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Department of the Treasury Internal Revenue Service

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)

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

2009 Open to Public

<u>A</u>	For the 2009	calendar year, or tax year beginning , and ending			
[7	heck if applicat	USE IRS PEORIA FOUNDATION	•	D Emp	loyer identification number
F i	-	label or		37	-1162167
Fi	Name change	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		phone number
I	nitial return	See 116 NORTHEAST PERRY AVE	Nooniisano		9-673-3641
- 1	ermination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross re	
) A	mended return			ļ	
A	Application pend	F Name and address of principal officer ADAM HAWKS		1 '''	s a group return for
		1148 E BRENTWOOD RD		H(b) Are a	
		MORTON IL 61550		1	ded? Yes , No o, attach a list (see instructions)
	Tax-exempt s			" "	o, attach a list (see liistructions)
	Website:	N/A		H(c) Grou	p exemption number
. 1	Type of organiza	ation X Corporation Trust Association Other ▶	Year of formation 1	983	M State of legal domicile II
P	art l 🖖	Summary			
	1 Briefl	y describe the organization's mission or most significant activities			
ا ۾	GI	FTS & BEQUESTS FOR THE BENEFIT OF FUMC		•	
auc					
Activities & Governance				•	
<u> </u>		k this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net assets	S. 1	م م
0		per of voting members of the governing body (Part VI, line 1a)		3	11
§		per of independent voting members of the governing body (Part VI, line 1b)		4_	11
<u> </u>		number of employees (Part V, line 2a)		5	0
₹		number of volunteers (estimate if necessary)		6	0
		gross unrelated business revenue from Part VIII, column (C), line 12			
+	b Net u	nrelated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
	8 Contr	ibutions and grants (Part VIII, line 1h)		2,869	16,880
2010401		am service revenue (Part VIII, line 2g)	20	27003	10,000
1	-	tment income (Part VIII, column (A), lines 3, 4, and 7d)	9	3,951	-111,890
:		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111	626
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34	6,931	-94,384
7		is and similar amounts paid (Part IX, column (A), lines 1–3)		4,012	113,276
-		fits paid to or for members (Part IX, column (A), line 4)		.,	110/110
,		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
xpenses		ssional fundraising fees (Part IX, column (A), line 11e)			
2	b Total	fundraising expenses (Part IX, column (D), line 25) ▶	7. 4		
۱ ا	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-2#f)	2:	2,807	18,939
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,819	132,215
\perp	19 Reve	nue less expenses Subtract line 18 from line 12	180	0,112	-226,599
Ses		assets (Part X, line 16)	Beginning of Cur		End of Year
Fund Balances		1 1	3,29	7,386	3,347,627
힐		labilities (Fart A, line 20)	<u> </u>	, , , ,	285,280
		ssets or fund balances Subtract line 21 from line 20 OGDEN. UT	3,29	7,386	3,062,347
-8	<u>iřtilá</u>	Signature Block			
	1	Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and belief, it is true correct, and complete peclaration of preparer (other than officer) is based on all infe	and statements, and ormation of which pret	to the best o parer has an	ny knowledge y knowledge
igı	,	Alla de Sa. R			-16-10
er:	<u> </u>	Signature of officer			<u>·</u>
J 1 ("		IDENT	Date	
		Type or print name and title			
		Preparer's Date	Check i		Preparer's identifying number
aic	i	Preparer's signature bull whather 5/15	// self-		(see instructions) P00084408
rej	parer's ├	Steven D Greim & Company P.C.	2010 employe		37-1363498
se	Only	7.001 17		EIN	21-1303430
		# redf-employed), address, and ZIP+4 Peoria, IL 61614		Phone	309-685-3110
		cuss this return with the preparer shown above? (see instructions)		1 110 P	Yes No
		t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
AA	= • • • • •			2	4917
				0	, 0,,

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P	art IV Checklist of Required Schedules			
			Yes	No
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	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>	_	1
-	Schedule C, Part II	4		x
E	•	-	 	 ^`
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_ ا		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		†	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	۱ _		١,,
_	complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١
	complete Schedule D, Part III	8		X
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, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			ŀ
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		,	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 4	٠,	. ·
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		("	-1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		13/27	,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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		X_
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 a total of more than \$15,000 of expenses for professional fundraising services			
••	on Part IX, column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes " complete Schedule G. Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	$\neg \neg$	X
			~~~	

Form 990 (2009) FIRST UNITED METHODIST CHURCH OF 37-1162167 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c more than \$35,000 in non-cosh contributions? If "You " complete Schodule M

29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M	30	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		
	Part I	31	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		

Schedule N, Part II 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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2 . . . . .

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

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,

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Ratums Enter-0- of not applicable b Enter the number of Forms W-2G included in line 1a Enter-0- of not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, filed for the celeradar yase anding with or within the year covered by this return  I to I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 Lines and the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions)  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leads a bank account, securities account, or other financial account in a foreign country, leads and financial Accounts  5c Was the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 886-T. Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Sheller Transaction?  5c Did and granization self, exchange, or otherwise dispose of tangible personal property for which it was required to the organization had were accessed				Yes	No
U.S. Information Returns Enter -0- find applicable Enter the number of Forms W-25 cambudard in the 18 Enter -0- find applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) withmings to prize withness?  2.E. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statisments, Refer of the calendar year ending with or within they year overed by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 1a and 2a is greater than 250, you may be required to e-file this naturu. (see instructions)  If If year, has it filed a Form 990-T for this year? If If No. provide an explanation in Schedule O  4.A. Any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country,   Least of the provide an explanation in Schedule O  5.B. If Year, has it filed a Form 990-T for this year? If If No. provide an explanation in Schedule O  4.A. Any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country,   Least of the provide an explanation in Schedule O  5.B. If Year, and the name of the foreign country,   Least of the provide and the provide an explanation in Schedule O  6.B. If Year, and the sort of the foreign country,   Least of the provide and the provided and the organization and the provided and the organization has provided and the provided and the provided and the organization has provided and the provided and the organization and provided and the organization country that did the organization organization organization organization organization	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			110
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gamming (gambbiling) winnings to prize winners?  2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	7 `	,	
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, life for the celebraty year anding with or within the year covered by this return  b fal least one is reported on line 2a, did the organization file all required fadersi employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions)  D if the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		]
Statements, filed for the calendar year ending with or within the year covered by this return  Note, if the sum of lines 1a and Za is greater than 250, you may be required to e-file this return. (see Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If If Yea, Fina it filed a Form 990-T for this year? If You, "provide an explanation in Schedule O  If If Yea," has it filed a Form 990-T for this year? If You," provide an explanation in Schedule O  If Yea," has it filed a Form 990-T for this year? If You," provide an explanation in Schedule O  If Yea," shall the declaredar year, ded the organization have an interest in, or a signature or other authority over, a fannatial account in Greging country (year) as a bank account, event financial accounts of recognization of the set of t		gaming (gambling) winnings to prize winners?	1c		X
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  A tany 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 in a foreign country (such as a bank account, securities account, or other financial accounts account).  B the extra the security of the security of the security over, a financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  B ves the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See the instructions for exception and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Vest the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So that the set of the organization file Form 8865-T, Disclosure by Tax-Exempl Entity Regarding Prohibited T ax Shelter Transaction?  So the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible?  Foreign the service of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If the organization is a section of the promess of \$75 make party as a contribution and party for goods and services provided to the payor?  Organizations and that may receive deductible contributions under section 4900 to great the promess of the pr	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,
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?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and the calendar year, did the organization in have an interest in, or a signature or other authority over, of financial account in a foreign country. If yes, and the name of the foreign country. If yes, in the name of the foreign country. If yes, in the name of the foreign country. If yes, in the name of the foreign country. If yes, in the name of the foreign groundry is a party to a prohibited tax shelter transaction?  5b Was the organization and Financial Accounts  1f "Yes," and the sacro 5b, did the organization that was or is a party to a prohibited tax shelter transaction?  5c If "Yes," and the sacro 5b, did the organization that was or is a party to a prohibited tax shelter transaction?  5c If "Yes," and the organization has remained from 8888-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," and the organization has remained from 888-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," and the organization review end tax deductible?  6d If the organization stax deductible contributions under section 170(c).  6d If "Yes," and the organization review and provide an express statement that such contributions or gifts were not tax deductible organizations under section 170(c).  6d If the organization stax deductible organization and e		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
Instructions)  In Process of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
33 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  34 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, duch as a bank account, secunities account, or other financial account in a foreign country, duch as a bank account, secunities account, or other financial accounts in a foreign country, even as a financial account in a foreign country. ▶  See the unstructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5b If 1'Yes, 1 on its 95 or 50, did the organization file Form 888-T. Justicosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5b If 1'Yes, 1 on its 95 or 50, did the organization file Form 888-T. Justicosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6c Does the organization solicit any contributions that were not tax deductible?  6c If 1'Yes, 1 of the organization indude with every solicitation an express statement that such contributions or girls were not tax deductible?  6c Did the organizations that may receive deductible contributions under section 170(c).  6c Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization self, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  8c Did the organization self, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  9c Did the organization self, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  9c Did		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	- /		
this return?  ### 15 #*Yes,* has it flied a Form 990-T for this year? It *No,* provide an explanation in Schedule O  ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ### 25 ###		·	ļ	[:	Ι.
May 1 Fives, * has it filled a Form 990-T for this year? If *No.* provide an explanation in Schedule O  A At any time during the calandar year, did the organization have an interest in, or a signature or other authority over, a financial secount in a foreign country, securities account, or other financial accounts are consistent or other financial accounts 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  **Another of the foreign country of the foreign country of the foreign country of the foreign country of the foreign and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  **See the instructions filing filin	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1- 150	- 7 -	3314
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 2  b 1f "Yes", enter the name of the foreign country. In the same of the sam	_	the control of the co	3a		X
over, a financial account in a foreign country (such as a bank account, secunities account, or other financial account)?  b If "Yes," enter the name of the foreign country. In the second of the seco	b	• • • • • • • • • • • • • • • • • • • •	3b		L
account)?  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  5a Was the organization a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 Prohibited Tax Shelter Transaction?  6 Promatical Transaction Prohibited Tax Shelter Transaction?  7 Prohibited Transaction Prohibited	4a				
bill "Yes," enter the name of the foreign country. See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  358 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  559 Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  550 C If "Yes," to line 5 a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  550 Does the organization salve annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  550 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  750 Organizations that may receive deductible contributions under section 170(c).  951 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  161 Yes," did the organization one-file very any excess of stargible personal property for which it was required to file Form 82827  172 If "Yes," did the organization one-file very any funds, directly or indirectly, to pay premiums on a personal benefit contract?  173 If "Yes," did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  174 If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  775 Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  786 Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  787 Por all contributions of qualified intellectual property did funds.  188 Sponsoring organizations maintaining donor					٠
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and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7g Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  7g Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  7g Por all contributions of qualified intellectual property, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization. Nave excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distribution or advised funds.  10 Section 501(c)(7) organizations. Enter.  11 Did Intellecti	7	Organizations that may receive deductible contributions under section 170(c).	4		. 05 .
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benefit contract?  7e  7b  7d  7e  7e  7e  7e  7e  7e  7e  7e  7e		· · · · · · · · · · · · · · · · · · ·	7c		X
benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b		• • • • • • • • • • • • • • • • • • • •	-		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advised, or related person?  9 Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a	е		_		v
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required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b			1'9		
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organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b	8				
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9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b		organization, have excess business holdings at any time during the year?	8		X
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	9	Sponsoring organizations maintaining donor advised funds.			
Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	a	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  12a	10	Section 501(c)(7) organizations. Enter			
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a 11b 11b 11b 11c 11b 11c 11a 11a 11b 11b 11b 11b 11b 11b 11c 11b 11c 11b 11c 11c			↓ İ	ľ	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a bt If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	11				
amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	· · · · · · · · · · · · · · · · · · ·	4		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	þ		[	_ , [	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1 . 1		
			12a		
	D	in res, enter the amount of tax-exempt interest received or accided during the year	<u>I</u>	990	(2009)

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Pàrt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Yes	No
1a	Enter the number of voting members of the governing body	1a	11	_		
b	Enter the number of voting members that are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				1 -	
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			_ 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	!?	,	4	Ι	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?		•	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	•				
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:			1,45	1 ' '	'
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	•		100	1	<del>                                     </del>
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		l x
Sec	ction B. Policies (This Section B requests information about policies not required by the Int	emal			·	<del></del>
	venue Code.)	oma				
	7-11-10-0-0-0-1				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	•		104	<del> </del>	<del>  ^`</del>
-	affiliates, and branches to ensure their operations are consistent with those of the organization?			10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			100		<del> </del>
• •	form?			11	j	Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			- <del>''</del>	<del> </del>	<del>-^</del>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
_	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			124	-	<u> </u>
b	rise to conflicts?			425		
_	• • •			12b		<b>—</b>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1	ļ	
42	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?	•		13		X
14	Does the organization have a written document retention and destruction policy?		•	14	-	<b>├</b> ^
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		.,
a	The organization's CEO, Executive Director, or top management official			15a		X
Ь	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					1
16a					, i	.,
	with a taxable entity during the year?			16a		<u>X</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					l
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	/)				
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest					
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization ▶ DONALD W H ABNEY					
MI	ETAMORA IL 6154	8-90	013 30	9-68	5-3	110

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Form 990 (2009)

# 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) of 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.

|X|| Check this box if the organization did not compensate any current officer, director, or trustee. (A) (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Individual or director Former nstitutional week from from related other organizations employee the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) l trustee organization Itrustee and related organizations TOM SPURGEON DIRECTOR 1.00 X 0 0 0 JIM HOCKER 1.00 Χ DIRECTOR 0 0 DAVID ALTORFER X DIRECTOR 1.00 0 0 0 ADAM HAWKS PRESIDENT 2.00 Χ Х 0 0 0 HELEN BRAWNER DIRECTOR 1.00 X 0 0 0 DICK MOORE 1.00 X 0 0 TREASURER 0 ALLAN HART DIRECTOR 1.00 Х 0 0 0 LAVONNE SCHLEETER 1.00 X 0 DIRECTOR 0 0 LOY SLOAN SECRETARY 2.00 Х X 0 0 0 CAROLE ACKERMAN Χ 0 1.00 0 0 DIRECTOR JACK GOVE X 0 1.00 0 DIRECTOR

(A) Name and Title	(B) Average	Pos	ition	(chec	C) k all	that a	pply)		(E) Reportable	(F) 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
	•									
					_					
										, "
										·
1b Total				l	L		<b>•</b>			
2 Total number of individuals (in reportable compensation from the compensation from			to th	ose I	istec	l abo	ve) v	who received more than \$10	00,000 in	
3 Did the organization list any temployee on line 1a? If "Yes 4 For any individual listed on line the organization and related individual 5 Did any person listed on line services rendered to the organization B. Independent Contract	" complete Schedune 1a, is the sum of organizations great 1a receive or accumulation? If "Yes,"	ile J i f repo er tha ue co	for si ortab an \$ mpe	uch i le co 150,0 nsati	ndivi empe 000?	dual nsati If "Y	ion a 'es," any u	and other compensation from complete Schedule J for su inrelated organization for		3 X 4 X 5 X
Complete this table for your f compensation from the organ	ive highest comper	nsate	d inc	depe	nden	t cor	trac	tors that received more than	n \$100,000 of	
	(A) nd business address							Descript	(B) on of services	(C) Compensation
									· · · · · · · · · · · · · · · · · · ·	
	<del></del>									
2 Total number of independent		_				to the	ose I	isted above) who received	_ ,	
more than \$100,000 in comp	ansauon from the c	rgan	ızatıç	JII 🚩						Form <b>990</b> (2009

<u> P</u>	<u>irt V</u>	III Statement of Reve	nue						
	iet, 7					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated campaigns	1a			The state of the s			
퉏	ь		1b			The first the state of the stat	1 1 1 1 1	183	•
9, €	c	Fundraising events	1c						(
Ę,ĕ	a		1d					, ,	1
ς Ε		Government grants (contributions)	1e					1. 1. 5. 7. 7.	<b>'</b> '9
ie is	,	All other contributions, gifts, grants,				1			
Contributions, gifts, grants and other similar amounts	•	and similar amounts not included above	1f		16,880	,		`	
걸	9	Noncash contributions included in lines 1a-	lf	\$				,	
<u>ت</u> ق	h	Total. Add lines 1a-1f			<b>&gt;</b>	16,880		part France	<u> </u>
e					Busn. Code	1 - 17 - 17 - 18 - 18 -	12 12 12 15	大学 これを こうき	- 1
ea ea	2a								
æ	ь								
ဒ္ဌ	c			•					
ē	d								
E	ءَ ا			•					
g	f	All other program service reven	110	•					
Program Service Revenue		Total. Add lines 2a–2f	ue	•	<b>&gt;</b>		100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 · 100 ·	· 概括: "是新"。	
	3	Investment income (including d	vidon	de unterec			34645 C 10 10 14	2 - 12 - 43 - 43 - 43 - 43 - 43 - 43 - 43 - 4	.~ ,
	"	other similar amounts)	MIGELIA	33, mileres	t, ariu	81,365			81,365
		Income from investment of tax-		t bond pr	Nacada	01,303			01,303
	4		exemp	n bonu pre	oceeus P		· · · · · · · · · · · · · · · · · · ·	•	
	5	Royalties		/u\ 5	Personal			·· <del>,,</del>	
	_	(ı) Real		(11) F	reisonai		٠	, ,	
	6a	Gross Rents							
	b	Less rental exps				-			
	С	Rental inc or (loss)				- ′	,	<b>5</b>	
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		T	<u> </u>				
		sales of assets		(4)	Other	: ' `			
		other than inventory 546,	969	ļ	6,763	- '	*!		-
	b	Less cost or other				, ,	,	•	,
		basis & sales exps 746,		ļ		' '			•
	С	Gain or (loss)	018	<u> L</u>	6,763	1		-	٠
	d	Net gain or (loss) .	٠٠.	-	<u> </u>	-193,255	-193,255		
۵	8a	Gross income from fundraising even	ts				-		
ange.		(not including \$							
94		of contributions reported on line 1c)				Tarace Silver			
Œ		See Part IV, line 18	а						
Other Reven	ь	Less. direct expenses	ь					Miss deliver Birth	, ⁷ , ⁸ ,
0	С	Net income or (loss) from fundra	aising	events .					
	9a	Gross income from gaming activities				是可是在政治的	的是是这种的。这	表別が変われる。	
		See Part IV, line 19	а						1
	ь	Less direct expenses	ь					the with this in a second	:
		Net income or (loss) from gamır	no acti	vities	<b>•</b>				
		Gross sales of inventory, less	Ĭ			THE STATE OF THE	4		
		returns and allowances	а				` ,		
	ь	Less: cost of goods sold	ь			1			
		Net income or (loss) from sales	of inve	entory	<u> </u>				
	Ť	Miscellaneous Revenue	J. 1917		Busn. Code			<del></del>	<del> </del>
	11a	MISCELLANEOUS				626	626		
	b	HIOCHARMEOUS			<u> </u>				
	_								
	d	All other revenue	•	• •	<u> </u>				
	_	Total. Add lines 11a-11d			<b></b>	626	```	1 - 5 1	
	12	Total Revenue. See instruction	ıe.			-94,384		0	81,365
		Total Nevellue. See Ilistruction				74,204	1721029		01/000

#### Part IX Statement of Functional Expenses

Form 990 (2009)

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			第二译 [第二译	\$1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	organizations in the U.S. See Part IV, line 21			<b>一种的一种</b>	All the state of
2	Grants and other assistance to individuals in				, , , ,
	the U.S. See Part IV, line 22	113,276	113,276	3 8 1 3 5 5 6 C	
3	Grants and other assistance to governments,				1
	organizations, and individuals outside the				ļ
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<u> </u>		<del> </del>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				<u>-</u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management Legal				
c	Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17		12. 12. 13. 12. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	为自己是被人的人。	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy	****			
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<del></del>	
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates			<del></del>	
22	Depreciation, depletion, and amortization				
23	Insurance			-9	
24	Other expenses Itemize expenses not		10 m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
24	covered above. (Expenses grouped together	The second of the			1. 1 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and labeled miscellaneous may not exceed				N. 5% .
	5% of total expenses shown on line 25 below )		255		in the same
а	INVESTMENT ADVISOR FEES	18,910	18,910		
b	POSTAGE	19	19		
C	FILING FEES	10	10		
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	132,215	132,215		· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Check here ▶				
	fundraising solicitation		<u> </u>		

P	art >	( Balance Sheet				
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest bearing		3,959	1	9,812
ł	2	Savings and temporary cash investments		138	2	138
1	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
j	5	Receivables from current and former officers, directors, tr	rustees, key			,
		employees, and highest compensated employees Comp	lete Part II of			, · *
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined a	inder section	4	,	
		4958(f)(1)) and persons described in section 4958(c)(3)(8	3) Complete		٠,,	\;\bar{\chi}
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use	•		8	
Ä	9	Prepaid expenses and deferred charges	• • • • • • • • • • • • • • • • • • • •	488,773	9	
l	10a	Land, buildings, and equipment cost or		, ,	·	
		other basis Complete Part VI of Schedule D	10a	·		
j	b	Less: accumulated depreciation	10b	1	10c	
	11	Investments—publicly traded securities		2,804,516	11	3,337,677
ŀ	12	Investments—other secunties See Part IV, line 11			12	
-	13	Investments—program-related See Part IV, line 11			13	
ļ	14	Intangible assets	•		14	<del>_</del>
ŀ	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,297,386	16	3,347,627
$\neg$	17	Accounts payable and accrued expenses		57=2-7-0-0	17	
	18	Grants payable	•		18	<del></del>
Ì	19	Deferred revenue	•		19	285,280
	20	Tax-exempt bond liabilities	•		20	200,200
ဖ	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee		4. 4. 1		
<u>≣</u>		employees, highest compensated employees, and disqua	=	The second second		,
ΪĒ		persons Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other Schulding Consulate Part V of Cabadiala D			25	
}	26	Total liabilities. Add lines 17 through 25	• • • •		26	285,280
<u></u>	20	Organizations that follow SFAS 117, check here	and		20	, 200,200
ë		complete lines 27 through 29, and lines 33 and 34.		-	•	
aŭ	27	Unrestricted net assets			27	
Mal	28	Temporarily restricted net assets		<del></del>	28	
<u>۳</u>	20 29	Permanently restricted net assets	•	<del>                                     </del>	29	
5	23	Organizations that do not follow SFAS 117, check her	re ▶  ŶI	· · · · · · · · · · · · · · · · · · ·	23	
Net Assets or Fund Balances		and complete lines 30 through 34.	♥ F  {\dangle \dangle			t .
ō	30	Capital stock or trust principal, or current funds		. ,	30	-
ets		Paid-in or capital surplus, or land, building, or equipment	Nund		31	<del></del>
SS	31		• •	3,297,386	32	3,062,347
١	32	Retained earnings, endowment, accumulated income, or	outer futius .	3,297,386		3,062,347
Ē	33	Total net assets or fund balances		3,297,386		3,347,627
-	34	Total liabilities and net assets/fund balances		1 2,271,300	34	5,341,02

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

FIRST UNITED METHODIST CHURCH OF PEORIA FOUNDATION

Employer identification number 37-1162167

	art i			Status (All organizations			e this p	part.) S	<u>see in</u>	structi	ons		
The	orgai	nızation is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only o	ne box )		-					
1		A church, co.	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(	A)(i).						
2			cribed in section 170(b)(1)(				,,,,						
3			, ,, ,,	ce organization described in sect	ion 170(b	)(1)(A)(iii	١.						
4				in conjunction with a hospital de			•	VAViii)	Enter t	he hosn	ıtal'e name		
	1 1	city, and state		The conjunction with a mospital co	.50.1500 11	. 5001.011	., 0(0)(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linter	ne nosp	itais name,		
5	1 ]	•		If a college or university owned or	r anarata	l bu a aau			 	<b>.</b>			
Ŭ	r = 1				operated	by a gov	emment	ai unit d	escribe	a in			
	17.1		(b)(1)(A)(iv). (Complete Part										
6	Ϊ́			overnmental unit described in sec			-						
7	lXj			substantial part of its support from	n a goveri	nmental ui	nit or froi	m the ge	neral p	nplic			
_	-		section 170(b)(1)(A)(vi). (Co										
8	-			70(b)(1)(A)(vi). (Complete Part II									
9	-			) more than 33 1/3 % of its support									
		receipts from	activities related to its exem	pt functions—subject to certain e	xceptions	, and (2) r	no more	than 33	1/3 % c	of its			
		support from	gross investment income an	d unrelated business taxable inco	ome (less	section 5	11 tax) fi	rom busi	nesses				
	·	acquired by t	he organization after June 30	D, 1975 See section 509(a)(2). (	Complete	Part III)							
10		An organizati	on organized and operated e	exclusively to test for public safety	y See se	ction 509	(a)(4).						
11		An organizati	on organized and operated e	exclusively for the benefit of, to pe	erform the	functions	of, or to	carry or	ut the				
		purposes of c	one or more publicly supporte	ed organizations described in sec	tion 509(a	a)(1) or se	ction 50	9(a)(2)	See <b>se</b> c	tion			
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	and com	plete line:	s 11e thi	ough 11	h.				
		а Туре	l b ∏Type II	c Type III-Functions	ally integra	ated	đ	Тур	e III-Ot	her			
е		By checking t	his box, I certify that the orga	anization is not controlled directly	or indired	tly by one	or more	disqual	ified				
		persons other	r than foundation managers a	and other than one or more public	cly suppo	ted organ	ızatıons	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	rmination from the IRS that it is a	Type I, T	ype II, or 1	Type III s	upportin	ng				
		organization,	check this box										,-
g		Since August	17, 2006, has the organizati	on accepted any gift or contribute	on from a	ny of the			• •		•		
		following per	sons?			•							
		(i) A persor	who directly or indirectly con	ntrols, either alone or together wi	th person	s describe	ed in (II)					Yes	No
		and (ui) t	below, the governing body of	the supported organization?	•		, ,				11g(i)		
			member of a person describe		•		•				11g(ii)		
			ontrolled entity of a person d	* *							11g(sii)	-	1
h		-	ollowing information about th	,, ,,				•			(*:8**)		<b></b>
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	(rv) is the	organization	(v) Did s	ou notify	(vi)	ls the	(vii) Amo	unt of	
.,		anization	(*,	(described on lines 1–9	1	sted in your		nization in	organizat	ion in col	supp		
				above or IRC section	governing	document?	col (i)	of your port?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<del>                                     </del>	1			1.00	"			
					i			i					
					<del> </del>	<del>                                     </del>	-						
					]								
				<del></del>	<del> </del>								
					1								
					<del> </del>	<u> </u>				<del>                                     </del>	<del></del>		
					.,	,	,	-	٠,				

Schedule A (Form 990 or 990-EZ) 2009 FIRST UNITED METHODIST CHURCH OF 37-1162167 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 96,882 169,797 16,880 283,559 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 882 169. 797 16,880 283,559 The portion of total contributions by each person (other than a governmental unit or ,,,, publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 256,622 Public support. Subtract line 5 from line 4 26,937 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 <u>96,</u>882 169,797 16,880 283,559 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 59,389 78,532 81,365 219,286 sources Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 502,845 12 Gross receipts from related activities, etc. (see instructions) 12 626 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage <u>5</u>.36% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 2.00% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	<u>on line 9 of Pa</u>	rt I.)			
	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					}	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<del> </del>		<del></del>
С 8	Add lines 7a and 7b	7.				-	
•	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						<del>,</del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the c	-	second, third, fourti	h, or fifth tax year a	s a section 501(c)(	3)	
800	organization, check this box and stop here tion C. Computation of Public Su		nge .				
15	Public support percentage for 2009 (line 8,	<del>~</del>		n)		15	%
16	Public support percentage for 2008 (inte 8,	* *		1//	• •	16	<u> </u>
	tion D. Computation of Investmen				<del></del>		
17	Investment income percentage for 2009 (lin			olumn (f))		17	%
18	Investment income percentage from 2008 S		-			18	%_
19a	33 1/3 % support tests—2009. If the organ		•	4, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo	x and <b>stop here</b> . T	he organization qu	alıfies as a publicly	supported organiza	ation	<b>•</b>
b	33 1/3 % support tests—2008. If the organ						. (
	line 18 is not more than 33 1/3 %, check this					anization	<b>&gt;</b>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		<u></u>

SCHEDULE I (Form 990)		Governme	nd Oth	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizatic in the United S	ons, States		OMB NO	2008 No 1545-0047
Department of the Treasury		Complete if the o	rganizatio	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22	Form 990, Part IV, lir	леs 21 or 22.		Open	Open to Public
Internal Revenue Service  Name of the organization FI	FIRST UNITED METHODIST	JIST CHURCH	H OF	Attach to Form 990.	90.	Employer	Employer identification number		cnon
PE	PEORIA FOUNDATION					37-11	37-1162167		
Part I General I	General Information on Grants and Assistance	Assistance							
1 Does the organization the selection criteria u	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?	ie amount of the grice?	ants or as	sistance, the grantees'	eligibility for the grants	s or assistance, an	10	.: Yes	<b>%</b> ⊠
cupe	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	itoning the use of	grant funds	s in the United States.					
	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 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 Part IV and Schedule I-1 (Form 990) if additional space is needed ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	<b>vernments an</b> ecipient that re ) if additional s	d Organ sceived space is	i <b>zations in the Ur</b> more than \$5,000 needed	<b>nited States.</b> Com . Check this box i	iplete if the org f no one recipi	janization ans ent received n	wered "Yes" to nore than \$5,000.	Use
1 (a) Name and a	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
·									
	·								
2 Enter total number of section 501(c)(3) and 3 Enter total number of other propagations	Enter total number of section 501(c)(3) and government organizations	organizations							
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	the Instructions f	or Form 990.	90.				Schedule I (Form 990) 2009	n 990) 2009

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

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<u>o</u>	
g	
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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 37-1162167 Schedule I (Form 990) 2009 FIRST UNITED METHODIST CHURCH OF Part III: Grants and Other Assistance to Individuals in the United School

	cool aire a consecue e (i onii soo) ii adamonal space is needed.	1 0111 330/11 addition	חומו אומבתב וא ווכבתבר	•		•
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
GRANTS		1	113,276			
Partiv	Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I,	line 2, and any other addi	tional information.

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Department of the Treasury Internal Revenue Service Name of the organization

FIRST UNITED METHODIST CHURCH OF PEORIA FOUNDATION

Employer Identification number 37-1162167

Form 990, Part III, Line 4d - All Other Achievements

GRANTS TO FIRST UNITED METHODIST CHURCH (FOR CHILDRENS MINISTRY TECHNOLGY

UPDATE, SCHOLARSHIPS, AND LIBERIA HOSPITAL CRATE FREIGHT FOR MEDICAL

SUPPLIES.)

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

BOOKS ARE MADE AVAILABLE UPON REQUEST.

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

37-1162167	Fee	deral Stat	ements			
•	Taxable	e Dividends fr	om Securities			
Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
	<u> </u>	81,365		14		
DIVIDENDS						

37-1162167	37-1	116	321	67
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# **Federal Statements**

# Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
	\$ 266,679	\$ 256,622
Total	\$ 266,679	\$ 256,622