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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

2012

Open to Public  
Inspection

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

A For the 2012 calendar year, or tax year beginning 10/01/12, and ending 09/30/13

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization <b>PEORIA COUNTY FARM BUREAU</b>		D Employer identification number <b>37-0459420</b>	
Doing Business As		E Telephone number <b>309-686-7070</b>	
Number and street (or P O box if mail is not delivered to street address) <b>1716 NORTH UNIVERSITY AVENUE</b>		Room/suite	
City, town or post office, state, and ZIP code <b>PEORIA IL 61604</b>		F Gross receipts \$ <b>507,117</b>	
F Name and address of principal officer <b>SAME AS ABOVE</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	

I Tax-exempt status  501(c)(3)  501(c) ( 5 ) (insert no) 4947(a)(1) or  527J Website ► **WWW.PEORIACOUNTYFARBUREAU.ORG**K Form of organization  Corporation  Trust  Association  Other ► L Year of formation **1917** M State of legal domicile **IL**

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

**AN ADVOCATE OF AGRICULTURE THROUGH LEADERSHIP AND EDUCATION.**2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

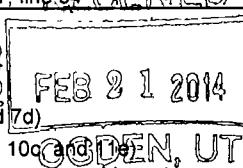
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3	<b>23</b>
4	<b>23</b>
5	<b>5</b>
6	<b>120</b>
7a	<b>67,231</b>
7b	<b>41,750</b>

8 Contributions and grants (Part VIII, line 1h)	 RS-OSC RECEIVED MARCH 2014 COPEN, UT	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		<b>157,151</b>	<b>165,518</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>193,559</b>	<b>199,814</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11d)		<b>112,986</b>	<b>107,925</b>
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>463,696</b>	<b>474,257</b>

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>1,000</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>157,151</b>	<b>165,518</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>193,559</b>	<b>199,814</b>
b Total fundraising expenses (Part IX, column (D), line 25) ►	<b>112,986</b>	<b>107,925</b>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>463,696</b>	<b>474,257</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>161,820</b>	<b>175,695</b>
19 Revenue less expenses Subtract line 18 from line 12	<b>231,028</b>	<b>231,872</b>

20 Total assets (Part X, line 16)	<b>392,848</b>	<b>422,567</b>
21 Total liabilities (Part X, line 26)	<b>70,848</b>	<b>51,690</b>
22 Net assets or fund balances Subtract line 21 from line 20	<b>2,421,716</b>	<b>2,585,012</b>
	<b>68,736</b>	<b>67,578</b>
	<b>2,352,980</b>	<b>2,517,434</b>

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22 Net assets or
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## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

**AN ADVOCATE OF AGRICULTURE THROUGH LEADERSHIP AND EDUCATION.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**SPONSOR AN AG LITERACY PROGRAM TO EDUCATE 3RD-6TH GRADE STUDENTS IN PEORIA COUNTY WHERE OUR FOOD AND FIBER ORIGINATES. DISTRIBUTE PACKETS TO TEACHERS EACH MONTH AND GIVE 30 MINUTE AG-IN-THE-CLASSROOM PRESENTATIONS FOR 3RD-6TH GRADE STUDENTS THAT ARE BOTH SCIENCE AND MATH BASED.**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**EDUCATE THE GENERAL PUBLIC ON THE IMPORTANCE OF FARMS AND FARM FAMILIES IN OUR COMMUNITY. TWO EXAMPLES OF PROJECTS WE HAVE DONE INCLUDE THE FARMERS SHARE OF THE FOOD DOLLAR BREAKFAST AT EXPO GARDENS IN MARCH WHERE WE SERVED OVER 1000 PEOPLE AT THE "FARM" VALUE COST AND A FARM BUREAU EXHIBIT AT THE HEART OF ILLINOIS FAIR WHERE THE PUBLIC COULD EXPERIENCE A COMBINE SIMULATOR, MILKING A COW, AND A SPIN THE WHEEL IN WHICH WE ASKED AG RELATED QUESTIONS.**

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**SPONSOR MARKETING MEETINGS AND PROVIDE INFORMATION TO FARMERS ENABLING THEM TO BETTER UNDERSTAND THE GRAIN AND LIVESTOCK MARKETS, CYCLES AND CHANGES IN THE SUPPLY AND DEMAND OF FARM PRODUCTS. EXAMPLES OF PROJECTS SPONSORED INCLUDE A CROP INSURANCE MEETING IN JANUARY; WEATHER OUTLOOK IN FEBRUARY; MARKET ANALYST IN MARCH, AND SUMMER OUTLOOK IN JUNE.**

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

d Did the organization report an amount for other assets 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		X
2		X
3		X
4		
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b	X	
11c		X
11d		X
11e		X
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

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)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 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

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

	Yes	No
21	X	
22		X
23	X	
24a	X	
24b		
24c		
24d		
25a		
25b		
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b		
36		
37	X	
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  
 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	17	Yes	No
1b	0		

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
 b If 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 (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

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)?  
 b If "Yes," enter the name of the foreign country ►  
 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

2a	5
----	---

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

5a	X
5b	X
5c	

7 **Organizations that may receive deductible contributions under section 170(c).**  
 a 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?  
 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

7d	
----	--

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7e	
7f	
7g	
7h	

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	
---	--

9 **Sponsoring organizations maintaining donor advised funds.**  
 a Did the organization make any taxable distributions under section 4967?  
 b Did the organization make a distribution to a donor, donor advisor, or related person?

9a	
9b	

10 **Section 501(c)(7) organizations.** Enter

10a	
10b	

11 **Section 501(c)(12) organizations.** Enter

11a	
11b	

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

12a	
12b	

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state?  
 Note. See the instructions for additional information the organization must report on Schedule O  
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
 c Enter the amount of reserves on hand

13b	
13c	

14a Did the organization receive any payments for indoor tanning services during the tax year?  
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a	X
14b	

**Part 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. Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or  
if the governing body delegated broad authority to an executive committee or similar  
committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  
any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint  
one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members,  
stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

		Yes	No
1a	23		
1b	23		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9		X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  
describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  
with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  
organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

### Section 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 (Section 501(c)(3)s only)  
available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,  
and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the  
organization ► **BOOKKEEPER**

1716 NORTH UNIVERSITY AVENUE

PEORIA

IL 61604

309-686-7070

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

 Check if Schedule O contains a response to any question in this Part VII 
**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

- 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, if any 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

 Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee	Institutional Trustee	Officer	Key Employee	Former Employee			
(1) INDIRECT EXP PAID FOR MEETINGS									
DIRECTOR	0.00						2,873	0	0
(2) RICHARD CARROLL	0.00								
PRESIDENT	0.00	X		X			600	0	0
(3) DAVID BENSON	0.00								
DIRECTOR	0.00	X					600	0	0
(4) ROBERT GUPPY	0.00								
DIRECTOR	0.00	X					600	0	0
(5) DEAN DOUGHTY	0.00								
DIRECTOR	0.00	X					600	0	0
(6) ROBERT JANSSEN	0.00								
VICE-PRESIDENT	0.00	X		X			550	0	0
(7) RICHARD O. HEINZ	0.00								
TREASURER	0.00	X		X			550	0	0
(8) RONALD DUBOIS	0.00								
DIRECTOR	0.00	X					550	0	0
(9) MARYELLEN STRODE	0.00								
DIRECTOR	0.00	X					550	0	0
(10) GARY BAUGHMAN	0.00								
DIRECTOR	0.00	X					550	0	0
(11) GARY ROSENBOHM	0.00								
DIRECTOR	0.00	X					550	0	0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) SUSAN VONK SECRETARY	0.00 0.00		X	X			500	0	0
(13) PHILIP CHRISTY DIRECTOR	0.00 0.00		X				500	0	0
(14) ROB ASBELL DIRECTOR	0.00 0.00		X				500	0	0
(15) KENNETH SCHAFER DIRECTOR	0.00 0.00		X				500	0	0
(16) DOUG BLUNIER DIRECTOR	0.00 0.00		X				450	0	0
(17) DAVID COPPLE DIRECTOR	0.00 0.00		X				450	0	0
(18) DALE BENSON DIRECTOR	0.00 0.00		X				450	0	0
(19) KIMBERLY POUILLY DIRECTOR	0.00 0.00		X				350	0	0
1b Sub-total						►	12,273		
c Total from continuation sheets to Part VII, Section A						►	-1,354		
d Total (add lines 1b and 1c)						►	10,919		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) RICK SCHOTTHOFER	0.00								
DIRECTOR	0.00	X					300	0	0
(13) LESS: DEPARTMENT ALLOCATIONS	0.00								
DIRECTOR	0.00	X					-1,654	0	0
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
1b Sub-total							-1,354		
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes No

3

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

## Form 990 (2012) PEORIA COUNTY FARM BUREAU

37-0459420

Page 9

## Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,000				
g Noncash contributions included in lines 1a-1f		\$				
h Total. Add lines 1a-1f		►	1,000			
Program Service Revenue						
2a MEMBERSHIP DUES			Busn Code			
b MISCELLANEOUS				145,238	145,238	
c PEORIA COUNTY FARMER				17,680		17,680
d			541800	2,600	2,600	
e						
f All other program service revenue						
g Total. Add lines 2a-2f		►	165,518			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)		►		199,814		199,814
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6a Gross rents	(i) Real	(ii) Personal				
b	76,154					
c	32,860					
d	43,294					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		43,294		43,294
b						
c						
d						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events	►				
9a Gross income from gaming activities						
See Part IV, line 19	a					
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances						
a						
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue		Busn. Code				
11a INSURANCE SERVICE FEES		524298	64,631		64,631	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►	64,631			
12 Total revenue. See instructions		►	474,257	145,238	67,231	260,788

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX 

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U.S. See Part IV, line 21	15,000			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,919			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	150			
7 Other salaries and wages	118,019			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,078			
9 Other employee benefits	12,954			
10 Payroll taxes	8,575			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,109			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	2,600			
13 Office expenses	29,383			
14 Information technology	4,988			
15 Royalties				
16 Occupancy	4,997			
17 Travel	1,126			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,214			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,199			
23 Insurance	3,984			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ALLOCATED MGMT SERVICES	63,932			
b MEMBERSHIP ACQUISITION	33,259			
c AG RELATED ACTIVITIES	18,522			
d REPAIRS & MAINTENANCE	14,723			
e All other expenses	20,836			
25 Total functional expenses. Add lines 1 through 24e	422,567	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing	1,522	1	8,068
	2 Savings and temporary cash investments	2,098,772	2	1,963,712
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,287	4	16,815
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,395	8	3,051
	9 Prepaid expenses and deferred charges	11,770	9	4,364
Assets	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	518,679		
	b Less accumulated depreciation	394,336	10c	124,343
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	157,494	12	464,659
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,421,716	16	2,585,012
	17 Accounts payable and accrued expenses	32,651	17	31,551
	18 Grants payable		18	
	19 Deferred revenue	36,085	19	36,027
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	68,736	26	67,578
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,352,980	27	2,517,434
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,352,980	33	2,517,434
	34 Total liabilities and net assets/fund balances	2,421,716	34	2,585,012

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	474,257
2 Total expenses (must equal Part IX, column (A), line 25)	2	422,567
3 Revenue less expenses Subtract line 2 from line 1	3	51,690
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,352,980
5 Net unrealized gains (losses) on investments	5	110,164
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	2,600
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,517,434

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	2a	X	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	2b	X	
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	3a	X	
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3b		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			
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			

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Employer identification number

**PEORIA COUNTY FARM BUREAU****37-0459420****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

## 1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

## 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

## 4 Number of states where property subject to conservation easement is located ►

## 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

## 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

## 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

## 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

## 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

 Yes  No Yes  No**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

## 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

## b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

## 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,572		66,572
b Buildings		388,213	332,120	56,093
c Leasehold improvements				
d Equipment		39,569	37,891	1,678
e Other		24,325	24,325	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►				124,343

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other CERTIFICATES OF DEPOSIT	461,055	
(A) INVESTMENTS IN COOPERATIVES	3,250	
(B) PARTNERSHIP INVESTMENTS	354	
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ►</b>	<b>464,659</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 ) ►</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ►</b>		

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1. Total revenue, gains, and other support per audited financial statements	1	614,681
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a. Net unrealized gains on investments	2a	110,164
b. Donated services and use of facilities	2b	
c. Recoveries of prior year grants	2c	
d. Other (Describe in Part XIII)	2d	32,860
e. Add lines 2a through 2d	2e	143,024
3. Subtract line 2e from line 1	3	471,657
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a. Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b. Other (Describe in Part XIII)	4b	2,600
c. Add lines 4a and 4b	4c	2,600
5. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	474,257

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1. Total expenses and losses per audited financial statements	1	450,227
2. Amounts included on line 1 but not on Form 990, Part IX, line 25		
a. Donated services and use of facilities	2a	
b. Prior year adjustments	2b	
c. Other losses	2c	
d. Other (Describe in Part XIII)	2d	32,860
e. Add lines 2a through 2d	2e	32,860
3. Subtract line 2e from line 1	3	417,367
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a. Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b. Other (Describe in Part XIII)	4b	5,200
c. Add lines 4a and 4b	4c	5,200
5. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	422,567

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

FASB ASC 740, INCOME TAXES, REQUIRES ENTITIES TO ANALYZE THE LIKELIHOOD OF DISALLOWANCE OF TAX POSITIONS TAKEN IN RETURNS ALREADY FILED OR TO BE FILED IN CASE OF EXAMINATION BY TAXING AUTHORITIES. THIS EVALUATION OF TAX POSITIONS MAY RESULT IN THE RECOGNITION OF ADDITIONAL TAX LIABILITIES OR DERECOGNITION OF CERTAIN TAX ASSETS. IN CONSULTATION WITH THE FARM BUREAU'S TAX ADVISORS, MANAGEMENT HAS CONCLUDED THAT THE CUMULATIVE EFFECT, IF ANY, OF PAST AND CURRENT TAX POSITIONS TAKEN BY THE FARM BUREAU ARE IMMATERIAL TO THE FINANCIAL STATEMENTS AS OF THE DATE OF THIS REPORT. THEREFORE, NO LIABILITY HAS BEEN RECORDED.

THE FARM BUREAU'S INCOME TAX RETURNS ARE OPEN TO EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS ENDED SEPTEMBER 30, 2010, 2011, 2012 AND 2013. RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THEY HAVE BEEN FILED.

Part XIII Supplemental Information (continued)**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

RENT EXPENSE	\$	32,860
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**PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

ADVERTISING INCOME	\$	2,600
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**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

RENT EXPENSE	\$	32,860
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**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

ADVERTISING INCOME	\$	2,600
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ADVERTISING EXPENSE	\$	2,600
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**SCHEDULE I**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

 OMB No 1545-0047  
**2012**  
**Open to Public**  
**Inspection**
**Grants and Other Assistance to Organizations,  
 Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

**PEORIA COUNTY FARM BUREAU****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. **Part II** can be duplicated if additional space is needed

1	1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance	9 AG ACTIVITIES
(1)	PEORIA CFB FOUNDATION 1716 NORTH UNIVERSITY STREET PEORIA IL 61604	37-1114496	501C3	15,000					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

► 1

► 0

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)   **PEORIA COUNTY FARM BUREAU**   **37-0459420**   **Page 2**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

PEORIA COUNTY FARM BUREAU

Employer identification number

37-0459420

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

YES

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

YES

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

YES

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**A COPY OF THE 990 WILL BE REVIEWED AT MONTHLY BOARD MEETING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
**CONFLICTS DEALT WITH AS THEY ARISE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
**ANNUAL REVIEW OF MANAGER BY THE BOARD, PRESIDENT'S BUDGET IS ANNUALLY**  
**APPROVED BY THE BOARD.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**  
**BOARD MEMBERS ARE COMPENSATED VIA A PER DIEM AND MILEAGE PLAN, APPROVED BY**  
**THE BOARD.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
**AVAILABLE UPON REQUEST.**

## Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

PEORIA COUNTY FARM BUREAU

Employer identification number

37-0459420

## FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

RENT EXPENSE	\$	32,860
ADVERTISING INCOME	\$	-2,600
RENT EXPENSE	\$	-32,860
ADVERTISING INCOME	\$	2,600
ADVERTISING EXPENSE	\$	2,600