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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2008

Department of the Treasury
Internal Revenue Service

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

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	C			D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	PEORIA COUNTY FARM BUREAU 1716 NORTH UNIVERSITY AVENUE PEORIA, IL 61604			37-0459420
E Telephone number				309-686-7070
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).

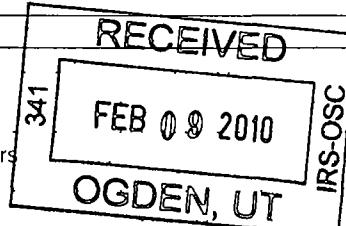
G Accounting method Cash Accrual
Other (specify) ►

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) — <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	K Check ► <input type="checkbox"/> 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 ► \$ 461,302.		

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	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) (att sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6
	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	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► SEE STATEMENT 1)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	
E X P E N S E S	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
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► SEE STATEMENT 2)	16
	17 Total expenses (add lines 10 through 16)	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
	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
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21



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)			
C A S S E R P S	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	23 Land and buildings	1,751,249.	22 1,836,433.
	24 Other assets (describe ► SEE STATEMENT 4)	139,146.	23 130,658.
	25 Total assets	33,612.	24 28,459.
	26 Total liabilities (describe ► SEE STATEMENT 5)	1,924,007.	25 1,995,550.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,164.	26 80,439.
		1,857,843.	27 1,915,111.



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	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 6033(e) notice, reporting, and proxy tax requirements?		
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still 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	N/A
39 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts included on line 9, for public use of club facilities		
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	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The books are in care of ► <u>MANAGER</u> Located at ► <u>1716 NORTH UNIVERSITY AVENUE PEORIA IL</u>	Telephone no ► <u>309-686-7070</u>	
	ZIP + 4 ► <u>61604</u>	
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 ► _____	42b	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 ► _____	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 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			
49a	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 and deferred compensation	(e) Expense account and other allowances
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total number of other independent contractors receiving over \$100,000 ►		

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

Sign Here

► *Richard K. Carroll*

Signature of officer

12-1-09

Date

► *Richard K. Carroll VICE PRESIDENT*

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► *Thomas M. Deneel CPA* Date 11/20/09 Check if self-employed ► Preparer's Identifying Number (See instructions) P00040282

Firm's name (or yours if self-employed), address and ZIP + 4 ► ILLINOIS AGRICULTURAL AUDITING ASSOCIATION EIN ► 36-1252710

► 318 SUSAN DR

NORMAL, IL 61761-6206 Phone no ► (309) 862-3870

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

BAA

► Yes No

Form 990-EZ (2008)

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**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

FEES FOR SRVCS TO INS COM

TOTAL \$ 58,097.
\$ 58,097.**STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

AGRICULTURAL RELATED ACTIVITIES	\$ 12,468.
ALLOCATED MANAGEMENT SERVICES	49,738.
CONFERENCES, CONVENTIONS, AND MEETINGS	10,367.
DEPRECIATION	6,096.
DIRECTORS EXPENSE	1,898.
EQUIPMENT RENTAL & MAINTENANCE	4,834.
FEDERAL INCOME TAX	7,113.
INSURANCE	4,102.
MEMBERSHIP AQUISITION	23,093.
MEMBERSHIP SIGNS AND CALENDARS	2,886.
MISCELLANEOUS	3,726.
OFFICE EXPENSES	3,966.
REAL ESTATE TAXES	5,116.
REPAIRS & MAINTENANCE	5,496.
STATE INCOME TAX	3,735.
TELEPHONE	3,938.
TRAVEL	818.
TOTAL	\$ <u>149,390.</u>

**STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON INVESTMENTS

TOTAL \$ -12,575.
\$ -12,575.**STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 12,788.	\$ 13,245.
INVENTORIES	5,616.	5,727.
MACHINERY AND EQUIPMENT	9,310.	7,558.
PREPAID EXPENSES AND DEFERRED CHARGES	5,898.	1,929.
TOTAL	\$ <u>33,612.</u>	\$ <u>28,459.</u>

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**STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,602.	\$ 16,953.
CHECKS DRAWN IN EXCESS OF FUND BALANCES	4,288.	2,082.
DEFERRED REVENUE	33,319.	34,196.
SECURED MORTGAGES AND NOTES PAYABLE	8,800.	8,800.
TAXES PAYABLE	16,155.	18,408.
TOTAL	\$ 66,164.	\$ 80,439.

**STATEMENT 6
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 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

GENERAL MEMBERSHIP ACTIVITIES - TO PROVIDE ADMINISTRATIVE AND FACILITY SUPPORT SERVICES FOR APPROXIMATE MEMBERSHIP OF 2960.
GRANT TO UNIVERSITY OF ILLINOIS EXTENSION - A GRANT FOR VARIOUS AGRICULTURAL ACTIVITIES.

**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 2960.
PLAT BOOK SALES - TO PROVIDE COUNTY PLAT BOOKS TO RESIDENTS OF THE COUNTY.

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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
MILTON SMITH PRINCEVILLE, IL	PRESIDENT 0	600. \$	0. \$	0.
RICHARD CARROLL BRIMFIELD, IL	VICE PRESIDENT 0	600.	0.	0.
JORDAN FEUCHT PRINCEVILLE, IL	SECRETARY 0	600.	0.	0.
RICHARD POLHEMUS HANNA CITY, IL	TREASURER 0	600.	0.	0.
DOUG BLUNIER PRINCEVILLE, IL	DIRECTOR 0	350.	0.	0.
DEAN DOUGHTY BRIMFIELD, IL	DIRECTOR 0	550.	0.	0.
BRIAN JOOS CHILlicothe, IL	DIRECTOR 0	50.	0.	0.
TIM FOSTER ELMWOOD, IL	DIRECTOR 0	50.	0.	0.
SUSAN VONK CHILlicothe, IL	DIRECTOR 0	600.	0.	0.
ROD STAHL BRIMFIELD, IL	DIRECTOR 0	350.	0.	0.
GEORGE CRAMER EDWARDS, IL	DIRECTOR 0	50.	0.	0.
ROBERT GUPPY MAPLETON, IL	DIRECTOR 0	500.	0.	0.

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DAN HEINZ EDWARDS, IL	DIRECTOR 0	250. \$	0. \$	0.
FRANK LEARNED TRIVOLI, IL	DIRECTOR 0	550.	0.	0.
JIM RUMBOLD CHILLICOTHE, IL	DIRECTOR 0	100.	0.	0.
DAN MAHER BRIMFIELD, IL	DIRECTOR 0	450.	0.	0.
NATHAN MILLER PEORIA, IL	DIRECTOR 0	450.	0.	0.
BOB DELL PRINCEVILLE, IL	DIRECTOR 0	500.	0.	0.
MARYELLEN STRODE DUNLAP, IL	DIRECTOR 0	500.	0.	0.
KATHLEEN TEMPLE PEORIA HEIGHTS, IL	DIRECTOR 0	400.	0.	0.
MARK VICARY BRIMFIELD, IL	DIRECTOR 0	400.	0.	0.
BRUCE BONTZ GLASFORD, IL	DIRECTOR 0	350.	0.	0.
BUTCH FERRELL TRIVOLI, IL	DIRECTOR 0	600.	0.	0.
INDIRECT EXP PAID FOR MEETINGS PEORIA, IL	DIRECTOR 0	0.	0.	2,237.

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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
LESS: DEPARTMENT ALLOCATIONS PEORIA, IL	DIRECTOR \$ 0	0. \$ 0.	0. \$ -339.	
		TOTAL \$ 9,450.	\$ 0.	\$ 1,898.