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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 8/1/2008 , and ending 7/31/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Coles County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
719 Lincoln

City, town, or country | State | ZIP + 4
Charleston | IL | 61920

D Employer identification number
37-0223410

E Telephone number
217-345-3276

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

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

I Website: ▶ N/A

J Organization type (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 148,807

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	8,079
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	48,031
	4	Investment income		4	69,239
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a	10,371	
	b	Less cost of goods sold	7b	10,004	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	367
	8	Other revenue (describe ▶ See attached statement)		8	13,087
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	138,803
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	53,265
	13	Professional fees and other payments to independent contractors		13	2,100
	14	Occupancy, rent, utilities, and maintenance		14	12,377
	15	Printing, publications, postage, and shipping		15	1,861
	16	Other expenses (describe ▶ See attached statement)		16	63,371
	17	**Total expenses.** Add lines 10 through 16 ▶		17	132,974
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,829
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	523,676
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	529,505

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	307,810	22	298,597
23 Land and buildings	217,845	23	236,339
24 Other assets (describe ▶ See attached statement)	18,295	24	11,878
25 **Total assets**	543,950	25	546,814
26 **Total liabilities** (describe ▶ See attached statement)	20,274	26	17,309
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	523,676	27	529,505

6
G5

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

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 GENERAL MEMBERSHIP ACTIVITIES
To prpovide the administration and support services for the organization's approximately 2400 members
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a**

29 PROMOTION AND SUPPORT OF AGRICULTURAL RELATED ACTIVITIES
Activities conducted for general membership to promote agriculture and to serve specific activity interests ag support services provided to members
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30 INFORMATION PUBLICATIONS
To provide a monthly publication with Ag related information to the membership
Circulation of the publication is to the membership of approximately 2400 members
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Alan Metzger Str 10208 N Co Rd 1420 City Charleston ST IL ZIP 61920	Title Pres Hr/WK			
Name Karl Probst Str 2588 N CR 650 E City Mattoon ST IL ZIP 61938	Title VP Hr/WK			
Name Mike Stanfield Str 4504 St. Hwy. 130 City Charleston ST IL ZIP 61920	Title Sec/Treas Hr/WK			
Name Dalane Allenbaugh Str 3015 Western Ave City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name Jeff Boswell Str 2179 N Co Rd 190 E City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name Eric Coon Str 27030 E CR 1040 N City Ashmore ST IL ZIP 61912	Title Dir Hr/WK			
Name Jeff Coon Str 2137 Edgewood Dr City Charleston ST IL ZIP 61920	Title Dir Hr/WK			
Name Larry Coutant Str 1612 Reynolds Dr City Charleston ST IL ZIP 61920	Title Dir Hr/WK			
Name Vallori Degler Str 2800 E Cr 1000 N City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name J Tom Donnell Str 12225 N Cr 1000 E City Humboldt ST IL ZIP 61938	Title Dir Hr/WK			
Name John Doty Str 10510 N CR 00 E City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name Bab Haugens Str 49 Springchester City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name John Hurst Str 696 N CR 1320 E City Lerna ST IL ZIP 62440	Title Dir Hr/WK			
Name Jane Keller Str 16425 N Co Rd 700 E City Humboldt ST IL ZIP 61931	Title DIr Hr/WK			
Name Stan Metzger Str 4515 W State St City Chrleston ST IL ZIP 61920	Title Dir Hr/WK			
Name Joy Nolte Str 107 Westview Dr City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name Steve Shrader Str 22707 Harvest Rd City Westfield ST IL ZIP 62474	Title Dir Hr/WK			
Name Jack Sweeney Str 21672 Harrison St Rd City Ashnmore ST IL ZIP 61912	Title Dir Hr/WK			

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ▶ _____			
42 a	The books are in care of ▶ Name Coles County Farm Bureau Telephone no. ▶ 217-345-3276 Located at ▶ 719 W Lincoln City Charleston ST IL ZIP + 4 ▶ 61920			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Michael Stanfield — Signature of officer — Date: 2-22-2010

Michael Stanfield, President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Susan D Tynan CPA	Date: 1/30/2010	Check if self-employed ▶ [X]	Preparer's Identifying Number (See instructions): 361-38-2698	
Firm's name (or yours if self-employed), address, and ZIP +4: Susan D Tynan, CPA PO Box 437, Shelbyville, IL 62565			EIN ▶ 37-1656862	Phone no ▶ (217)774-5544

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

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	
7	Associated organization contributions	7	
8		8	8,079
9		9	
10		10	
11	Total	11	8,079

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	9,011
2	Dividends and interest from securities	2	
3	Gross rents	3	27,480
4	Other investment income	4	32,748
5	Total	5	69,239

Part I, Line 8 (990-EZ) - Other Revenue

13,087

	Description		Amount
1	Services to Insurance Companies	1	10,852
2	Commissions	2	910
3	Bail Bonds	3	1,173
4	Other	4	152
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

63,371

1	Travel, Meals and Entertainment		
	a Travel	1a	1,213
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	3,763
5	Depreciation, depletion, etc.	5	9,313
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	3,396
10	Unrelated business income taxes	10	1,786
11	Office Supplies	11	8,951
12	Directors expenses	12	318
13	Insurance	13	9,704
14	Dues Fees Subscriptions	14	648
15	Film and Picture	15	6
16	ADvertising	16	1,363
17	AG related activities	17	3,818
18	Management Expenses	18	7,810
19	REal Estate Taxes	19	7,327
20	Janitor Services	20	2,800
21	Contributions and Gifts	21	192
22	Other	22	963
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		18,295	11,878
	Description	Beginning	End
1	Accounts Receivable	12,717	6,298
2	Prepaid Expenses	5,578	5,580
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

20,274 17,309

	Description	Beginning	End
1	Accounts Payable	2,912	4,372
2	Taxes Accrued and Payable	16,647	10,626
3	Rental Security Deposits	525	525
4	Income Taxes Payable	190	1,786
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
GRANT PROGRAM The Illinois Agricultural Association provided a grant to county farm bureaus to assist farm bureaus in infulfilling their tax exempt purposes	
(Grants and allocations $) If this amount includes foreign grants, check here ☐	
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(Grants and allocations $) If this amount includes foreign grants, check here ☐	
Total Total	

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Jack Wilson Str 2300 E CR 200 N City Mattoon ST IL ZIP 61938	Title Dir Hr/WK			
Name Mike Zuhone Str 11098 E CR 1300 N City Charleson ST IL ZIP 61920	Title Dir Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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