



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008Under 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.

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 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

MADISON COUNTY FARM BUREAU
900 HILLSBORO AVENUE
EDWARDSVILLE, IL 62025

D Employer identification number

37-0396163

E Telephone number

618-656-5191

F Group Exemption Number

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify):**I** Website: N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)**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.

\$ 563,921.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	9,941.
	3	Membership dues and assessments	3	149,181.
	4	Investment income	4	293,766.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe: SEE STATEMENT 1)	8	111,033.	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	563,921.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	47,596.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	148,616.
	13	Professional fees and other payments to independent contractors	13	9,236.
	14	Occupancy, rent, utilities, and maintenance	14	109,137.
	15	Printing, publications, postage, and shipping	15	42,956.
	16	Other expenses (describe: SEE STATEMENT 3)	16	179,701.
	17	Total expenses (add lines 10 through 16)	17	537,242.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,679.
	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	1,208,332.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-8,519.
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	1,226,492.

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	748,550.	810,116.
23 Land and buildings	446,856.	437,243.
24 Other assets (describe: SEE STATEMENT 5)	65,384.	56,843.
25 Total assets	1,260,790.	1,304,202.
26 Total liabilities (describe: SEE STATEMENT 6)	52,458.	77,710.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,208,332.	1,226,492.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

10

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

Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 7

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

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.

28 GENERAL MEMBERSHIP ACTIVITIES - TO PROVIDE ADMINISTRATIVE AND
FACILITY SUPPORT SERVICES FOR APPROXIMATE MEMBERSHIP OF 13216.

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

28 a

29 SEE STATEMENT 8

(Grants \$ _____) If this amount includes foreign grants check here _____

29 a

30 PROMOTION AND SUPPORT OF AGRICULTURAL RELATED ACTIVITIES -
ACTIVITIES AND PROMOTIONS ARE CONDUCTED PRIMARILY FOR THE GENERAL
MEMBERSHIP WITH SPECIFIC ACTIVITY INTEREST.

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

30 a

31 Other program services (attach schedule)

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

31 a

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 instrs)
----------------	--

[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990 T, attach a statement explaining 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 6033(e) notice reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b 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		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ BOOKKEEPER Telephone no ▶ 618-656-5191
 Located at ▶ 900 HILLSBORO AVENUE EDWARDSVILLE IL ZIP + 4 ▶ 62025

	Yes	No
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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
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 ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

TEEA0812L 01/14/09

2008**FEDERAL STATEMENTS****PAGE 1****CLIENT 11423****MADISON COUNTY FARM BUREAU****37-0396163**

12/30/09

10 56AM

**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**FEES FOR SRVCS TO INS COM
MISCELLANEOUS

	\$	99,178.
		11,855.
TOTAL	\$	<u>111,033.</u>

**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	GRANT
DONEE'S NAME:	UNIVERSITY OF ILLINOIS EXTENSION
DONEE'S ADDRESS:	1301 WEST GREGORY DRIVE URBANA, IL 61801

CASH AMOUNT GIVEN:	\$	27,500.
--------------------	----	---------

CLASS OF ACTIVITY:	GRANT
DONEE'S NAME:	MADISON COUNTY CAREE
DONEE'S ADDRESS:	900 HILLSBORO AVENUE EDWARDSVILLE, IL 62025

CASH AMOUNT GIVEN:	\$	20,096.
--------------------	----	---------

**STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

AGRICULTURAL RELATED ACTIVITIE	\$	32,261.
ALLOCATED MANAGEMENT SERVICES		23,373.
CONFERENCES, CONVENTIONS, AND MEETINGS		44,428.
DEPRECIATION		7,577.
DIRECTORS EXPENSE		-558.
FEDERAL INCOME TAX		15,013.
INSURANCE		4,184.
JANITOR SERVICE		2,838.
MEMBERSHIP AQUISITION		6,162.
MEMBERSHIP SIGNS AND CALENDARS		2,300.
MISCELLANEOUS		8,564.
OFFICE EXPENSES		711.
REAL ESTATE TAXES		7,276.
REPAIRS & MAINTENANCE		5,878.
STATE INCOME TAX		6,199.
TELEPHONE		6,875.
TRAVEL		6,620.

TOTAL	\$	<u>179,701.</u>
-------	----	-----------------

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT 11423

MADISON COUNTY FARM BUREAU

37-0396163

12/30/09

10 56AM

STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS		\$	-8,519.
	TOTAL	\$	<u>-8,519.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 31,711.	\$ 23,877.
FURNITURE AND FIXTURES	9,279.	6,584.
PREPAID EXPENSES AND DEFERRED CHARGES	24,394.	26,382.
TOTAL	\$ <u>65,384.</u>	\$ <u>56,843.</u>

STATEMENT 6
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 11,627.	\$ 13,671.
ACCRUED SALARIES	9,453.	9,827.
DEFERRED REVENUE	2,318.	3,620.
TAXES PAYABLE	29,060.	50,592.
TOTAL	\$ <u>52,458.</u>	\$ <u>77,710.</u>

STATEMENT 7
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO IMPROVE THE ECONOMIC WELL-BEING OF AGRICULTURE AND ENRICH THE QUALITY OR FARM FAMILY LIFE.

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INFORMATION PUBLICATION - TO PROVIDE A MONTHLY PUBLICATION WITH AGRICULTURAL RELATED INFORMATION TO THE MEMBERSHIP.
 CIRCULATION OF PUBLICATION IS TO THE MEMBERSHIP OF APPROXIMATELY 13216.
 PLAT BOOK SALES - TO PROVIDE COUNTY PLAT BOOKS TO RESIDENTS OF THE COUNTY.

2008

FEDERAL STATEMENTS

PAGE 3

CLIENT 11423

MADISON COUNTY FARM BUREAU

37-0396163

12/30/09

10 56AM

STATEMENT 9
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH WIESEMAN WORDEN, IL	PRESIDENT 0	\$ 468.	\$ 0.	\$ 0.
JOHN SEDLACEK ST. JACOB, IL	DIRECTOR 0	217.	0.	0.
STEVEN KOELLER GODFREY, IL	SECRETARY 0	287.	0.	0.
GARY KNECT EDWARDSVILLE, IL	TREASURER 0	110.	0.	0.
MIKE CAMPBELL EDWARDSVILLE, IL	DIRECTOR 0	40.	0.	0.
RUSSELL HENKE ALHAMBRA, IL	DIRECTOR 0	61.	0.	0.
BOB GVILLO ALTON, IL	DIRECTOR 0	335.	0.	0.
ROSS HEMANN NEW DOUGLAS, IL	DIRECTOR 0	282.	0.	0.
IRVIN HELMER HIGHLAND, IL	DIRECTOR 0	280.	0.	0.
GLEN GINDLER COLLINSVILLE, IL	DIRECTOR 0	274.	0.	0.
JOEL STEVENSON ALHAMBRA, IL	DIRECTOR 0	122.	0.	0.
LARRY MARTIN HIGHLAND, IL	DIRECTOR 0	259.	0.	0.

2008

FEDERAL STATEMENTS

PAGE 4

CLIENT 11423

MADISON COUNTY FARM BUREAU

37-0396163

12/30/09

10 56AM

STATEMENT 9 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HILMER SCHOENBAUM MORO, IL	DIRECTOR 0	\$ 145.	\$ 0.	\$ 0.
FRANK DORRIS EAST ST. LOUIS, IL	DIRECTOR 0	82.	0.	0.
MELVIN PAUL WORDEN, IL	DIRECTOR 0	180.	0.	0.
STEVEN PLOCHER POCAHONTAS, IL	DIRECTOR 0	264.	0.	0.
CRAIG ENGELING GLEN CARBON, IL	DIRECTOR 0	97.	0.	0.
HEATHER HENKHAUS ALHAMBRA, IL	DIRECTOR 0	219.	0.	0.
DAVE GROTEFENDT EDWARDSVILLE, IL	DIRECTOR 0	44.	0.	0.
INDIRECT EXP PAID FOR MEETINGS EDWARDSVILLE, IL	DIRECTOR 0	0.	0.	9.
LESS: DEPARTMENT ALLOCATIONS EDWARDSVILLE, IL	DIRECTOR 0	0.	0.	-567.
	TOTAL	\$ 3,766.	\$ 0.	\$ -558.