# Form 990-EZ

2009

OMB No 1545 1150

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 dorior 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 seture to use a convert this return to satisfy state reporting requirements.

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

Open to Public Inspection

B Ones' in processed Parkers in processed Parkers in a processed parkers in the processed Parkers in a processed Parkers in the Parkers in th	Α	For the 2009 calendar year, or tax year beginning $4/01$ , 2009, and ending $3/31$	, 2010
Section   STOCK   St	В		
Mane claracy   Post   Section Strong		Address change   Please use IRS   PERRY COUNTY FARM BUREAU 37	7-0664121
PINCKNETYTILLE, IL 62274   618-357-9355   Foroup Exemption   Appleason pending   Appleason pending   PINCKNETYTILLE, IL 62274   618-357-9355   Foroup Exemption   Appleason pending   PINCKNETYTILLE, IL 62274   Foroup Exemption   Appleason pending   PINCKNETYTILLE, IL 62274   Foroup Exemption   Appleason pending   PINCKNETYTILLE, IL 62274   Foroup Exemption   PINCKNETYTILLE, IL 62274   PINCKNETYTILLE, IL 62274   Foroup Exemption   PINCKNETYTILLE, IL 62274   PINCKNETYTILLE, IL 6		Name change   label or   300 COUTH FIRST STREET	
Website: N   A   Tax-exempt state (alcels only any) -   X   50(c)   5   4   447(a)(1) ar   527		Instal rature   Inc.   DINCENERALLE II COOTA	18-357-9355
*Section 501(-)(-) organizations and 4947(a)(1) nonexempt charitable trusts    *Section 501(-)(-) organizations and 4947(a)(1) nonexempt charitable trusts   *Section 501(-)(-)(-) organizations and 4947(a)(1) nonexempt charitable trusts   *Website* *N/A	<u> </u>	Specific	
Website: - N/A	F	Application pending tions.	mber •
Westite: N/A   Tas-assemblatus (deste language)   XI   SII(c)   5   * (insert no)   IsSII(a)(1) or   SIZ   Popular   Siz   Popular   Siz   Popular   Siz			1. Cash X Accrual
**Roteck***   1   1   1   1   1   1   1   1   1	ı	Website: ► N/A required to attach	Schedule B (Form 990,
\$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.  Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  \$1	J	rax-exempt status (check only one) = $\frac{1}{12}$ 501(c) (3) = (insert no)   4947(a)(1) or   527	<u>,                                      </u>
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)	K		
1   Contributions, gifts, grants, and similar amounts Notice (FVFD)   2   Program service revenue including government less and contracts   3   3   33   33   33   33   33   33	L		<b>▶</b> \$ 113,504.
1   Contributions, gifts, grants, and similar amounts Notice (FVFD)   2   Program service revenue including government less and contracts   3   3   33   33   33   33   33   33	Pa		uctions for Part I.)
2 Program service revenue including government less and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory (Subtract this of the sale of the sale and sales expenses of Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here of Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here of Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here of Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here of Special events and activities (Subtract line 6b from line 6a).  7a Gross revenue (not including \$ reported on line 1). Special events and activities (Subtract line 6b from line 6a).  7a Gross seals of inventory, less returns and allowances.			
b Less cost or other basis and sales expenses of the complete plantamental plantaments of the complete plantaments		2 Program service revenue including government fees and contracts	2 4,872.
b Less cost or other basis and sales expenses of the complete plantamental plantaments of the complete plantaments		3 Membership dues and assessments $\bigcirc$	
b Less cost or other basis and sales expenses of the complete plantamental plantaments of the complete plantaments		4 Investment income S AUG U 2 ZUIU C	4 42,205.
For Special events and activities (complete applicable parts of Schedule G). It any amount is from gaming, check here a Gross revenue (not including \$			
For Special events and activities (complete applicable parts of Schedule G). It any amount is from gaming, check here a Gross revenue (not including \$	_	b Less cost or other basis and sales expenses OGDEN UT 5b	_
reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventiory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventiory (Subtract line 7b from line 7a) 8 Other revenue (describe * SEE STATEMENT 1 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 10 Cash, savings, and investments 11 (A) Beginning of year 12 (B) End of year 13 (B) End of year 14 (B) End of year 15 (B) End of year 16 (B) End of year 17 (B) End of year 18 (B) End of year 19 (B) End of year 10 (B) End of year 11 (B) End of year 12 (C) Cash, savings, and investments 12 (C)	E	C dain of (1033) from said of assets order than inventory (Cabanate in Company)	
reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventiory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventiory (Subtract line 7b from line 7a) 8 Other revenue (describe * SEE STATEMENT 1 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 10 Cash, savings, and investments 11 (A) Beginning of year 12 (B) End of year 13 (B) End of year 14 (B) End of year 15 (B) End of year 16 (B) End of year 17 (B) End of year 18 (B) End of year 19 (B) End of year 10 (B) End of year 11 (B) End of year 12 (C) Cash, savings, and investments 12 (C)	E		
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > SEE STATEMENT 1 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 20 Less, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 4 26 Total liabilities (describe > SEE STATEMENT 5 26 Total liabilities (describe > SEE STATEMENT 5 27 Total liabilities (describe > SEE STATEMENT 5 28 ESTATEMENT 5 29 113, 504.  7a 7a 7a 7b 7b 7c 8 10, 868.			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ► SEE STATEMENT 1  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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 Net assets or fund balances at end of year Combine lines 18 through 20  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 Less Statements  11 Less Statements  12 Sol, 440.  14 11, 549.  15 7, 655.  16 Other changes in net assets or fund balances (attach explanation)  19 Net assets or fund balances at end of year Combine lines 18 through 20  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 Less Statements  20 19, 839.  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Cash, savings, and investments  23 Land and buildings  24 Other changes in net assets for fund balances (attach explanation)  25 Total assets  26 Total liabilities (describe ► SEE STATEMENT 5)  8 Ages Statements  26 Total liabilities (describe ► SEE STATEMENT 5)  8 Ages Statements  8 Cash, 22 Light 25 Carh, 25 Carh, 25 Carh, 25 Carh, 26 Car	Ε	'	1
7a Gross sales of inventory, less returns and allowances   b Less cost of goods sold   7b   7c		"	6-1
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 0ther revenue (describe ► SEE STATEMENT 1 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at lend of year Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 4 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 5 26 Total liabilities (describe ► SEE STATEMENT 5 27, 88.  10, 869.  27b 10, 809.  21 (A) Beginning of year (A) Beginning of year (B) End of yea			60
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   8   10,869.     8   Other revenue (describe ► SEE STATEMENT 1			
8 Other revenue (describe   SEE STATEMENT 1   )   8   10,869.   9   113,504.		· • • • • • • • • • • • • • • • • • • •	7.0
9   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   9   113, 504.		l · · · · · · · · · · · · · · · · · · ·	
10   Grants and similar amounts paid (attach schedule)   10   11   12   15   12   15   14   12   15   14   15   15   15   15   15   15			
11   Benefits paid to or for members   12   50,440   12   50,440   13   2,738   14   Occupancy, rent, utilities, and maintenance   14   11,549   15   7,655   16   Other expenses (describe   SEE STATEMENT   2   17   117,498   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   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)   SEE STATEMENT   3   253,876   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)   SEE STATEMENT   3   253,876   20   19,839   21   269,721   269,721   269,721   269,721   269,721   269,721   269,721   269,721   269,721   277,889   270,083   24   21,187   277,589   267,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,589   267,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   25   277,868   262,241   2		<u> </u>	
12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   2,738.     14   Occupancy, rent, utilities, and maintenance   14   11,549.     15   Printing, publications, postage, and shipping   15   7,655.     16   Other expenses (describe > SEE STATEMENT 2   17   Total expenses. Add lines 10 through 16   17   117,498.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -3,994.     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   253,876.     19   Net assets or fund balances at end of year (Grom line 27, column (B))   SEE STATEMENT 3   20   19,839.     19   Net assets or fund balances at end of year (Combine lines 18 through 20   21   269,721.     19   253,876.     20   Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT 3   20   19,839.     21   See the instructions for Part II   Salance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ     Cash, savings, and investments   (A) Beginning of year (B) End of year     23   Land and buildings   230,071   22   245,414.     24   Other assets (describe > SEE STATEMENT 4   )   20,083   24   21,187.     25   Total assets   262,241   25   277,589.     26   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     27   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     28   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     29   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     20   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     20   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     20   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     20   Total liabilities (describe > SEE STATEMENT 5   8,365   26   7,868.     21   Total liabilities		1 <b>-</b>	<del></del>
15	E	· '	
15	P		
15	Ř		
16 Other expenses (describe SEE STATEMENT 2 ) 16 45,116.  17 Total expenses. Add lines 10 through 16 17 117, 498.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,994.  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) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 20 19,839.  19 Net assets or fund balances at end of year Combine lines 18 through 20 21 269,721.  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 20,083, 24 21,187.  20 245,414.  21 269,721.  22 Cash, savings, and investments 230,071, 22 245,414.  23 Land and buildings 12,087, 23 10,988.  24 Other assets (describe SEE STATEMENT 4) 20,083, 24 21,187.  25 Total assets 7,868.	_	1 · · · · · · · · · · · · · · · · · · ·	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Unter changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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 230,071. 22 245,414.  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 4)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 5)  8,365. 26  7,868.	5		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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 200,071. 22 245,414.  23 Land and buildings  24 Other assets (describe SEE STATEMENT 4)  25 Total assets  262,241. 25 277,589.  27,868.			
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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20  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 23 Land and buildings 24 Other assets (describe SEE STATEMENT 4) 25 Total assets 26 Total liabilities (describe SEE STATEMENT 5) 3 8,365. 26 3 7,868.			
19   253, 876.	4	19 Net assets or fund halances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
21 Net assets or fund balances at end of year Combine lines 18 through 20   21 269, 721.     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	E	figure reported on prior year's return)	19 253, 876.
21   Net assets or fund balances at end of year   Combine lines 18 through 20   21   269, 721.     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			
(See the instructions for Part II )         22 Cash, savings, and investments       (A) Beginning of year       (B) End of year         23 Land and buildings       230,071. 22 245,414.         24 Other assets (describe ► SEE STATEMENT 4 )       20,083. 24 21,187.         25 Total assets       262,241. 25 277,589.         26 Total liabilities (describe ► SEE STATEMENT 5 )       8,365. 26 7,868.		21 Net assets or fund balances at end of year Combine lines 18 through 20	
22 Cash, savings, and investments       230,071. 22       245,414.         23 Land and buildings       12,087. 23       10,988.         24 Other assets (describe ► SEE STATEMENT 4       )       20,083. 24       21,187.         25 Total assets       262,241. 25       277,589.         26 Total liabilities (describe ► SEE STATEMENT 5       8,365. 26       7,868.	P	· · · · · · · · · · · · · · · · · · ·	d of Form 990-EZ
23 Land and buildings       12,087. 23       10,988.         24 Other assets (describe ► SEE STATEMENT 4 )       20,083. 24       21,187.         25 Total assets       262,241. 25       277,589.         26 Total liabilities (describe ► SEE STATEMENT 5 )       8,365. 26       7,868.			
24 Other assets (describe > SEE STATEMENT 4 )       20,083.24 21,187.         25 Total assets       262,241.25 277,589.         26 Total liabilities (describe > SEE STATEMENT 5 )       8,365.26 7,868.			
25 Total assets       262,241. 25 277,589.         26 Total liabilities (describe ► SEE STATEMENT 5 )       8,365. 26 7,868.			
26 Total liabilities (describe ► SEE STATEMENT 5 ) 8,365. 26 7,868.			

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009) PERRY COUNTY FA				-066	4121	Page 2
Part III Statement of Program Se	vice Accomplishments	s (See the instructi	ons.)	_	Expenses	
What's the organization's primary exempt purpose? SEI	E STATEMENT 6			(Regi   501(c	ured for section (4)	n
Describe what was achieved in carrying out the describe the services provided, the number of program title	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	cise manner, each	orgàr 4947 for ot	ured for section (3) and (4) sizations and s (a)(1) trusts, o hers)	ection ptional
28 GENERAL MEMBERSHIP ACTIVI	TIES - TO PROVIDE	ADMINISTRATIVE	AND			
FACILITY SUPPOSET SERVICE						
	s amount includes foreign gra	ants, check here	<b>•</b>	28 a		<del></del>
29 SEE STATEMENT 7		<b></b>				
(Grants \$ ) If th	is amount includes foreign gra	ants check here		29a		
30 PROMOTION AND SUPPORT OF	AGRICULTURAL RELAT	ED ACTIVITIES				
ACTIVITIES AND PROMOTIONS MEMBERSHIP WITH SPECIFIC	ACTIVITY INTEREST.		GENERAL			
	is amount includes foreign gr	ants, check here	<u> </u>	30 a		
Other program services (attach schedule (Grants \$ ) If the	) is amount includes foreign gr	ants check here	▶ □	31 a		
32 Total program service expenses (add lin		ants, check here	▶	32		
Part IV List of Officers, Directors	· · · · · · · · · · · · · · · · · · ·	ployees. List each o	ne even if not cor	npens	ated. (See the	ınstrs.)
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense and other all	account
SEE STATEMENT 8		2,360.		0.		L,745.
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BAA	TEEA0812L	01/30/10	•		Form <b>990</b> -	<b>EZ</b> (2009)

Par	t V	Other Information (f	Note the state	<u>ement requireme</u>	nts in the instra to	or Part V.)			
•								Yes	No
33	Did th	ne organization engage in an	v activity not pre	eviously reported to th	e IRS? If 'Yes,' attach	a detailed description of			
		activity		, ,	,	•	33		<u>X</u>
34	Were	any changes made to the or	ganizing or gov	erning documents? If	'Yes,' attach a conforn	ned copy of the changes	34		X
35	If the o	irganization had income from busine a statement explaining why the orgai	ss activities, such as nization did not repo	s those reported on lines 2, ort the income on Form 990-	Sa, and 7a (among others), t T	out not reported on Form 990-T,			
а	Did th	ne organization have unrelate ting, and proxy tax requirem	ed business gros ents?	ss income of \$1,000 o	r more or was it subje	ct to section 6033(e) notice,	35 a	х	
b	If 'Ye	s,' has it filed a tax return or	Form 990-T for	this year?			35 b	Х	
36	Did th	ne organization undergo a liq ' If 'Yes,' complete applicable	uidation, dissolu e parts of Sched	ution, termination, or s Jule N	ignificant disposition o	of net assets during the	36		х
37 a	Enter	amount of political expendit	ures, direct or in	ndirect, as described i	n the instructions	37a 0.			
b	Did th	ne organization file Form 112	0-POL for this y	ear?			37b		X
38 a	Did th any s	ne organization borrow from, luch loans made in a prior ye	or make any lo ear and still outs	ans to, any officer, dir tanding at the end of	ector, trustee, or key on the period covered by	employee <b>or</b> were this return?	38a		Х
Ь		s,' complete Schedule L, Pai int involved	rt II and enter th	ne total		38b N/A			
39	Section	on 501(c)(7) organizations E	nter						
а	Initiat	tion fees and capital contribu	tions included o	n line 9		39 a N/A	-1		
		s receipts, included on line 9	•			39b N/A	4		
<b>40</b> a		on 501(c)(3) organizations E		•	-	-			
	sectio	on 4911 ►	N/A, section 4	1912 -	N/A , section 4959	5 • <u>N/A</u>			
b		on 501(c)(3) and 501(c)(4) or							
	prior	action during the year or is it year, and that the transaction	n has not been	ngaged in an excess b reported on any of the	enetit transaction with organization's prior F	orms 990 or 990-EZ? If			
	'Yes,	complete Schedule L, Part	1		,		40b	ļ	
c		on 501(c)(3) and 501(c)(4) or agers or disqualified persons				▶0.			
	by the	on 501(c)(3) and 501(c)(4) or e organization				<b>▶</b> 0.			
е	All or	ganizations At any time dur er transaction? If 'Yes,' comp	ing the tax year	, was the organization -T	a party to a prohibited	d tax	40 e		х
41		e states with which a copy of this ret					700	<u>.                                    </u>	
•	2.00	o calco min miner a copy of time for		<u> </u>					<del></del>
<b>42</b> a		ganization's are in care of ► BOOKKEE!	PER			Telephone no ► 618-3	57-9	355	
		dat - 309 SOUTH FIR		PINCKNEYVILL	EIL	ZiP + 4 ► 62274		220	
			<b>-</b>						
t	At an	y time during the calendar y	ear, did the orga	anization have an inte	rest in or a signature o	or other authority over a	401	Yes	No X
		cial account in a foreign cour s,' enter the name of the foreign		pank account, securition	es account, or other tir	nancial account)/	42b		
	11 163	s, enter the name of the foreign	- Loginity						
	See the	e instructions for exceptions and filir	ng requirements for	Form TD F 90-22 1, Report	of a Foreign Bank and Fin	ancial Accounts			
c	: At an	y time during the calendar y	ear, did the orga	anization maintain an	office outside of the U	.S.?	42c		Х
	If 'Yes	s,' enter the name of the foreign	country ►_						
43	Section	on 4947(a)(1) nonexempt cha	aritable truete fil	ing Form 990-F7 in the	u of <b>Form 10/1</b> — Cha	ack here		▶ □	N/A
75		enter the amount of tax-exem		•		► 43		لــا	N/A
			,		, <u>,</u>	<u> </u>			=
								Yes	No
44	Did the	ne organization maintain any rm 990-EZ	donor advised	funds? If 'Yes,' Form	990 must be completed	d instead	44		х
45	is an	y related organization a cont 990 must be completed inst	rolled entity of to ead of Form 990	he organization within D-EZ	the meaning of sectio	n 512(b)(13)? If 'Yes,'	45		х
DAA									2000

Form 990-EZ (2009)	PERRY	COUNTY	FARM	BUREAU

	-EZ (2009) PERRY COUNTY FARM I	BUREAU		37-0664	121	F	Page 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 494 ection 4947(a)(1) n s for lines 50 and	<b>7(a)(1) nonexempt</b> onexempt charitab 51.	t <b>charitable trusts onl</b> le trusts must answer	<b>y.</b> All s questi	ectic ons	'n
for p	the organization engage in direct or indirect oblice? If 'Yes,' complete Schedule C	C, Part I		n opposition to candidates	46	Yes	No
	the organization engage in lobbying activit	•			47		
	ne organization a school as described in se the organization make any transfers to an		*	dule E	48 49 a		ļ
	es, was the related organization a section	•	related organization		49 b		
	nplete this table for the organization's five bloyees) who each received more than \$10						
(4	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	nt and	:S
					_		
f Tota	al number of other employees paid over \$1	00,000	·	<u>'</u>			
51 Com	nplete this table for the organization's five spensation from the organization. If there is	highest compensated in s none, enter 'None '	ndependent contractors	who each received more th	nan \$100,	000 o	ıf
	(a) Name and address of each independent cont	ractor paid more than \$100,00	0	(b) Type of service	(c) Comp	ensatio	n
<b>d</b> Tota	al number of other independent contractors	each receiving over \$	100,000				
	Under penalties of perjury, I declare that I have exartrue, correct, and complete. Declaration of preparer	nined this return, including acc (other than officer) is based or	companying schedules and state all information of which prepa	tements, and to the best of my know arer has any knowledge	wledge and	belief, i	t is
Sign	Strold ala Jenkel			1 7/20/16			
Here	Signature of officer  Basel Ala Jawlel  Type or print name and title	HAROLD Akin	Jenkel	Date			
Paid Pre-	Preparer's signature Shows M Da	elcla	Date 7/2/10		arer's Identifinstructions		ımber
parer's	Firm's name (or ILLINOIS AGRICU	LTURAL AUDITING	G ASSOCIATION		<del></del>		
Üse Only	employed), address, and	1-6206		(200)	6-1252		<del></del>
	ZIP + 4   NORMAL, IL 6176 RS discuss this return with the preparer sh		ctions	Phone no ► (309)	862- X Yes		No.
BAA	sale and recent man are properly sin			·	Form 99		

2009	FEDERAL STATEMENTS	S PAGE 1
CLIENT 11770	PERRY COUNTY FARM BUREAU	J 37-0664121
7/02/10  STATEMENT 1 FORM 990-EZ, PART I, LII OTHER REVENUE  INSURANCE COMP SRVC 1		10.35AM \$ 10,869.
STATEMENT 2 FORM 990-EZ, PART I, LII OTHER EXPENSES  AGRICULTURAL RELATED ALLOCATED MANAGEMENT CONFERENCES, CONVENT: DEPRECIATION DIRECTORS EXPENSE FEDERAL INCOME TAX INFORMATION TECHNOLOGINSURANCE JANITOR SERVICE MEMBERSHIP AQUISITION MISCELLANEOUS OFFICE EXPENSES REAL ESTATE TAXES REPAIRS & MAINTENANCE STATE INCOME TAX TRAVEL	ACTIVITIE SERVICES IONS, AND MEETINGS . GY	\$ 11,820. 8,998. 5,631. 736. 1,745. 584. 2,058. 2,317. 341. 2,123. 2,810. 2,389. 655. 261. 309. 2,339. TOTAL \$ 45,116.
UNREALIZED GAIN ON I	ASSETS OR FUND BALANCES	TOTAL \$ 19,839.
STATEMENT 4 FORM 990-EZ, PART II, LI OTHER ASSETS  ACCOUNTS RECEIVABLE FURNITURE AND FIXTUR PREPAID EXPENSES AND	ES DEFERRED CHARGES	BEGINNING ENDING  \$ 12,927. \$ 13,418.  1,864. 1,440.  5,292. 6,329.  FOTAL \$ 20,083. \$ 21,187.

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## **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 11770** 

### PERRY COUNTY FARM BUREAU

37-0664121

7/02/10

10.35AM

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS	PAYABLE	AND	ACCRUED	EXPENSES
TAXES PAY	<b>YABLE</b>			

	<u>BEGINNING</u>		 ENDING
	\$	4,300.	\$ 3,791.
		4,065.	4,077.
TOTAL	\$	8,365.	\$ 7,868.

#### STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO IMPROVE THE ECONOMIC WELL-BEING OF AGRICULTURE AND ENRICH THE QUALITY OR FARM FAMILY LIFE.

# STATEMENT 7 FORM 990-EZ, PART III, LINE 29 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INFORMATION PUBLICATION - TO PROVIDE A MONTHLY PUBLICATION WITH AGRICULTURAL RELATED INFORMATION TO THE MEMBERSHIP.
CIRCULATION OF PUBLICATION IS TO THE MEMBERSHIP OF APPROXIMATELY 2015.

# STATEMENT 8 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALAN JENKEL 3286 PICK ROAD DUQUOIN, IL 62832	PRESIDENT 0	\$ 220.	\$ 0.	\$ 151.
RALPH TIMPTER 1800 PINCE CONE ROAD PINCKNEYVILLE, IL 62274	VICE PRESIDENT 0	240.	0.	86.
JOHN P. SMITH 3252 STATE RT 154 PINCKNEYVILLE, IL 62274	SECRETARY 0	220.	0.	77.
GARY TIMPTER 4988 LINDENWOOD ROAD PINCKNEYVILLE, IL 62274	TREASURER 0	220.	0.	81.

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# **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 11770** 

### PERRY COUNTY FARM BUREAU

37-0664121

7/02/10

10.35AM

# STATEMENT 8 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DOUGLAS BAUERSACHS 2783 MUELLER HILL ROAD PINCKNEYVILLE, IL 62274	DIRECTOR :	\$ 100.	\$ 0.	\$ 38.
JOHN MAYER 3310 CONANT ROAD PINCKNEYVILLE, IL 62274	DIRECTOR 0	180.	0.	88.
VERNON MAYER 1527 STATE RT 154 CUTLER, IL 62238	DIRECTOR 0	220.	0.	114.
JAMES MOHR 3748 PYATT CUTLER ROAD PINCKNEYVILLE, IL 62274	DIRECTOR 0	180.	0.	89.
GARY REIDELBERGER 4685 NIGHHAWK ROAD TAMAROA, IL 62888	DIRECTOR 0	200.	0.	121.
BRUCE RODELY 8558 KIMMEL ROAD DUQUOIN, IL 62832	DIRECTOR 0	220.	0.	211.
GARY SCHUMAIER 902 NORTH SUNSET DRIVE PINCKNEYVILLE, IL 62274	DIRECTOR 0	220.	0.	72.
GERALD ZMUDZINSKI 6126 COLLIER CREEK ROAD TAMAROA, IL 62888	DIRECTOR 0	140.	0.	145.
INDIRECT EXP PAID FOR MEETINGS 309 SOUTH FIRST STREET PINCKNEYVILLE, IL 62274	DIRECTOR 0	0.	0.	928.
LESS: DEPARTMENT ALLOCATIONS 309 SOUTH FIRST STREET PINCKNEYVILLE, IL 62274	DIRECTOR 0	0.	0.	-456.
	TOTAL	\$ 2,360.	\$ 0.	\$ 1,745.