)

Name of the organization

OHIO ECOLOGICAL FOOD AND FARM ASSOC

Organization type (check one):

Filers of: 

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

DAA
## Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MESHAWA FARM FOUNDATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>537 E PETE ROSE WAY STE 400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CINCINNATI OH 45202</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

- **Person**: X
- **Payroll**: 
- **Noncash**: 

(Complete Part II for noncash contributions.)
If the organization answered “Yes,” on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
  • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
  • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
  • Section 527 organizations: Complete Part I-A only.
If the organization answered “Yes,” on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
  • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
  • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
If the organization answered “Yes,” on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
  • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

OHIO ECOLOGICAL FOOD AND FARM ASSOC

Employer identification number

34-1638273

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization’s direct and indirect political campaign activities in Part IV. (see instructions for definition of “political campaign activities”)
2 Political campaign activity expenditures (see instructions) .......................................................... u $
3 Volunteer hours for political campaign activities (see instructions) ...........................................

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 .................................................. u $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 .................................................. u $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ........................................... Yes No
4a Was a correction made?
  b If “Yes,” describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ........................................... u $
2 Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities ........................................... u $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ........................................... u $
4 Did the filing organization file Form 1120-POL for this year? ........................................... Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018
**Part II-A**
Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>$29,170</td>
<td></td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>$49,927</td>
<td></td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td>$79,097</td>
<td></td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td>$856,092</td>
<td></td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>$935,189</td>
<td></td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>$165,278</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

| g Grassroots nontaxable amount (enter 25% of line 1f) | $41,320 |
| h Subtract line 1g from line 1a. If zero or less, enter -0-. | 0 |
| i Subtract line 1f from line 1c. If zero or less, enter -0-. | 0 |

**4-Year Averaging Period Under Section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<table>
<thead>
<tr>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>2a Lobbying nontaxable amount</td>
</tr>
<tr>
<td>2b Lobbying ceiling amount (150% of line 2a, column (e))</td>
</tr>
<tr>
<td>2c Total lobbying expenditures</td>
</tr>
<tr>
<td>2d Grassroots nontaxable amount</td>
</tr>
<tr>
<td>2e Grassroots ceiling amount (150% of line 2d, column (e))</td>
</tr>
<tr>
<td>2f Grassroots lobbying expenditures</td>
</tr>
</tbody>
</table>
Schedule C (Form 990 or 990-EZ) 2018

Ohio Ecological Food and Farm Assc. 34-1638273

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each “Yes,” response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If “Yes,” enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If “Yes,” enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered “No,” OR (b) Part III-A, line 3, is answered “Yes.”

1. Dues, assessments and similar amounts from members

2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
   a. Current year
   b. Carryover from last year
   c. Total

3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5. Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-A, Explanation of Four Year Averaging

Grassroot Lobbying Efforts Began in 2011
### Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Part II  Conservation Easements.

Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th>1</th>
<th>Purpose(s) of conservation easements held by the organization (check all that apply).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td></td>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td></td>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td>2</td>
<td>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</td>
</tr>
<tr>
<td></td>
<td>a Total number of conservation easements</td>
</tr>
<tr>
<td></td>
<td>b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td></td>
<td>c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td></td>
<td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>8</td>
<td>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</td>
</tr>
<tr>
<td>9</td>
<td>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.</td>
</tr>
</tbody>
</table>

### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |
|    | b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: |
|    | (i) Revenue included on Form 990, Part VIII, line 1 | u $ |
|    | (ii) Assets included in Form 990, Part X | u $ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: |
|    | a Revenue included on Form 990, Part VIII, line 1 | u $ |
|    | b Assets included in Form 990, Part X | u $ |
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research  
   c  Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  Yes  No

Part IV  Escrow and Custodial Arrangements.

Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

   b  If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

   b  If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds.

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th>a</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Current year</td>
<td>(b) Prior year</td>
</tr>
<tr>
<td>Beginning of year balance</td>
<td>Contributions</td>
</tr>
</tbody>
</table>

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a  Board designated or quasi-endowment %
   b  Permanent endowment %
   c  Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   i  unrelated organizations
   ii  related organizations

   b  If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4  Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>241,312</td>
<td></td>
<td></td>
<td>241,312</td>
</tr>
<tr>
<td>b  Buildings</td>
<td>135,738</td>
<td></td>
<td>17,835</td>
<td>117,903</td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  359,215
Part VII Investments—Other Securities.
Complete if the organization answered “Yes” on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(d) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
<td></td>
<td></td>
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<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments—Program Related.
Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(d) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.
Complete if the organization answered “Yes” on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.
Complete if the organization answered “Yes” on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability (b) Book value
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>2 MORTGAGE PAYABLE 202,255</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 

X
Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .......................... 1 932,481
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments ................................................................. 2a
   b Donated services and use of facilities .................................................................................. 2b
   c Recoveries of prior year grants .......................................................................................... 2c
   d Other (Describe in Part XIII.) .............................................................................................. 2d
   e Add lines 2a through 2d ........................................................................................................ 2e
3 Subtract line 2e from line 1 ..................................................................................................... 3 932,481
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b ................................. 4a
   b Other (Describe in Part XIII.) .............................................................................................. 4b
   c Add lines 4a and 4b ................................................................................................................ 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .................. 5 932,481

Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .................................................. 1 935,190
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities .................................................................................. 2a
   b Prior year adjustments ......................................................................................................... 2b
   c Other losses ........................................................................................................................ 2c
   d Other (Describe in Part XIII.) .............................................................................................. 2d
   e Add lines 2a through 2d ........................................................................................................ 2e
3 Subtract line 2e from line 1 ..................................................................................................... 3 935,190
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b ................................. 4a
   b Other (Describe in Part XIII.) .............................................................................................. 4b
   c Add lines 4a and 4b ................................................................................................................ 4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ............... 5 935,190

Part XIII  Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION. ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUALIFIED ANDRecorded AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEET ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. MANAGEMENT BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR 2015 AND PRIOR.
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN FY 19, OEFFA GREW FARMER KNOW-HOW THROUGH HIGH QUALITY, EDUCATIONAL PROGRAMS DESIGNED TO HELP PRODUCERS MEET NEW CHALLENGES AND SUCCEED. FARM TOUR THEMES SPANNED TOPICS INCLUDING CULTIVATION AND WEED CONTROL; POULTRY PROCESSING;TRANSITIONING TO ORGANIC MANAGEMENT; AND ON-FARM GRAIN TRIAL RESEARCH, AMONG OTHERS. ALMOST 1,200 ATTENDEES JOINED US FOR OUR 40TH ANNUAL CONFERENCE, WHICH EXPANDED TO CONSIDER ISSUES RELATED TO FOOD AND FARM JUSTICE. WE PROVIDED BEGINNING FARMERS INTENSIVE TRAINING ON BUSINESS AND FINANCIAL MANAGEMENT, SUPPORTED ASPIRING FARMERS TO GAIN HANDS-ON EXPERIENCE, AND PROVIDED DIRECT TECHNICAL ASSISTANCE TO 162 PRODUCERS TRANSITIONING TO CERTIFIED ORGANIC PRODUCTION. OUR MEMBERS AND SUPPORTERS ENGAGED IN GRASSROOTS ADVOCACY TO GAIN IMPORTANT WINS FOR SUSTAINABLE, ORGANIC, AND FAMILY FARMING IN THE 2018 FARM BILL.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE CARRYING ON OF ACTIVITIES, SUCH AS RENTAL, NEWSLETTER, ETC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS DISTRIBUTED TO BOARD TRUSTEES AND APPROVED AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

TRUSTEES OF THE BOARD REVIEW AND COMPLETE A BOARD QUESTIONNAIRE REGARDING THE POLICY AND ANY POSSIBLE ACTIVITIES THAT WOULD BE CONFLICTS OF INTEREST.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHIO ECOLOGICAL FOOD AND FARM ASSOC</td>
<td>34-1638273</td>
</tr>
</tbody>
</table>

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

The board researches comparability data and document their deliberations regarding officer compensation, in the minutes from that meeting.

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

The board researches comparability data and management recommendations for key officers and document their deliberations in the minutes from that meeting.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

The organization makes this information available upon request.
## Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name, address, and EIN (if applicable) of disregarded entity</td>
<td>(b) Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Total income</td>
</tr>
<tr>
<td>(1) OHIO ECOLOGICAL FOOD AND FARM ASSOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34-1638273</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name, address, and EIN of related organization</td>
<td>(b) Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Exempt Code section</td>
<td>(e) Public charity status</td>
<td>(f) Direct controlling entity</td>
</tr>
<tr>
<td>(1) OHIO ECOLOGICAL FOOD &amp; FARM CERTIFI</td>
<td>CHARITABLE</td>
<td>OH</td>
<td>C5</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>41 CROSWELL RD.</td>
<td>34-1324238</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBUS</td>
<td>OH</td>
<td>43214</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990.
## Part III
### Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate alloc.?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part IV
### Identification of Related Organizations Taxable as a Corporation or Trust
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Part V  Transactions With Related Organizations.** Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>a</strong> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b</strong> Gift, grant, or capital contribution to related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>c</strong> Gift, grant, or capital contribution from related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>d</strong> Loans or loan guarantees to or for related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>e</strong> Loans or loan guarantees by related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>f</strong> Dividends from related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>g</strong> Sale of assets to related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>h</strong> Purchase of assets from related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>i</strong> Exchange of assets with related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>j</strong> Lease of facilities, equipment, or other assets to related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>k</strong> Lease of facilities, equipment, or other assets from related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>l</strong> Performance of services or membership or fundraising solicitations for related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>m</strong> Performance of services or membership or fundraising solicitations by related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>n</strong> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>o</strong> Sharing of paid employees with related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>p</strong> Reimbursement paid to related organization(s) for expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>q</strong> Reimbursement paid by related organization(s) for expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>r</strong> Other transfer of cash or property to related organization(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>s</strong> Other transfer of cash or property from related organization(s)</td>
<td></td>
</tr>
</tbody>
</table>

2. If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of related organization</td>
<td>Transaction type (a–s)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>OHIO ECOLOGICAL FOOD &amp; FARM CERTIFI</td>
<td>C</td>
<td>50,000</td>
<td>CASH COLLECTED</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
</tbody>
</table>
### Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td>(2)</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<td>(3)</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
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<td>(4)</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
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<td>(5)</td>
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<td>Yes</td>
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<td>No</td>
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<td>Yes</td>
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<td>(7)</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<td>(8)</td>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>(9)</td>
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<td></td>
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<td>Yes</td>
<td>No</td>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td>(10)</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>No</td>
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<td>(11)</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Part VII  Supplemental Information.
Provide additional information for responses to questions on Schedule R. See Instructions.
Form 990-T
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 04/01/18 and ending 03/31/19.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Go to www.irs.gov/Form990T for instructions and the latest information.

Name of organization: OHIO ECOLOGICAL FOOD AND FARM ASSOC
Print: 41 CROSWELL RD.
City or town, state or province, country, and ZIP or foreign postal code: COLUMBUS OH 43214
Employer identification number: 34-1638273

Unrelated business activity code: (See instructions.)

If "Yes," enter the name and identifying number of the parent corporation.

If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts III–V.

Unrelated business taxable income. Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Book value of all assets at end of year: 598,731

Telephone number: 614-421-2022

Other trust

J The books are in care of: CAROL GOLAND

C Book value of all assets at end of year:

F Group exemption number (See instructions). u

Group exemption number (See instructions.)

H Enter the number of the organization's unrelated trades or businesses. u

See Statement 1

Exempt Organization Business Income Tax Return

Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Gross receipts or sales</td>
<td>1c</td>
<td>1c</td>
</tr>
<tr>
<td>b</td>
<td>Less returns and allowances</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>c</td>
<td>Balance</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td>4a</td>
<td>4a</td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>4b</td>
<td>4b</td>
</tr>
<tr>
<td>4</td>
<td>Capital gain net income (attach Schedule D)</td>
<td>4c</td>
<td>4c</td>
</tr>
<tr>
<td>a</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>b</td>
<td>Capital loss deduction for trusts</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from partnership and S corporation (attach statement)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Schedule C)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from controlled organization (Schedule F)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Schedule J)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>Combine lines 3 through 12</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Deductions Not Taken Elsewhere

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>17</td>
<td>Bad debts</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>20</td>
<td>Charitable contributions (See instructions for limitation rules)</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>23</td>
<td>Depletion</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>27</td>
<td>Excess readership costs (Schedule J)</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>28</td>
<td>Other deductions (attach schedule)</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Total deductions. Add lines 14 through 28</td>
<td>31</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>30</td>
<td>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

Form 990-T (2018)
Part III  Total Unrelated Business Taxable Income

33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .......................................................... 33  5,961
34 Amounts paid for disallowed fringes .................................................................................................................. 34
35 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) .................. 35
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 ........................................................................................................... 36  5,961
37 Specific deduction (Generally $1,000, but see line 37 instructions for exceptions) ................................................... 37  1,000
38 Unrelated business taxable income. Enter line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 ...................................................................................................................... 38  4,961

Part IV  Tax Computation

39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) ................................................................. 39  1,042
40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule D (Form 1041) .................................................................................................................. 40
41 Proxy tax. See instructions ......................................................................................................................................... 41
42 Alternative minimum tax (trusts only) ......................................................................................................................... 42
43 Tax on Noncompliant Facility Income. See instructions .......................................................................................... 43
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies ........................................................................ 44  1,042

Part V  Tax and Payments

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .......................................................... 45a
45b Other credits (see instructions) .......................................................................................................................... 45b
45c General business credit. Attach Form 3800 (see instructions) ........................................................................... 45c
45d Credit for prior year minimum tax (attach Form 8801 or 8827) ........................................................................... 45d
45e Total credits. Add lines 45a through 45d .................................................................................................................. 45e
46 Subtract line 45e from line 44 .................................................................................................................................... 46  1,042
47 Other taxes. Form 4255 Form 4136 Form 8611 Form 8697 Form 8866 Other (att. sch.) ................................................ 47
48 Total tax. Add lines 46 and 47 (see instructions) .................................................................................................... 48  1,042
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  ....................................... 49

50 Payments: A 2017 overpayment credited to 2018

50a 1,740
50b 2018 estimated tax payments ................................................................................................................................... 50b
50c Tax deposited with Form 8868 ................................................................................................................................... 50c
50d Foreign organizations: Tax paid or withheld at source (see instructions) .................................................................. 50d
50e Backup withholding (see instructions) .................................................................................................................... 50e
50f Credit for small employer health insurance premiums (attach Form 8941) .............................................................. 50f
50g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total U  ......................................................... 50g
51 Total payments. Add lines 50a through 50g ............................................................................................................. 51  1,740
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached u ................................................................. 52
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ........................................... 53  0
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .......................... 54  698
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax u Refunded u ................................................. 55  698

Part VI  Statements Regarding Certain Activities and Other Information (see instructions)

56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Financial Accounts. If "YES," enter the name of the foreign country here u ............................................................ 56
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file. u .......................................................... 57
58 Enter the amount of tax-exempt interest received or accrued during the tax year u .......................................................... $ 0

Signature of officer

U EXECUTIVE DIRECTOR

Date  Title

Print/Type preparer's name
Preparer's signature
Date  Check if self-employed
PTIN

Catherine E. Ottinger, CPA  Catherine E. Ottinger, CPA  07/17/19  31-1621273

Preparer's name  OTTINGER & ASSOCIATES, LLC  Firm's EIN  31-1621273

Firm's name  GALENA, OH  43021-0185  Phone no.  740-965-6853

DAA
### Schedule A – Cost of Goods Sold

<table>
<thead>
<tr>
<th>Item</th>
<th>Columns 1</th>
<th>Columns 2</th>
<th>Columns 3</th>
<th>Columns 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventory at beginning of year</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2. Purchases</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4a. Additional sec. 263A costs (attach schedule)</td>
<td>4a</td>
<td>4a</td>
<td>4a</td>
<td>4a</td>
</tr>
<tr>
<td>4b. Other costs (attach schedule)</td>
<td>4b</td>
<td>4b</td>
<td>4b</td>
<td>4b</td>
</tr>
<tr>
<td>5. Total. Add lines 1 through 4b</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Notes:
- Enter method of inventory valuation in Part I, line 6, column (C).
- Add lines 1 through 4b and enter here and on page 1, Part I, line 2.

### Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

1. **Description of property**
   - (1) N/A
   - (2)
   - (3)
   - (4)

2. **Rent received or accrued**
   - (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3. **Deductions directly connected with the income in columns 2(a) and 2(b)** (attach schedule)

#### Notes:
- Enter here and on page 1, Part I, line 7, column (A).
- Enter here and on page 1, Part I, line 7, column (B). (attach schedule)

### Schedule E – Unrelated Debt-Financed Income

1. Description of debt-financed property

<table>
<thead>
<tr>
<th>Columns 1</th>
<th>Columns 2</th>
<th>Columns 3</th>
<th>Columns 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Gross income from or allocable to debt-financed property</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Deductions directly connected with or allocable to debt-financed property</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Notes:
- Enter here and on page 1, Part I, line 7, column (A).
- Enter here and on page 1, Part I, line 7, column (B). (attach schedule)

---

**Total dividends-received deductions included in column 8**

---

**Form 990-T (2018)**
### Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>Exempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization’s gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Totals

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

### Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

### Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RENTAL INCOME</td>
<td>7,700</td>
<td>7,687</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Enter here and on page 1, Part II, line 26.

### Schedule J – Advertising Income

#### Part I, Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5))
### Income From Periodicals Reported on a Separate Basis
(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWS LETTER ADS</td>
<td>9,670</td>
<td>3,722</td>
<td>5,948</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals from Part I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals, Part II (lines 1-5)</td>
<td>9,670</td>
<td>3,722</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule K – Compensation of Officers, Directors, and Trustees
(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14
## Statement 1 - Form 990-T - Primary Unrelated Business Activity

### Description

ADVERTISING & READERSHIP AS A RESULT OF THE ASSOCIATION'S MAGAZINE. RENTAL ACTIVITY - LEASING SPACE TO OTHER UNRELATED ENTITIES.
**Form 4562**

**Depreciation and Amortization**
(Including Information on Listed Property)

**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.

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

---

**Part II**
Special Depreciation Allowance and Other Depreciation (Don’t 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 | 3,480 |

---

**Part III**
MACRS Depreciation (Don’t include listed property. See instructions.)

**Section A**
MACRS deductions for assets placed in service in tax years beginning before 2018

17 | 0 |
18 | If you are electing to group any assets placed in service in the tax year into one or more general asset accounts, check here | U |

---

**Section B**—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only—see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e 15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g 25-year property</td>
<td></td>
<td></td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental property</td>
<td></td>
<td></td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real property</td>
<td></td>
<td></td>
<td>39 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

---

**Section C**—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 12-year</td>
<td></td>
<td></td>
<td>12 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 30-year</td>
<td></td>
<td></td>
<td>30 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>d 40-year</td>
<td></td>
<td></td>
<td>40 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

---

**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 | 3,480 |
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 |

For Paperwork Reduction Act Notice, see separate instructions.

**THERE ARE NO AMOUNTS FOR PAGE 2**
### Other Depreciation:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>Basis for Depr</th>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 41</td>
<td>CROSWELL OFFICE BUILDING</td>
<td>2/12/14</td>
<td>135,738</td>
<td>135,738</td>
<td>39</td>
<td>MO S/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>179 Bonus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PerConv Meth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Other Depreciation</td>
<td></td>
<td>135,738</td>
<td>135,738</td>
<td>14,357</td>
<td>3,480</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total ACRS and Other Depreciation</td>
<td></td>
<td>135,738</td>
<td>135,738</td>
<td>14,357</td>
<td>3,480</td>
</tr>
<tr>
<td></td>
<td>Grand Totals</td>
<td></td>
<td>135,738</td>
<td>135,738</td>
<td>14,357</td>
<td>3,480</td>
</tr>
<tr>
<td></td>
<td>Less: Dispositions and Transfers</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less: Start-up/Org Expense</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Net Grand Totals</td>
<td></td>
<td>135,738</td>
<td>135,738</td>
<td>14,357</td>
<td>3,480</td>
</tr>
</tbody>
</table>
## AMT Asset Report

### Form 990, Page 1

**FYE: 3/31/2019**

**Date**  
**Bus**  
**Sec**  
**Basis**  
**For Depr**  
**PerConv Meth**  
**Prior**  
**Current**

### Other Depreciation:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>Bus %</th>
<th>Sec 179 Bonus</th>
<th>Basis for Depr</th>
<th>PerConv Meth</th>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>41 CROSWELL OFFICE BUILDING</td>
<td>2/12/14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>HY</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Other Depreciation**

|               | 0 | 0 | 0 | 0 | 0 |

**Total ACRS and Other Depreciation**

|               | 0 | 0 | 0 | 0 | 0 |

**Grand Totals**

|               | 0 | 0 | 0 | 0 | 0 |

**Less: Dispositions and Transfers**

|               | 0 | 0 | 0 | 0 | 0 |

**Net Grand Totals**

<p>|               | 0 | 0 | 0 | 0 | 0 |</p>
<table>
<thead>
<tr>
<th>Form</th>
<th>Unit</th>
<th>Asset</th>
<th>Description</th>
<th>Tax</th>
<th>AMT</th>
<th>Preferences</th>
</tr>
</thead>
</table>

There are no assets that meet the criteria of this report.
## Other Depreciation:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>Tax</th>
<th>AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>41 CROSWELL OFFICE BUILDING</td>
<td>2/12/14</td>
<td>135,738</td>
<td>3,481</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Other Depreciation</strong></td>
<td></td>
<td>135,738</td>
<td>3,481</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total ACRS and Other Depreciation</strong></td>
<td></td>
<td>135,738</td>
<td>3,481</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Totals</strong></td>
<td></td>
<td>135,738</td>
<td>3,481</td>
<td>0</td>
</tr>
</tbody>
</table>
### Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

*and on Investment Income for Private Foundations*

#### (Worksheet)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unrelated business taxable income expected in the tax year</td>
<td>4,961</td>
</tr>
<tr>
<td>2</td>
<td>Tax on the amount on line 1. See instructions for tax computation</td>
<td>1,042</td>
</tr>
<tr>
<td>3</td>
<td>Alternative minimum tax for trusts. See instructions</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 2 and 3</td>
<td>1,042</td>
</tr>
<tr>
<td>5</td>
<td>Estimated tax credits. See instructions</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Subtract line 5 from line 4</td>
<td>1,042</td>
</tr>
<tr>
<td>7</td>
<td>Other taxes. See instructions</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Total. Add lines 6 and 7</td>
<td>1,042</td>
</tr>
<tr>
<td>9</td>
<td>Credit for federal tax paid on fuels. See instructions</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Subtract line 9 from line 8. Note: If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions</td>
<td>1,042</td>
</tr>
<tr>
<td>10b</td>
<td>Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c</td>
<td>1,042</td>
</tr>
<tr>
<td>10c</td>
<td>2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c</td>
<td>1,042</td>
</tr>
</tbody>
</table>

#### Installment due dates

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/19</td>
<td>09/16/19</td>
<td>12/16/19</td>
<td>03/16/20</td>
</tr>
</tbody>
</table>

#### Required installments

25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>

#### 2017 Overpayment

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>261</td>
<td>261</td>
<td>176</td>
<td></td>
</tr>
</tbody>
</table>

#### Payment due (Subtract line 13 from line 12)

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>85</td>
<td>261</td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see instructions.
# Two Year Comparison Report

For calendar year 2018, or tax year beginning **04/01/18**, ending **03/31/19**

## OHIO ECOLOGICAL FOOD AND FARM ASSOC

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2018</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions, gifts, grants</td>
<td>209,082</td>
<td>201,170</td>
<td>-7,912</td>
</tr>
<tr>
<td>2. Membership dues and assessments</td>
<td>458,953</td>
<td>459,659</td>
<td>706</td>
</tr>
<tr>
<td>3. Government contributions and grants</td>
<td>221,356</td>
<td>206,617</td>
<td>-14,739</td>
</tr>
<tr>
<td>4. Program service revenue</td>
<td>621</td>
<td>-621</td>
<td></td>
</tr>
<tr>
<td>5. Investment income</td>
<td>2,466</td>
<td>1,533</td>
<td>-933</td>
</tr>
<tr>
<td>6. Proceeds from tax exempt bonds</td>
<td>50,888</td>
<td>63,502</td>
<td>12,614</td>
</tr>
<tr>
<td>7. Net gain (or) loss from sale of assets other than inventory</td>
<td>943,366</td>
<td>932,481</td>
<td>-10,885</td>
</tr>
<tr>
<td>8. Net income (or) loss from fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income (or) loss from gaming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Net gain (or) loss on sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. <strong>Total revenue</strong>. Add lines 1 through 11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Grants and similar amounts paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Compensation of officers, directors, trustees, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Salaries, other compensation, and employee benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Other professional fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Occupancy, rent, utilities, and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Depreciation and Depletion</td>
<td>3,481</td>
<td>3,480</td>
<td>-1</td>
</tr>
<tr>
<td>21. Other expenses</td>
<td>372,210</td>
<td>310,320</td>
<td>-61,890</td>
</tr>
<tr>
<td>22. <strong>Total expenses</strong>. Add lines 13 through 21</td>
<td>1,016,493</td>
<td>935,190</td>
<td>-81,303</td>
</tr>
<tr>
<td>23. <strong>Excess or (Deficit)</strong>. Subtract line 22 from line 12</td>
<td>-73,127</td>
<td>-2,709</td>
<td>70,418</td>
</tr>
<tr>
<td>24. <strong>Total exempt revenue</strong></td>
<td>943,366</td>
<td>932,481</td>
<td>-10,885</td>
</tr>
<tr>
<td>25. <strong>Total unrelated revenue</strong></td>
<td>14,570</td>
<td>17,370</td>
<td>2,800</td>
</tr>
<tr>
<td>26. <strong>Total excludable revenue</strong></td>
<td>260,761</td>
<td>254,282</td>
<td>-6,479</td>
</tr>
<tr>
<td>27. <strong>Total assets</strong></td>
<td>641,224</td>
<td>598,731</td>
<td>-42,493</td>
</tr>
<tr>
<td>28. <strong>Total liabilities</strong></td>
<td>280,655</td>
<td>240,871</td>
<td>-39,784</td>
</tr>
<tr>
<td>29. Retained earnings</td>
<td>360,569</td>
<td>357,860</td>
<td>-2,709</td>
</tr>
<tr>
<td>30. Number of voting members of governing body</td>
<td>14</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>31. Number of independent voting members of governing body</td>
<td>14</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>32. Number of employees</td>
<td>12</td>
<td>15</td>
<td></td>
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<tr>
<td>33. Number of volunteers</td>
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</table>

## Other Information

- Name: OHIO ECOLOGICAL FOOD AND FARM ASSOC
- Taxpayer Identification Number: 34-1638273
- Form: 990
- Differences 2018 & 2017
- Two Year Comparison Report
- For calendar year 2018, or tax year beginning 04/01/18, ending 03/31/19
- 04/01/18
- 03/31/19
- OHIO ECOLOGICAL FOOD AND FARM ASSOC
- 34-1638273
- 209,082
- 201,170
- -7,912
- 458,953
- 459,659
- 706
- 221,356
- 206,617
- -14,739
- 621
- -621
- 2,466
- 1,533
- -933
- 50,888
- 63,502
- 12,614
- 943,366
- 932,481
- -10,885
- 53,741
- 38,275
- -15,466
- 3,481
- 3,480
- -1
- 372,210
- 310,320
- -61,890
- 1,016,493
- 935,190
- -81,303
- -73,127
- -2,709
- 70,418
- 943,366
- 932,481
- -10,885
- 14,570
- 17,370
- 2,800
- 260,761
- 254,282
- -6,479
- 641,224
- 598,731
- -42,493
- 280,655
- 240,871
- -39,784
- 360,569
- 357,860
- -2,709
- 14
- 14
- 14
- 12
- 15
# Two Year Comparison Report

**For calendar year 2018, or tax year beginning 04/01/18 , ending 03/31/19**

**2017 & 2018**

**Name**

**Taxpayer Identification Number**

<table>
<thead>
<tr>
<th>OHIO ECOLOGICAL FOOD AND FARM ASSOC</th>
<th>34–1638273</th>
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</thead>
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<table>
<thead>
<tr>
<th>Revenue</th>
<th>2017</th>
<th>2018</th>
<th>Differences</th>
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<tbody>
<tr>
<td>1. Gross profit/loss on business activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Capital gains/losses</td>
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<tr>
<td>3. Income/loss from partnerships and S corporations</td>
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<tr>
<td>4. Rental income (net of expense)</td>
<td></td>
<td></td>
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<tr>
<td>5. Unrelated debt-financed income (net of expense)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Interest, and other income from controlled organizations (net of expense)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Investment income of specific organizations (net of expense)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Exploited exempt activity income (net of expense)</td>
<td></td>
<td>-2,121</td>
<td>13</td>
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<tr>
<td>9. Advertising income (net of expense)</td>
<td></td>
<td>7,370</td>
<td>5,948</td>
</tr>
<tr>
<td>10. Other income</td>
<td></td>
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</tr>
<tr>
<td><strong>11. Total trade or business income.</strong> Combine lines 1 through 10</td>
<td>5,249</td>
<td>5,961</td>
<td>712</td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2017</th>
<th>2018</th>
<th>Differences</th>
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</thead>
<tbody>
<tr>
<td>12. Compensation of officers, directors, and trustees</td>
<td></td>
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<tr>
<td>13. Other salaries and wages</td>
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<tr>
<td>14. Repairs and maintenance</td>
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<td></td>
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</tr>
<tr>
<td>15. Bad debts</td>
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<td>16. Interest</td>
<td></td>
<td></td>
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<tr>
<td>17. Taxes and licenses</td>
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<td></td>
<td></td>
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<tr>
<td>18. Charitable contributions</td>
<td></td>
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</tr>
<tr>
<td>19. Depreciation and Depletion</td>
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<td></td>
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<tr>
<td>20. Contributions to deferred compensation plans</td>
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<td>21. Employee benefit programs</td>
<td></td>
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<td>22. Other deductions</td>
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<td><strong>23. Total deductions.</strong> Add lines 12 through 22</td>
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<td>24. Net income on Page 1; Subtract line 23 from 11</td>
<td>5,249</td>
<td>5,961</td>
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<tr>
<td>25. Unrelated business taxable income from all trades</td>
<td>5,249</td>
<td>5,961</td>
<td>712</td>
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<td>26. Disallowed employee fringe benefits</td>
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<tr>
<td>27. Net operating loss (pre-2018)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>28. Taxable income after NOL loss</td>
<td>5,249</td>
<td>5,961</td>
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<td>29. Specific deduction</td>
<td>1,000</td>
<td>1,000</td>
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<td><strong>30. Unrelated business taxable income.</strong></td>
<td>4,249</td>
<td>4,961</td>
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<table>
<thead>
<tr>
<th>Tax &amp; Credits</th>
<th>2017</th>
<th>2018</th>
<th>Differences</th>
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<tr>
<td>31. Income tax (corporate or trust)</td>
<td>700</td>
<td>1,042</td>
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<tr>
<td>32. Proxy tax</td>
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</tr>
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<td>33. Other taxes</td>
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<tr>
<td><strong>34. Total taxes</strong></td>
<td>700</td>
<td>1,042</td>
<td>342</td>
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<td>35. Other credits</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>36. General business credit</td>
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<td></td>
<td></td>
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<td>37. Credit for prior year minimum tax</td>
<td></td>
<td></td>
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<tr>
<td><strong>38. Total credits</strong></td>
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<tr>
<td>39. Net tax after credits</td>
<td>700</td>
<td>1,042</td>
<td>342</td>
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<tr>
<td>40. Recapture taxes and 965 tax</td>
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<tr>
<td><strong>41. Total Taxes</strong></td>
<td>700</td>
<td>1,042</td>
<td>342</td>
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<table>
<thead>
<tr>
<th>Due/Refund</th>
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<th>2018</th>
<th>Differences</th>
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<td>42. Prior year overpayment and estimated tax payments</td>
<td>2,440</td>
<td>1,740</td>
<td>-700</td>
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<td>43. Payment made with extension</td>
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<td>44. Backup withholding and foreign withholding</td>
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<td>45. Other payments</td>
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<td><strong>46. Total payments</strong></td>
<td>2,440</td>
<td>1,740</td>
<td>-700</td>
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<td>47. Balance due/(Overpayment)</td>
<td>-1,740</td>
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<td>48. Overpayment applied to next year</td>
<td>1,740</td>
<td>698</td>
<td>-1,042</td>
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<td>49. Penalties</td>
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<tr>
<td><strong>50. Total due/(Refund)</strong></td>
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<tr>
<td>-------------------------------</td>
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<tr>
<td>Contributions, gifts, grants</td>
<td>421,893</td>
<td>418,529</td>
<td>513,780</td>
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<td>Membership dues</td>
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<td>Program service revenue</td>
<td>187,357</td>
<td>213,821</td>
<td>230,230</td>
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<td>Capital gain or loss</td>
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<tr>
<td>Investment income</td>
<td>412</td>
<td>453</td>
<td>621</td>
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<td>Fundraising revenue (income/loss)</td>
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<td>Gaming revenue (income/loss)</td>
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<td>Other revenue</td>
<td>102,625</td>
<td>114,711</td>
<td>87,798</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>711,875</td>
<td>747,473</td>
<td>832,261</td>
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<td>Grants and similar amounts paid</td>
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<td></td>
<td></td>
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<tr>
<td>Benefits paid to or for members</td>
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<td>Compensation of officers, etc.</td>
<td>58,077</td>
<td>62,307</td>
<td>17,420</td>
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<td>Other compensation</td>
<td>361,250</td>
<td>391,387</td>
<td>474,239</td>
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<td>Professional fees</td>
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<td>Occupancy costs</td>
<td>57,774</td>
<td>43,741</td>
<td>31,812</td>
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<td>Depreciation and depletion</td>
<td>4,096</td>
<td>3,481</td>
<td>3,480</td>
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<td>Other expenses</td>
<td>179,813</td>
<td>235,374</td>
<td>265,600</td>
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<td><strong>Total expenses</strong></td>
<td>661,374</td>
<td>736,290</td>
<td>792,663</td>
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<td><strong>Excess or (Deficit)</strong></td>
<td>50,501</td>
<td>11,183</td>
<td>39,598</td>
</tr>
<tr>
<td><strong>Total exempt revenue</strong></td>
<td>711,875</td>
<td>747,473</td>
<td>832,261</td>
</tr>
<tr>
<td><strong>Total unrelated revenue</strong></td>
<td>42,711</td>
<td>40,704</td>
<td>29,769</td>
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<td><strong>Total excludable revenue</strong></td>
<td>247,271</td>
<td>288,240</td>
<td>288,712</td>
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<td><strong>Total Assets</strong></td>
<td>643,924</td>
<td>644,999</td>
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<td><strong>Total Liabilities</strong></td>
<td>274,305</td>
<td>251,922</td>
<td>262,488</td>
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<td><strong>Net Fund Balances</strong></td>
<td>369,619</td>
<td>393,077</td>
<td>433,696</td>
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</table>
## Tax Return History

**Name**: OHIO ECOLOGICAL FOOD AND FARM ASSOC  
**Employer Identification Number**: 34-1638273

* Income shown net of expenses

<table>
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<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital gains/losses</td>
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<td></td>
</tr>
<tr>
<td>Partner and S Corp gain/loss</td>
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<td></td>
</tr>
<tr>
<td>Rental income*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt-financed income*</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Controlled organizations income/interest*</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Investment income, specific organizations*</td>
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</tr>
<tr>
<td>Exploited exempt activity income*</td>
<td>7,750</td>
<td>13,249</td>
<td>7,016</td>
<td>-2,121</td>
<td>13</td>
<td>13</td>
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<tr>
<td>Other income</td>
<td>5,020</td>
<td>1,170</td>
<td>10,230</td>
<td>7,370</td>
<td>5,948</td>
<td>5,948</td>
</tr>
<tr>
<td><strong>Total trade or business income.</strong></td>
<td>12,770</td>
<td>14,419</td>
<td>17,246</td>
<td>5,249</td>
<td>5,961</td>
<td>5,961</td>
</tr>
</tbody>
</table>

## Exempt Revenue (Loss)

**Net Exempt Revenue**

- **$1,002**

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<th>Value</th>
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<td>2014</td>
<td>$654,000</td>
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<tr>
<td>2015</td>
<td>$770,000</td>
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<tr>
<td>2016</td>
<td>$886,000</td>
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<td>2017</td>
<td>$1,002</td>
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**Expenses Deductions**

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<th>Value</th>
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<tr>
<td>2014</td>
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<td>2015</td>
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<tr>
<td>2016</td>
<td>$50,500</td>
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<tr>
<td>2017</td>
<td>$104,000</td>
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**Total Assets**

<table>
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<tr>
<th>Year</th>
<th>Value</th>
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</thead>
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<tr>
<td>2014</td>
<td>$672,000</td>
</tr>
<tr>
<td>2015</td>
<td>$623,000</td>
</tr>
<tr>
<td>2016</td>
<td>$672,000</td>
</tr>
<tr>
<td>2017</td>
<td>$574,000</td>
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<tr>
<td>2018</td>
<td>$574,000</td>
</tr>
<tr>
<td>2019</td>
<td>$574,000</td>
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</tbody>
</table>
### Tax Return History

**Form 990T**

**Name**

**OHIO ECOLOGICAL FOOD AND FARM ASSOC**

**Employer Identification Number**

34-1638273

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Net income (990T/first activity)</td>
<td>12,770</td>
<td>14,419</td>
<td>17,246</td>
<td>5,249</td>
<td>5,961</td>
<td>5,961</td>
</tr>
<tr>
<td>UBTI from all trades</td>
<td>12,770</td>
<td>14,419</td>
<td>17,246</td>
<td>5,249</td>
<td>5,961</td>
<td>5,961</td>
</tr>
<tr>
<td>Taxable employee fringe benefits</td>
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<td>Net operating loss deduction</td>
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<td>Specific deduction</td>
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<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
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<td>Income after expense and deductions</td>
<td>8,425</td>
<td>13,419</td>
<td>16,246</td>
<td>4,249</td>
<td>4,961</td>
<td>4,961</td>
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<td>Income tax (corporate or trust)</td>
<td>1,264</td>
<td>2,013</td>
<td>2,437</td>
<td>700</td>
<td>1,042</td>
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<tr>
<td>Total taxes</td>
<td>1,264</td>
<td>2,013</td>
<td>2,437</td>
<td>700</td>
<td>1,042</td>
<td>1,042</td>
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<tr>
<td>General business credit</td>
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<tr>
<td>Other credits</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Net tax after credits</td>
<td>1,264</td>
<td>2,013</td>
<td>2,437</td>
<td>700</td>
<td>1,042</td>
<td>1,042</td>
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<td>Estimated tax payments</td>
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<td>Other payments</td>
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<td>Balance due/Overpayment</td>
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</table>

### Total Liabilities

- **2014**: $290,000
- **2015**: $250,000
- **2016**: $230,000
- **2017**: $270,000
- **2018**: $230,000
- **2019**: $290,000

### Business Income (990T)

- **2014**: $19,000
- **2015**: $13,000
- **2016**: $7,000
- **2017**: $1,000
- **2018**: $0
- **2019**: $0

### Tax Due (990T)

- **2014**: $2,900
- **2015**: $2,000
- **2016**: $1,100
- **2017**: $200
- **2018**: $0
- **2019**: $0
### Form 990, Part IX, Line 24e - All Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp;General</th>
<th>Fund Raising</th>
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<td>OTHER</td>
<td>$15,519</td>
<td>$14,719</td>
<td>$574</td>
<td>$226</td>
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<td>9,501</td>
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<td>MEMBERSHIP FEES</td>
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<td>550</td>
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<td>2,742</td>
<td>751</td>
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</tr>
<tr>
<td>LEASED EQUIPMENT</td>
<td>2,786</td>
<td>2,429</td>
<td>329</td>
<td>28</td>
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<tr>
<td>PRINTING</td>
<td>2,021</td>
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</tr>
<tr>
<td>STAFF COSTS</td>
<td>1,701</td>
<td>1,701</td>
<td></td>
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<tr>
<td>STAFF DEVELOPMENT</td>
<td>865</td>
<td>670</td>
<td>195</td>
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<tr>
<td>LESS 990T COSTS</td>
<td>-3,722</td>
<td>-3,722</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$40,351</strong></td>
<td><strong>$37,189</strong></td>
<td><strong>$2,340</strong></td>
<td><strong>$822</strong></td>
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### Federal Statements

#### Schedule A, Part III, Line 1(e)

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>GRANT REVENUE</td>
<td>$459,659</td>
</tr>
<tr>
<td>CONTRIBUTIONS</td>
<td>$176,170</td>
</tr>
<tr>
<td>MESHAWA FARM FOUNDATION</td>
<td></td>
</tr>
<tr>
<td>CASH CONTRIBUTION</td>
<td>$25,000</td>
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<td>**TOTAL</td>
<td><strong>$660,829</strong></td>
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#### Schedule A, Part III, Line 2(e)

<table>
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<tbody>
<tr>
<td>PROGRAM SERVICE REVENUE</td>
<td>$196,660</td>
</tr>
<tr>
<td>CHAPTER INCOME</td>
<td>$287</td>
</tr>
<tr>
<td>OTHER REVENUE</td>
<td>$55,802</td>
</tr>
<tr>
<td>NEWS LETTER ADS</td>
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<tr>
<td>SALE OF BOOKS</td>
<td>$10,518</td>
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<tr>
<td>**TOTAL</td>
<td><strong>$263,267</strong></td>
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</table>

#### Schedule A, Part III, Line 7a - Support from Disqualified Persons

<table>
<thead>
<tr>
<th>Donor Name</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>NORTHSTAR CAFE</td>
<td>$19,530</td>
<td>$20,000</td>
<td>$</td>
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<td><strong>TOTAL</strong></td>
<td>$19,530</td>
<td>$20,000</td>
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### Schedule A, Part III, Line 10b

<table>
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<tr>
<td>RENTAL INCOME</td>
<td>$13</td>
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<td>LESS: DEDUCTIONS</td>
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<tr>
<td>LESS: TAXES</td>
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<td><strong>TOTAL</strong></td>
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### Schedule A, Part III, Line 11

<table>
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<tr>
<td>NEWS LETTER ADS</td>
<td>$5,948</td>
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<tr>
<td>LESS: DEDUCTIONS</td>
<td>$-998</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$4,950</strong></td>
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