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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/1/2008 , and ending 8/31/2009

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

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

C Name of organization Indiana Farm Bureau Inc.

Madison County Farm Bureau, Inc.

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

3047 N. Broadway

City, town, or country | State | ZIP + 4

Anderson | IN | 46012-1259

D Employer identification number: 35-0795409

E Telephonenumber: 317-692-7851

F GroupExemption Number . . ▶ 0963

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

G Accountingmethod ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website ▶ n/a

J Organization type (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 115,075

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	5,049
	3	Membership dues and assessments		3	26,740
	4	Investment income		4	83,286
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	115,075
Expenses	10	Grants and similar amounts paid (attach schedule)		10	2,278
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	3,829
	13	Professional fees and other payments to independent contractors		13	1,962
	14	Occupancy, rent, utilities, and maintenance		14	69,139
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See attached statement)		16	77,729
	17	**Total expenses.** Add lines 10 through 16 ▶		17	154,937
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-39,862
	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	401,316
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	361,454

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	236,035	22	210,230
23	Land and buildings	162,606	23	151,224
24	Other assets (describe ▶ See attached statement)	2,675	24	0
25	**Total assets**	401,316	25	361,454
26	**Total liabilities** (describe ▶ See attached statement)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	401,316	27	361,454

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

What is the organization's primary exempt purpose? see statement 1 attached

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	Madison County Farm Bureau, Inc. supports the local youth in the 4-H program with different activities. They want to excite interest in children in the 4-H program, meet members of the community, and promote the study of agriculture (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	Madison County Farm Bureau, Inc has a booth at the Madison County 4-H Fair where they sell Milk Shakes Members and others volunteered their time to help with the events Madison County intended to enhance community awareness of the County Farm Bureau and raise funds for their projects (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	Madison County Farm Bureau, Inc supports the Third House in Madison County to provide members and others in the local community an opportunity to interact with their state legislators. They also had a trip to the Indiana Capitol to meet Representatives and speak on Ag issues 40 people attended. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Neal Smith Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title President Hr/WK 5 00	1,250	0	0
Name Steve Smith Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Vice President Hr/WK 4 00	750	0	0
Name MaryAnn Williams Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Secretary/Treasurer Hr/WK 4.00	900	0	0
Name Cory Bohlander Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Young Farmer Repre Hr/WK 2 00	100	0	0
Name Garland Antrim Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	75	0	0
Name Jon Bair Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Brian Bays Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Justin Bays Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	100	0	0
Name Mark Bousman Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Andy Bracken Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Terry Farmer Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	100	0	0
Name Brent Floyd Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Raymond Hiatt Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Ronald Hiatt Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Mike Jones Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	100	0	0
Name Thomas Kitts Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Wesley Likens Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	0	0	0
Name Tom Neese Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	n/a	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ IN			
42 a	The books are in care of ▶ Name Indiana Farm Bureau Inc Telephone no ▶ 317-692-7851 Located at ▶ 225 S. East Street City Indianapolis ST IN ZIP + 4 ▶ 46206-1290			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51. **not applicable**

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

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

Sign Here

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

▶ Neal Smith — 7-6-10
Signature of officer — Date

▶ Neal Smith, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 6/29/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Indiana Farm Bureau Inc. P O Box 1290, Indianapolis, IN 46206-1290			EIN ▶ Phone no ▶ 317-692-7851

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

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Brent Parker Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	0	0	0
Name Brian Petty Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	0	0	0
Name Michael Shuter Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	0	0	0
Name John Simmermon Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	0	0	0
Name Joseph Whistler Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Tejo Willemsen Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1 00	0	0	0
Name Randy Williams Str 3047 North Broadway City Anderson ST IN ZIP 46012	Title Director Hr/WK 1.00	100	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

Explanations (990-EZ)

Reasonable Cause

1
2
3
4
5
6
7
8
9
10

General Explanation

	Part No	Line No.	Explanation
1	III		Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2			farm products, keep members abreast of policies and new developments.
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	3,559
2	Dividends and interest from securities	2	
3	Gross rents	3	79,727
4	Other investment income	4	
5	Total	5	83,286

Part I, Line 16 (990-EZ) - Other Expenses

77,729

1	Travel, Meals and Entertainment		
	a Travel	1a	6,362
	b Total meals and entertainment	1b	550
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	3,134
5	Depreciation, depletion, etc	5	0
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	55,582
11	Membership services	11	0
12	District Dues	12	577
13	Miscellaneous Expenses	13	1,374
14	Building Expense for leased space	14	9,824
15		15	
16		16	326
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		2,675	0
	Description	Beginning	End
1	Accounts Receivable	2,675	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	0	0
4			
5			
6			
7			
8			
9			
10			

ASSET DEPRECIATION SHORT REPORT
MADISON COUNTY FARM BUREAU Aug. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
08/20/64	Building 1964-08	SLP/50 000	54,842 61	0 00	54,842 61	33,551 61	1,097 00	34,648 61
08/16/74	Building Addition 1974-08	SLP/50 000	206,933 04	0 00	206,933 04	144,865 04	4,139 00	149,004 04
12/21/85	Entry addition 1985-12	SLP/19 000	5,931 37	0 00	5,931 37	5,931 37	0 00	5,931 37
01/13/94	Furnaces (2) 1994-01	MSL/10 000	3,394 15	0 00	3,394 15	3,394 15	0 00	3,394 15
01/13/94	Garage 1994-01	MACRS/39 000	15,086 00	0 00	15,086 00	5,676 00	387 00	6,063 00
05/09/94	Pave old garage area 1994-05	MSL/10 000	1,050 00	0 00	1,050 00	1,050 00	0 00	1,050 00
09/26/97	Roof 1997-09	MSL/15 000	15,542 00	0 00	15,542 00	11,396 00	1,036 00	12,432 00
07/21/98	Air conditioner 1998-07	MSL/10 000	3,648 00	0 00	3,648 00	3,648 00	0 00	3,648 00
05/04/00	Entry remodel 2000-05	MSL/10 000	47,232 87	0 00	47,232 87	39,358 87	4,723 00	44,081 87
05/04/00	Carpet general office 2000-05	MSL/ 5 000	23,586 00	0 00	23,586 00	23,586 00	0 00	23,586 00
Grand totals	1600-00 - BUILDING (10 assets)		377,246 04	0 00	377,246 04	272,457 04	11,382 00	283,839 04
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
08/01/65	BOARDROOM FURNITURE 1965-08	MA200/ 7 000	322 01	0 00	322 01	322 01	0 00	322 01
01/01/82	8 FOOT WALNUT CONFERENCE TABLE 1982-01	MA200/ 7 000	301 60	0 00	301 60	301 60	0 00	301 60
01/01/82	8 FOOT WALL TABLES (4) 1982-01	MA200/ 7 000	312 24	0 00	312 24	312 24	0 00	312 24
01/01/82	COFFEE BOARDROOM CHAIRS (34 of 40) 1982-01	MA200/ 7 000	1,176 61	0 00	1,176 61	1,176 61	0 00	1,176 61
01/01/82	8 FOOT WALL TABLES (1) 1982-01	MA200/ 7 000	78 06	0 00	78 06	78 06	0 00	78 06
07/01/85	SANI SERVE MILK SHAKE MACHINE #F101 1985-07	MA200/ 7 000	3,500 00	0 00	3,500 00	3,500 00	0 00	3,500 00
05/01/87	TV CART 1987-05	MA200/ 7 000	104 99	0 00	104 99	104 99	0 00	104 99
05/01/87	MAGNAVOX MODEL CG4147 TV 1987-05	MA200/ 7 000	239 58	0 00	239 58	239 58	0 00	239 58
08/01/88	FREEDOM CAMERA 1988-08	MA200/ 7 000	230 99	0 00	230 99	230 99	0 00	230 99
10/01/90	PORTABLE PA SYSTEM 1990-10	MA200/ 7 000	525 00	0 00	525 00	525 00	0 00	525 00
07/01/93	SANI SERVE MILKSHAKE MACHINE 1993-07	MA200/ 7 000	3,539 20	0 00	3,539 20	3,539 20	0 00	3,539 20
Grand totals	1610-00 - FURNITURE & EQUIPMENT (11 assets)		10,330 28	0 00	10,330 28	10,330 28	0 00	10,330 28

ASSET DEPRECIATION SHORT REPORT
MADISON COUNTY FARM BUREAU Aug. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (21 assets)			387,576 32	0 00	387,576 32	282,787 32	11,382 00	294,169 32

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	387,576 32	0 00	0 00	387,576 32	282,787 32	11,382 00	294,169 32	93,407 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	387,576 32	0 00	0 00	387,576 32	282,787 32	11,382 00	294,169 32	93,407 00

Total Additional First Year Depreciation Taken at 30% Rate: 0.00

Total Additional First Year Depreciation Taken at 50% Rate: 0.00

Total Additional First Year Depreciation Taken. 0.00

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You **must** file original and one copy

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Madison County Farm Bureau, Inc	35-0795409
	Number, street, and room or suite no If a P O box, see instructions 3047 N Broadway Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Anderson, IN 46012-1259	

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Indiana Farm Bureau, Inc
  Telephone No ▶ 317-692-7851 FAX No ▶ 317-692-7854
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0963 . If this is for the whole group, check this box . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [X] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 7/15/2010

5 For calendar year ____, or other tax year beginning 9/1/2008 , and ending 8/31/2009

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Further time is required to gather information & answer new questions on the tax form

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Tiffani Ellis Title ▶ Accountant Date ▶ 4/14/10