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Form **990**

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)

OMB No 1545 0047

Department of the Treasury

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

Open to Public Inspection

	110111010			The organizat	ion may have to a	ac a copy or time rott		y otato roporti	ng roquironion		<u> </u>	
	For the	e 2008 calend	dar year, o	or tax year begir	ning 12/0)1	, 2008,	and endin				2009
В	Check if	applicable	 						[1	Employ	er Identific	ation Number
	Add	iress change	Please use IRS label	IMCTEVN CO						37-	06674	90
	Nar	ne change	or print or type.	2243 WEST	GATE DRIV	Æ, SUITE	501		[E	Telepho	ne numbe	
	\vdash	ial return	See specific	BLOOMINGT	ON, IL 61	L704			ŀ	309	-663-	6497
	\vdash	mination	Instruc- tions.									
	\vdash	ended return	uons.	ļ					/ا	3 0		1,072,877.
	\vdash		E Name	and address of princi				·	H(a) Is this a	Gross r		
	L App	olication pending		AS C ABOVE	-				H(b) Are all af			tes? Yes X No
_	T					1047(-)	<u> </u>	-	If 'No,' at	tach a list	(see ınstri	
÷		exempt statu		<u>(c) (5)</u>	(insert no.)	4947(a)	(I) or [527			_	
, ! -		site: ► N/		<u> </u>	1		- 1.		H(c) Group ex			**
K	Type	of organization	X Corpor	ration Trust	Association	Other -	L	Year of Format	ion 1921	Ms	tate of leg	al domicile IL
Activities & Governance	art I	Summ										
	1 1 1									<u>ECONO</u>	<u>MIC W</u>	ELL-BEING OF
독유	-	<u>AGRICUL</u> I	<u>'URE_AN</u>	<u>ND_ENRICH_</u>	THE QUALI	<u>TY_OR_FARI</u>	<u> </u>	<u>LY_LIFE</u>				
Şmĕ	-											
ri j												
	2 9			if the organizati			or dispo	sed of mor	e than 25%	of its a		10
⊣ ∞	3 1			nbers of the gov			+ \/	16\			3 4	12 12
	" '			nt voting membe	-	rning body (Par	t vi, iine	(01			5	12
₹4	۔ ءُ ا			oyees (Part V, Iii teers (estimate i	•						6	40
<u>ુ</u> ફુ	72.			business revenu		III luna 12 colu	mn (C)				7a	93,532.
3 '	۱٬۵۱			s taxable income			1111 (0)				7 b	75,235.
						30-1, III to 3-1			T	,	''' 	
	ا ا	KEU	FIVE	D als (Part VIII, lin	- 11-5				Pri	or Year	-	Current Year
ē	8 9	Contributions	-and-gran	ns (Partylli, lin	e Ih)				-	1.00	04	1.00 0.00
Revenue	1 31.4	Rrogram serv	vice reven	nue (Hzzuror VIII. III	ne 20)	1 7 1				168,4		168,833.
Ş.	1012	tuvestilledt i	Rowe\(\text{A}	an VIII Column	(A), lines 3, 4	, and /d)	• • •			559,3		524,223.
_				III, column (A),				- 10\		102,6		111,621.
				ines 8 through 1			ın (A), Iin	ie 12)	 	830,3		804,677.
				dunts paid (Part					ļ	10,0	00.	10,000.
<u>5</u>	1	-		members (Part								
	15	Salaries, oth	er compei	nsation, employ	ee benefits (P	art IX, column (A), lines	5-10)		<u>273,0</u>	189.	295,353.
Se se	16a I	Professional	fundraisin	ng fees (Part IX,	column (A), I	ine 11e)						
NOV 0 8 2010 Expenses	Ь.	Total fundrais	sing expei	nses (Part IX, c	olumn (D), line	≥ 25) ►			1			
29				IX, column (A),						232,3	154	201,592.
Z				nes 13-17 (musi		•	ne 25)			515,4		506,945.
<u>n</u>		-		es. Subtract line	•		10 20)			314,9		297,732.
<u> </u>	 '''	iteveriue less	s expense	ss. Subtract fille	10 HOIT MIE I				+			
SCANN Fund Balance	. م	-	с	16)						ing of Y		End of Year
چين اوري	20	Total assets	•	•					16,	876,9		17,687,805.
CO:	21	Total liabilitie	s (Part X,	, line 26)	•		•			<u>154,1</u>		150,414.
		**		ances, Subtract	line 21 from li	ne 20			16,	722,7	44.	17,537,391.
Pa	art II	Signat	<u>ure Blo</u>	ck						_		
		Under penaltic	es of perjury,	, I declare that I have	examined this ret	urn, including accom	panying sch	nedules and sta	tements, and	to the best	of my kno	wledge and belief, it is
		little, correct,		e Deciaration of prep	Darer (Other man o	incer) is based on a	i iiiiomattoi	i or which prep	arer nas any n		1.	
Sig	gn		<u> </u>	· Hor						10] [4//0	
He	re	Signature	of officer	. 1/	Γ	<i>1</i>)			Date			
		 	K Sc	eatt Hoe	† +	President	-					
		Type or p	rınt name an	nd title								
							ĺ	Date	Che	ck if	Prep	arer's identifying number instructions)
Paid Preparer's Property Prope									mon actions)			
Pr		Preparer's signature	Men	Me want	Hugh	CPA		10/13/	10 T		\square_{P0}	0040282
	rer's	Firm's name (or TT.T.	INOIS AGRI	CULTURAL	AUDITING	ASSOC.		-		<u></u>	
Us		yours if self	<u>1111</u> → 318		CONTOURN	TODITING	-10000	-111 T O14		. 2	6-125	2710
Or	шу	employed), address, and			761-6206				EIN			
		ZIP + 4				-3 (: :		·	Pho	ne no 🟲	(309)	
Ма	y the IF	ts discuss th	ıs return v	with the prepare	er shown abov	e : (see instruct	ons)					X Yes No

Par	t III Statement of Program Service Accomplish	mente (see instruction	26)	37-0007490	Page 2
	Briefly describe the organization's mission: TO IMPROVE THE ECONOMIC WELL-BEING OF FAMILY LIFE.			UALITY OR FAR	RM
3	Did the organization undertake any significant program services Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changle 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organid 501(c)(4) organizations and section 4947(a)(1) trusts are revenue, if any, for each program service reporte	ges in how it conducts, any p nization's three largest progr quired to report the amount	orogram services?	Yes Yes	X No X No (3)
4a	(Code:) (Expenses \$	VIDE ADMINISTRATI 12142.		LITY SUPPORT)
4b	(Code:) (Expenses \$			RICULTURAL RE	ELATED
4c	(Code:) (Expenses \$			IES AND PROMO	
4 d	Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of) (Revenue \$)
4e	Total program service expenses ► \$	(Must equal Part IX, Line	25. column (B).)		

Part IV | Checklist of Required Schedules

			res	МО
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		_x_
6	Did the organization maintain any donor advised funds or any accounts where 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	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	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11_	Х	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5° If 'Yes,' complete Schedule J	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	 	1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
BAA		Forn	n 990	(2008)

Form 990 (2008) MCLEAN COUNTY FARM BUREAU

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
•	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		х
ļ	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28 c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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	36		
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	37		Х
BAA		Forn	n 990 ((2008)

Form 990 (2008) MCLEAN COUNTY FARM BUREAU 37-066749	0	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 13			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		х
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 2a 5			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Х	
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)?	4a		Х
b 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	1		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Ī	İ
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	· · · ·	
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	Ī	İ
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12		l	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		l
11 Section 501(c)(12) organizations. Enter.	1	I	
a Gross income from other members or shareholders.		l	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	Ī
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		, 	•—
BAA	Forr	n 990	(2008

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	ction A.	Governing Body and Management						
		n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, di es, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No		
1	a Enter the	e number of voting members of the governing body	1a 12					
	b Enter the	e number of voting members that are independent	1b 12					
2	Did any officer, of	officer, director, trustee, or key employee have a family relationship or a business relative of the control of	ationship with any other	2	χ_			
3	Did the o	organization delegate control over management duties customarily performed by or ur rs, directors or trustees, or key employees to a management company or other persoi	nder the direct supervision	3		х		
4	Did the o	organization make any significant changes to its organizational documents e prior Form 990 was filed?		4		X		
5		organization become aware during the year of a material diversion of the organization	's assets?	5		Х		
6		e organization have members or stockholders?	3 433013	6	Х	<u> </u>		
7	a Does the	e organization have members, stockholders, or other persons who may elect one or m ig body?	nore members of the	7a	Х			
	b Are any	decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b	Χ			
8	Did the o	organization contemporaneously document the meetings held or written actions under wing.	taken during the year by					
	a The gove	erning body?		8a	Х			
	b Each co	mmittee with authority to act on behalf of the governing body?		8ь	Х	X		
9	9a Does the organization have local chapters, branches, or affiliates?							
	b If 'Yes,' and brar	does the organization have written policies and procedures governing the activities of nches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9Ь				
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O								
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who can atton's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х		
<u>Se</u>	<u>ction B.</u>	Policies						
					Yes	No		
12	a Does the	e organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X			
	b Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests t cts?	hat could give rise	12Ь	Х			
	c Does the Schedule	e organization regularly and consistently monitor and enforce compliance with the poli e O how this is done SEE SCHEDULE O	cy? If 'Yes,' describe in	12c	х			
13		e organization have a written whistleblower policy?		13	Χ			
14	Does the	e organization have a written document retention and destruction policy?		14	Χ			
15	Did the persons,	process for determining compensation of the following persons include a review and a , comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent ision.					
		anization's CEO, Executive Director, or top management official?		15a		<u>X</u>		
		ficers of key employees of the organization? SEE SCHEDULE O		15b	X			
	Describe	the process in Schedule O. (see instructions)						
16	a Did the o entity du	organization invest in, contribute assets to, or participate in a joint venture or similar a iring the year?	irrangement with a taxable	16a		Х		
	in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard to ith respect to such arrangements?	to evaluate its participation he organization's exempt	16b				
Sec		Disclosures		100				
		states with which a copy of this Form 990 is required to be filed NONE						
	Section (6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and on. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) avai	able f	or put	olic		
		- 11 /						
		website Another's website X Upon request						
19	Describe statemer	website Another's website X Upon request in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. SEE SCHEDULE O	ents, conflict of interest policy	, and	fınand	cial		

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Form 990 (2008)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** 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) or 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.

(A)	(B)	(c)			, 110	(D)	(E)	(F)		
Name and Title	Average	Posi	tion (-	hat app	ly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
SCOTT HOEFT PRESIDENT	0	Х		Х				2,000.	0.	0.
DAVID MEISS	— ·	 ^	├─┤	Λ				2,000.		<u> </u>
VICE PRESIDENT	0	x		Х				1,500.	0.	0.
MICHAEL MOUSER	Ť	 	\vdash		-	 -		1,500.	· · ·	<u> </u>
SECRETARY	1 0	x		Х				2,000.	0.	0.
CARL NEUBAUER	Ť							2/3331	Ţ.	
TREASURER	1 0	x		Х			Ì	2,000.	0.	0.
PATRICK BANE										
DIRECTOR	0	Х						1,500.	0.	0.
MARK HINES										
DIRECTOR	0	Х						1,500.	0.	0.
FRED GRIEDER										
DIRECTOR	0	Х			<u> </u>		L	1,500.	0.	0.
KEVIN KEIGHIN										
DIRECTOR	0	Х	Щ		<u> </u>		<u> </u>	1,500.	0.	0.
PAUL SHULER	ļ									
DIRECTOR	0	Х	Щ				<u> </u>	2,500.	0.	0.
KEVIN_POPPE		ا ا						4	_	_
DIRECTOR	0	Х	H		<u> </u>	-	_	1,500.	0.	0.
J.C. ZIMMERMAN	1	,,						1 500	0	0
DIRECTOR KURT WILLIAMS	0	X	Н			<u> </u>		1,500.	0.	0.
DIRECTOR	0	х						1,500.	0.	0
INDIRECT EXP PAID FOR MEET	 	 ^-	├─┤					1,300.		0.
DIRECTOR	0	х						0.	0.	0.
LESS: DEPARTMENT ALLOCATIO	├ ॅ		Н	_		-		0.	<u> </u>	
DIRECTOR	0	х						0.	0.	0.
								•		``
			Ш	_						
		_					-	·	<u>.</u>	

TEEA0107L 04/24/09

Part VII Section A. Officers, Directors, Trus	tees, l	∕eу	En	npl	oye	es	, an	d Highest Co	mpensated Em	ployees (cont	<u>t.)</u>
(A)	(B)	(c) Position (check all that apply)		(D)	(E)	(F)					
Name and Title	houre			_				Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation	
	per week	ividua	nstitutional	Officer	emp	hest c	mer	(W 2/1099 MISC)	(W 2/1099 MISC)	from the organization and related	
		Individual trustee or director	nal tru		employee	Highest compensate				organizations	
		e	trustee		l	nsated					
		$ldsymbol{ld}}}}}}$				L					
	i										
					<u> </u>		 -				_
				-							_
							_				—
							_				_
											_
				_	_	_	_	<u> </u>		-	_
1 b Total							•	20,500.	0.	. (0.
2 Total number of individuals (including those in 1a) w	ho rece	ived	moi	re th	nan	\$100	0,00	0 in reportable co	mpensation from th	ne	
organization > 0										Yes N	lo
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	oye	e, o	r hıg	hest compensate	d employee		 Х
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the			pen)? If	ısatı f 'Ye	on a	and o	othe	r compensation fr	om uch		<u> </u>
ındıvıdual								•		4	<u>X</u>
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	pe	rsor	1	atec	- Organization for		5 Σ	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indep	end	ent (cont	rac	lors	that	received more th	an \$100,000 of		
compensation from the organization.								 			_
(A) Name and business address (B) Description of Services) of Services	(C) Compensation			
2 Total number of independent contractors (including to compensation from the organization ► 0	hose in	1) w	vho	rece	ive	d mo	ore t	han \$100,000 in		, ,	*****

[Fa	TYIII Statement of Revenue				
		(A) Total reve	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S. 5	1a Federated campaigns 1a				
ANT	b Membership dues 1b				
85	c Fundraising events 1c	 			
₹A	d Related organizations	 			
E S	d Related organizations 1d	 			
NS,	e Government grants (contributions) 1 e				Ī.
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	F.			
NTR VD O	g Noncash contribns included in Ins 1a-1f. \$			ļ.	
용	h Total. Add lines 1a-1f	•			
4UE	Business			ļ	
.VEI	2a MEMBERSHIP DUES & ASSESSMENTS		431. 167,431.		ļ
ERE	b MISCELLANEOUS	1,	402.		1,402.
VICI	c				
SER	d				
¥	e				T
Ğ.	f All other program service revenue				
2	g Total. Add lines 2a-2f	▶ 168	833.		
_	3 Investment income (including dividends, interest a		000.	1	
	other similar amounts)	¹¹⁰ ► 524,	223.		524,223.
	4 Income from investment of tax-exempt bond proce				
	5 Royalties	, · · · · · · · · · · · · · · · · · · ·		†	·
	(i) Real (ii) Per	rennal		1	
	6a Gross Rents 286, 289.	30714			
		 [1	
		 ŧ			
	c Rental income or (loss) 18,089.			•	
	d Net rental income or (loss)	177	089.	ļ	18,089.
	7a Gross amount from sales of (i) Securities (ii) O	ther			
	assets other than inventory			•	ļ
	b Less: cost or other basis	ļ.			<u> </u>
	and sales expenses				
	c Gain or (loss)	·			
i	d Net gain or (loss)	▶			
E E	8a Gross income from fundraising events (not including \$, , , , , , , , , , , , , , , , , , , ,
Ę,		ļ.		1	ŧ
OTHER REVEN	of contributions reported on line 1c).	<u> </u>			Ī
ER.	See Part IV, line 18 a				
Ę.	b Less. direct expenses b			1	ŧ
	c Net income or (loss) from fundraising events	P			
	9a Gross income from gaming activities. See Part IV, line 19				[
	·-			}	<u> </u>
	b Less. direct expenses b				‡
	c Net income or (loss) from gaming activities	•		<u> </u>	ļ
	10a Gross sales of inventory, less returns and allowances a 15	,241.			E
	b Less. cost of goods sold b	/ = = = \		Į.	ŧ
	c Net income or (loss) from sales of inventory	15	241.	15,241.	
	Miscellaneous Revenue Business		711·	13,441.	
	11a FEES FOR SRVCS TO INS COM 524298		291.	78,291.	†
	b			10,251.	
	~ 			 	
	d All other revenue			 	
	d All other revenue	▶ 78	201	1	
	e Total. Add lines 11a-11d		291.		‡
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8 10c, and 11e	c, 9c, ► 804.	677. 167,431.	93,532.	543,714.
$\overline{}$,		

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) but are not required to complete columns (B), (C), and (D).

	ant include amounts morted on lines	(A)	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,000.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	20,500.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	182,486.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,344.			
9	Other employee benefits	32,213.			
10	Payroll taxes	13,810.	-		
11	Fees for services (non-employees)				
ā	ı Management				
t	Legal				
(: Accounting	7,368.			
•	Lobbying				
€	Prof fundraising svcs. See Part IV, In 17				-
f	Investment management fees				
ç	Other	1			
12	Advertising and promotion				
13	Office expenses	18,074.			
14	Information technology	10,151.			
15	Royalties				
16	Occupancy	803.			
17	Travel	4,324.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,150.			
20	Interest				
21	•				
22	Depreciation, depletion, and amortization	7,389.			
23	Insurance .	3,891.	······································		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	MISCELLANEOUS	27,348.			
	AGRICULTURAL RELATED ACTIVITIE	23,244.			
c	DIRECT PROGRAM EXPENSES	18,897.			
C	FEDERAL INCOME TAX	16,672.			
	MEMBERSHIP AQUISITION	11,919.			
	All other expenses	16,362.	···.		<u>.</u>
	Total functional expenses Add lines 1 through 24f	506,945.	·		
26	Joint Costs. Check here Lift following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			 	·	Form 990 (2008)

F	ELV	Dalance Sneet							
					(A) Beginning of year		(E End o	3) f year	
	1	Cash - non-interest-bearing			103,140.	1		19,2	201.
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			5,905,856.	4	6,2	96,9	969.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trust L	ees, key employees,		5			
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	art II of Schedule L		6			
ASSETS	7	Notes and loans receivable, net.				7			
Ē	8	Inventories for sale or use				8			
s	9	Prepaid expenses and deferred charges			4,648.	9		15,0	73.
	10 a	Land, buildings, and equipment cost basis	10 a	1,787,694.					•
	ь	Less. accumulated depreciation. Complete Part VI of		- · ·					
		Schedule D	10Ь	1,222,847.	603,742.	10 c	5	64,8	347.
	11	Investments — publicly-traded securities			3,324,113.	11	3,8	56,4	109.
	12	Investments – other securities. See Part IV, line 11		12					
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets		[14			
	15	Other assets. See Part IV, line 11		[6,935,415.	15	6,9	35,3	306.
	16	Total assets. Add lines 1 through 15 (must equal line :	34)		16,876,914.	16	17,6	87,8	305.
	17	Accounts payable and accrued expenses			31,203.	17		41,7	792.
	18	Grants payable		18					
	19	Deferred revenue	,	57,736.	19		49,4	131.	
Ļ	20	Tax-exempt bond liabilities		20					
AB	21	Escrow account liability Complete Part IV of Schedule	e D			21			
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, I sons (key employees, Complete Part II			.,,		
į		of Schedule L			22				
Š	23	Secured mortgages and notes payable to unrelated th		23					
	24	Unsecured notes and loans payable	<u></u>	24					
	25	Other liabilities Complete Part X of Schedule D			65,231.	25		59,1	91.
	26	Total liabilities. Add lines 17 through 25			154,170.	26	1	50,4	114.
Ĕ		Organizations that follow SFAS 117, check here ►	X an	d complete lines					
		27 through 29 and lines 33 and 34.							
ACCORPT OF	27	Unrestricted net assets .			16,722,744.	27	<u>17,5</u>	<u>37,3</u>	<u> 391.</u>
Ĕ	28	Temporarily restricted net assets			· · · · · · · · · · · · · · · · · · ·	28			
	29	Permanently restricted net assets				29			
R		Organizations that do not follow SFAS 117, check her	e ►	and complete					
FUND.		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30			
日本上へ之い山の	31	Paid-in or capital surplus, or land, building, and equip				31			
Ā	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32			
Ĕ	33	Total net assets or fund balances.			16,722,744.	33	17,5		
	34	Total liabilities and net assets/fund balances.			16,876,914.	34	17,6	87, E	305.
Pa	πX	Financial Statements and Reporting							
_					_			Yes	No
		· · · · ·	Cash	X Accrual	Other				,,
		re the organization's financial statements compiled or r			ccountant?		2a	7,	Х
		re the organization's financial statements audited by an	-		,		2b	<u>X</u>	
	rev	Yes' to 2a or 2b, does the organization have a committed new, or compilation of its financial statements and select a result of a fodoral award was the accompanion assure.	ction of	an independent accour	ntant?		2c	<u>X</u>	
3	a AS Aud	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	ea to t	indergo an audit or aud	iits as set forth in the S	ıngle	3a		Х
		res,' did the organization undergo the required audit or	audits	7			3b		
BA				-				990 (2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer Identification number

	CLEAN COUNTY FARM BUREAU 37-0667490								
Par	t Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts Complete if						
	the organization answered 'Yes' t	to Form 990, Part IV, line 6.	• •						
	-	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year		-,						
5	Did the organization inform all donors and don	or advisors in writing that the assets held in doi							
_	funds are the organization's property, subject t	· ·	∐Yes ∐ No						
	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Yes No								
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes	to Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by	the organization (check all that apply)							
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation (of an historically important land area						
	Protection of natural habitat	Preservation of	of certified historic structure						
	Preservation of open space	_							
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form	of a conservation easement on the last day						
			Held at the End of the Year						
а	Total number of conservation easements		. 2a						
b	Total acreage restricted by conservation easer	nents	2Ь						
c	Number of conservation easements on a certification	ed historic structure included in (a)	2c						
d	Number of conservation easements included in	(c) acquired after 8/17/06	2d						
3	Number of conservation easements modified, it	transferred, released, extinguished, or terminat	ed by the organization during the taxable						
	year ▶								
4	Number of states where property subject to co	nservation easement is located >							
5	Does the organization have a written policy reg	narding the periodic monitoring inspection, viola	— ations and						
_	enforcement of the conservation easement it h	olds?	Yes No						
6	Staff or volunteer hours devoted to monitoring,	inspecting, and enforcing easements during th	ne year ►						
7	Amount of expenses incurred in monitoring, in:	specting, and enforcing easements during the y	/ear ► \$						
8	Does each conservation easement reported on	line 2(d) above satisfy the requirements of sec	stion						
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No						
9	conservation easements.	o the organization's financial statements that de	escribes the organization's accounting for						
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets e 8.						
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in furtherar	ent and balance sheet works of art, historical nice of public service, provide, in Part XIV,						
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherar	ent and balance sheet works of art, historical nice of public service, provide the following						
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$						
	(ii) Assets included in Form 990, Part X		*\$ *\$						
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other similar assets fo 116 relating to these items.							
а	Revenues included in Form 990, Part VIII, line	1 ,	► \$						
	Assets included in Form 990, Part X		►\$ ►\$						
			'						

Schedule D (Form 990) 2008 MCLEA	AN COUNTY FARM	BUREAU		37-0667	490 Page 2
Part III Organizations Mainta			al Treasures, or C		
Using the organization's accession that apply).	n and other records, o	check any of the follo	wing that are a signifi	cant use of its collecti	on items (check all
a Public exhibition		d Loan or exc	change programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organ Part XIV.	nization's collections a	nd explain how they	further the organization	on's exempt purpose i	n
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive o ather than to be maint	lonations of art, histo ained as part of the	orical treasures, or oth organization's collection	er sımılar on?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arrangen an amount on Fo	nents Complete rm 990, Part X,	if organization an line 21.	swered 'Yes' to F	orm 990, Part
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or othe	er intermediary for co	ontributions or other a	ssets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and comp	lete the following tab	le.		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
 Distributions during the year 				1 e	
f Ending balance					
2a Did the organization include an a	mount on Form 990, F	art X, line 21?			Yes No
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if organiz	ation answered '	Yes' to Form 990	<u>, Part IV, line 10.</u>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance		•		:	
b Contributions				:	
c Investment earnings or losses					
d Grants or scholarships					

and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage	of the year end ba	alance held as.		
a Board designated or quasi-endow	ment 🕨	<u> </u> 8		
b Permanent endowment				
c Term endowment ▶	 8			

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

Yes No
3a(i)
3a(ii)
3b

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? **4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Building			(, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land		72,400.		72,400.
b Buildings		1,626,040.	1,156,029.	470,011.
c Leasehold improvements				
d Equipment		89,254.	66,818.	22,436.
e Other				
Total, Add lines 1a-1e (Column (d) should equ	ual Form 990, Part X, column (B) line 10(c).)	▶	564.847

BAA

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 MCLEAN COUNTY FARM		37-0667490	Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, lin	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ıe
Financial derivatives and other financial products			
Closely-held equity interests			
Other		·····	
			
	L		
			·
			_
	}		
	<u> </u>		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			-
Part VIII Investments—Program Related (See	Form 990 Part X I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
——————————————————————————————————————	(b) Book Value	Cost or end-of-year market value	ue
To the second se			
			· · · · · · · · · · · · · · · · · · ·
Table Orland (AVA) - 11 - 15 - 000 P - 17 O L (P) L 10 \ 10 \ P			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total Column (b)(should equal Form 990, Part X, Col (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription	(b)) Book value
(a) De	scription	(6)) DOOK Value
-			
——————————————————————————————————————			
	· · · · · · · · · · · · · · · · · · ·		
——————————————————————————————————————			-
		v	
Total. Column (b) Total (should equal Form 990, Part X, col		•	6,935,306.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount	_	
Federal Income Taxes		_	
TAXES PAYABLE	59,19	<u>1. [</u>	
		_	
			
		_	
		-	
		-	
- ·	 	-	
	 	_	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u>► 59.19</u>	-	
			portor to:
In Part XIV, provide the text of the footnote to the organizations under FIN 48.	ion s imancial Statement	s man reports me organization's hability for un	icertain tax

	-0667490	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	804,677.
2 Total expenses (Form 990, Part IX, column (A), line 25)	ļ	<u>506,945.</u>
3 Excess or (deficit) for the year Subtract line 2 from line 1		<u>297,732.</u>
4 Net unrealized gains (losses) on investments .		<u>516,915.</u>
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments	ļ	
8 Other (Describe in Part XIV).	<u> </u>	
9 Total adjustments (net) Add lines 4-8		516,915.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	<u> </u> Peturn	814,647.
1 Total revenue, gains, and other support per audited financial statements.		589,792.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	<u> </u>	303, 132.
a Net unrealized gains on investments 2a 516, 915.		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	1 1	
d Other (Describe in Part XIV). SEE PART XIV 268, 200.		
e Add lines 2a through 2d	2e	785,115.
3 Subtract line 2e from line 1	3	804,677.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		004,077.
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV).	1	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	804,677.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn	
1 Total expenses and losses per audited financial statements .	1	751,891.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a	1 1	
b Prior year adjustments 2b	1	
c Losses reported on Form 990, Part IX, line 25.	1 1	
d Other (Describe in Part XIV). SEE PART XIV . 2d 268, 200.	1]	
e Add lines 2a through 2d	2e	268,200.
3 Subtract line 2e from line 1	3	483,691.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) SEE PART XIV 4b 23, 254.	1	
c Add lines 4a and 4b	4c	23,254.
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	506,945.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	ines 1b and 2b,	Part V,
	· ·	

Schedule D (Form 990) 2008	Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	0667490 03.55PM 200. 200.
SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 ALLOCATED BUILDING COST RECOVERY SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S ALLOCATED BUILDING COST TOTAL \$ 268,	200.
ALLOCATED BUILDING COST RECOVERY SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S ALLOCATED BUILDING COST \$ 268, TOTAL \$ 268, TOTAL \$ 268, TOTAL \$ 268,	<u>200.</u> 200.
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S ALLOCATED BUILDING COST \$ 268,3 TOTAL \$ 268,3	<u>200.</u> 200.
ALLOCATED BUILDING COST	
TOTAL \$ 268,3	
SCHEDULE D. DADT VIII. LINE AC	<u>200.</u> 200.
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
INCOME TAXES TOTAL \$\frac{\$ 23,}{\$ 23,}\$	254. 254.

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545 0047

Open to Public Inspection

TO HELP FURTHER THE FOUNDATIONS THE PURPOSES OF **≗** □ (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form WORK IN AG. Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 37-0667490 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed 501 (C) (3) (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 37-1253813 (a) EIN MCLEAN COUNTY FARM BUREAU FOUNDATION Enter total number of other organizations MCLEAN COUNTY FARM BUREAU -------------1 (a) Name and address of organization 2301 WEST MARKET STREET or government BLOOMINGTON, IL 61704 Name of the organization 1

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 37-0667490 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant MCLEAN COUNTY FARM BUREAU (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2008 Part III

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

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Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Name of the organization Employer identification number

MCLEAN COUNTY FARM BUREAU 37-0667490
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT
DIRECTOR PURCHASES HAY FROM ANOTHER DIRECTOR.
DIRECTORS PURCHASE AND SELL LIVESTOCK TO OTHER DIRECTORS.
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS
COPY WAS AVAILABLE TO BOARD MEMBERS VIA E-MAIL, REVIEWED BY MANAGER PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C
ANNUALLY REVIEWED WITH SIGNED ACKNOWLEDGEMENT/DISCLOSURE AT MARCH BOARD MEETING.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE
THE BOARD OF DIRECTORS ANNUALLY APPROVES BUDGETED FUNDS THAT RELATE TO STAFF
COMPENSATION. THE EXECUTIVE COMMITTEE EVALUATES THE TOP MANAGEMENT OFFICIALS,
COMPARES EQUIVALENT DATA OF SIMILAR POSITIONS, REVIEWS OBJECTIVES MET AND NEGOTIATED
ACCORDINGLY. THE BOARD THEN ACTS UPON THE EXECUTIVE COMMITTEE'S RECOMMENDATIONS FOR
APPROVAL. ADDITIONAL ASSISTANCE IS PROVIDED BY THE ILLINOIS AGRICULTURAL
ASSOCIATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
AVAILABLE UPON REQUEST.