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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08/01/09 , and ending 07/31/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
COLES COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address) Room/suite
719 LINCOLN AVENUE

City or town, state or country, and ZIP + 4
CHARLESTON IL 61920

D Employer identification number
37-0223410

E Telephone number
217-345-3276

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 156,719

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	12,759
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	45,057
	4	Investment income		4	69,022
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a 13,894		
	b	Less cost of goods sold	7b 13,319		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	575
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	15,987
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	143,400
Expenses	10	Grants and similar amounts paid (attach schedule)		10	3,100
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	75,639
	13	Professional fees and other payments to independent contractors		13	2,200
	14	Occupancy, rent, utilities, and maintenance		14	23,908
	15	Printing, publications, postage, and shipping		15	6,616
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	30,644
	17	**Total expenses.** Add lines 10 through 16 ▶		17	142,107
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,293
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	529,505
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	530,798

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	298,597	22	311,051
23 Land and buildings	233,498	23	227,437
24 Other assets (describe ▶ SEE STATEMENT 4)	14,719	24	12,909
25 **Total assets**	546,814	25	551,397
26 **Total liabilities** (describe ▶ SEE STATEMENT 5)	17,309	26	20,599
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	529,505	27	530,798

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 COLES COUNTY FARM BUREAU PROVIDES THE ADMINISTRATION AND SUPPORT SERVICES FOR THE ORGANIZATION'S APPROXIMATELY 2,200 MEMBERS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 THE ORGANIZATION CONDUCTS ACTIVITIES TO PROMOTE AGRICULTURE AND TO PROVIDE SPECIFIC AGRICULTURAL SUPPORT SERVICES.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 THE ORGANIZATION PROVIDES MONTHLY PUBLICATIONS WITH AGRICULTURAL RELATED INFORMATION TO ITS GENERAL MEMBERSHIP.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ IL

42a The organization's books are in care of ▶ MARY COX, MANAGER Telephone no ▶ 217-345-3276

Located at ▶ 719 W. LINCOLN AVENUE CHARLESTON, IL ZIP + 4 ▶ 61920

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Mary Cox Michael Mayfield 1-31-11
Signature of officer Date

▶ Mary Cox Manager
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Robert Arnholt	Date 1/18/11	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00598061
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DOEHRING, WINDERS & CO. LLP 1601 LAFAYETTE AVE MATTOON, IL 61938-3925			EIN ▶ 37-1206717 Phone no ▶ 217-235-0377

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2009
Attachment Sequence No **67**

Name(s) shown on return: COLES COUNTY FARM BUREAU

Identifying number: 37-0223410

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	668

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	8,470
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life		2,634	20.0	MQ	S/L	16
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	9,154
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES AND LATE FEES	$ 45,057
TOTAL	$ 45,057

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
FEES FOR SERVICES - INSURANCE	$ 11,794
PLAT BOOK SALES	1,670
BAIL BOND PROGRAM	1,162
COMMISSION INCOME	669
MEMBERSHIP BONUS	500
MISCELLANEOUS INCOME	192
TOTAL	$ 15,987

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
OFFICE	6,373
TRAVEL	528
CONFERENCES/MEETINGS	4,287
INSURANCE	2,491
REAL ESTATE TAXES	8,742
AG PROGRAM EXPENSES	1,674
ANNUAL PICNIC	800
EQUIPMENT LEASING	911
DUES & SUBSCRIPTIONS	690
MISCELLANEOUS	297
RETAILERS OCCUPATION TAX	128
DIRECTORS EXPENSE	289
TAXES PAID	3,180
UNRELATED BUSINESS TAXES	254
TOTAL	$ 30,644

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	$ 6,298	$ 5,852
PREPAID EXPENSES AND DEFERRED CHARGES	5,580	4,677
EQUIPMENT	21,572	21,572
LESS ACCUMULATED DEPRECIATION	18,731	19,192
	14,719	12,909

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 4,372	$ 5,190
ACCRUED LIABILITIES	10,626	13,730
RENTAL SECURITY DEPOSITS	525	1,425
INCOME TAX PAYABLE	1,786	254
	17,309	20,599

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
THE ORGANIZATION IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS WHOSE MISSION IS TO PROMOTE A MORE PROFITABLE AND MORE PRODUCTIVE AND MORE PERMANENT SYSTEM OF AGRICULTURE IN COLES COUNTY, TO ENCOURAGE THE DISSEMINATION OF AGRICULTURAL INFORMATION, AND TO DEVELOP AND PROMOTE THE SPIRIT OF COOPERATION AMONG AGRICULTURAL INTERESTS AND TO ENCOURAGE THE ESTABLISHMENT AND MAINTENANCE OF COMMUNITY, SOCIAL AND ECONOMIC FRATERNITY AMONG AGRICULTURALLY INTERESTED PARTIES.

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARY COX 719 LINCOLN AVENUE CHARLESTON, IL 61920	MANAGER	45.00	24,325	10,430	0
MIKE STANFIELD 719 LINCOLN AVENUE CHARLESTON, IL 61920	PRESIDENT	1.00	0	0	0
VALLORI DEGLER 719 LINCOLN AVENUE CHARLESTON, IL 61920	VICE PRESIDE	1.00	0	0	0
LARRY COUTANT 719 LINCOLN AVENUE CHARLESTON, IL 61920	SECRETARY/TR	1.00	0	0	0
DALANE ALLENBAUGH 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JEFF BOSWELL 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
ERIC COON 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JEFF COON 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JOHN DOTY 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BILL GRAHAM 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
BOB HAUGENS 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JOHN HURST 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JANE KELLER 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
ALAN METZGER 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
STAN METZGER 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JOY NOLTE 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
KARL PROBST 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
STEVE SHRADER 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JACK SWEENEY 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
JIM WILSON 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0
MIKE ZUHONE 719 LINCOLN AVENUE CHARLESTON, IL 61920	DIRECTOR	1.00	0	0	0