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

OMB No 1545-1150

2008Department 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.

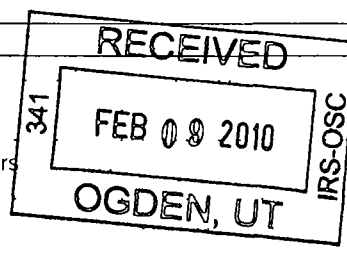
Open to Public Inspection**A For the 2008 calendar year, or tax year beginning** 10/01, **2008, and ending** 9/30, **2009**

B Check if applicable: <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	C PEORIA COUNTY FARM BUREAU 1716 NORTH UNIVERSITY AVENUE PEORIA, IL 61604	D Employer identification number 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) ►**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. ► \$ 461,302.**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	4,828.
	3 Membership dues and assessments	3	139,910.
	4 Investment income	4	258,467.
	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"/>		
	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	58,097.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	461,302.	
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	166,889.
	13 Professional fees and other payments to independent contractors	13	9,317.
	14 Occupancy, rent, utilities, and maintenance	14	46,557.
	15 Printing, publications, postage, and shipping	15	19,306.
	16 Other expenses (describe ► SEE STATEMENT 2)	16	149,390.
	17 Total expenses (add lines 10 through 16)	17	391,459.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	69,843.
	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	1,857,843.
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-12,575.	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	1,915,111.	

**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
Cash, savings, and investments	1,751,249.	1,836,433.
Land and buildings	139,146.	130,658.
Other assets (describe ► SEE STATEMENT 4)	33,612.	28,459.
Total assets	1,924,007.	1,995,550.
Total liabilities (describe ► SEE STATEMENT 5)	66,164.	80,439.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,857,843.	1,915,111.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

(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 SEE STATEMENT 7

(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.)	
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[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 4		N/A
b Gross receipts included on line 9, for public use of club facilities		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 ▶ MANAGER Telephone no ▶ 309-686-7070
 Located at ▶ 1716 NORTH UNIVERSITY AVENUE PEORIA IL ZIP + 4 ▶ 61604

	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

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.

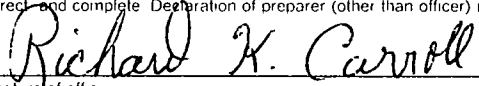
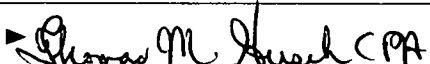
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the 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	
49b 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		

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.				
	Signature of officer 		Date 12-1-09		
Paid Preparer's Use Only	Signature of preparer 		Date 11/20/09	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00040282
	Firm's name (or yours if self-employed), address and ZIP + 4 ILLINOIS AGRICULTURAL AUDITING ASSOCIATION 318 SUSAN DR NORMAL, IL 61761-6206		EIN 36-1252710	Phone no (309) 862-3870	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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PEORIA COUNTY FARM BUREAU

37-0459420

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

FEES FOR SRVCS TO INS COM

	\$	58,097.
TOTAL	\$	<u>58,097.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AGRICULTURAL RELATED ACTIVITIE
 ALLOCATED MANAGEMENT SERVICES
 CONFERENCES, CONVENTIONS, AND MEETINGS
 DEPRECIATION
 DIRECTORS EXPENSE
 EQUIPMENT RENTAL & MAINTENANCE
 FEDERAL INCOME TAX
 INSURANCE
 MEMBERSHIP AQUISITION
 MEMBERSHIP SIGNS AND CALENDARS
 MISCELLANEOUS
 OFFICE EXPENSES
 REAL ESTATE TAXES
 REPAIRS & MAINTENANCE
 STATE INCOME TAX
 TELEPHONE
 TRAVEL

	\$	12,468.
		49,738.
		10,367.
		6,096.
		1,898.
		4,834.
		7,113.
		4,102.
		23,093.
		2,886.
		3,726.
		3,966.
		5,116.
		5,496.
		3,735.
		3,938.
		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

	\$	-12,575.
TOTAL	\$	<u>-12,575.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
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 OF 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

<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>
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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PEORIA COUNTY FARM BUREAU

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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	DIRECTOR	\$ 250.	\$ 0.	\$ 0.
EDWARDS, IL	0			
FRANK LEARNED	DIRECTOR	550.	0.	0.
TRIVOLI, IL	0			
JIM RUMBOLD	DIRECTOR	100.	0.	0.
CHILLICOTHE, IL	0			
DAN MAHER	DIRECTOR	450.	0.	0.
BRIMFIELD, IL	0			
NATHAN MILLER	DIRECTOR	450.	0.	0.
PEORIA, IL	0			
BOB DELL	DIRECTOR	500.	0.	0.
PRINCEVILLE, IL	0			
MARYELLEN STRODE	DIRECTOR	500.	0.	0.
DUNLAP, IL	0			
KATHLEEN TEMPLE	DIRECTOR	400.	0.	0.
PEORIA HEIGHTS, IL	0			
MARK VICARY	DIRECTOR	400.	0.	0.
BRIMFIELD, IL	0			
BRUCE BONTZ	DIRECTOR	350.	0.	0.
GLASFORD, IL	0			
BUTCH FERRELL	DIRECTOR	600.	0.	0.
TRIVOLI, IL	0			
INDIRECT EXP PAID FOR MEETINGS	DIRECTOR	0.	0.	2,237.
PEORIA, IL	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>
LESS: DEPARTMENT ALLOCATIONS PEORIA, IL	DIRECTOR 0	\$ 0.	\$ 0.	\$ -339.
		TOTAL \$ 9,450.	\$ 0.	\$ 1,898.