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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **1/1/2009**, and ending **12/31/2009**

Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization **Indiana Farm Bureau**
Boone County Farm Bureau, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) **P.O. Box 586**

City, town, or country **Lebanon** State **IN** ZIP + 4 **46052-0586**

D Employer identification number **35-0793827**

E Telephonenumber **(317) 692-7851**

F Group Exemption Number **0963**

G Accounting Method: ☒ Cash ☐ Accrual
 Other (specify) **►**

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

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

Website: **► n/a**

Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **► \$ 57,106**

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	0
	3	Membership dues and assessments	3	19,684
	4	Investment income	4	37,422
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
Expenses	6b	Less direct expenses other than fundraising expenses	6b	0
	6c	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	
	7b	Less cost of goods sold	7b	
	7c	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	57,106
	10	Grants and similar amounts paid (attach schedule)	10	7,118
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	3,740
	13	Professional fees and other payments to independent contractors	13	1,382
	14	Occupancy, rent, utilities, and maintenance	14	29,986
	15	Printing, publications, postage, and shipping	15	37
	16	Other expenses (describe ► See Attached Statement)	16	21,931
	17	Total expenses. Add lines 10 through 16	17	64,194
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,088
Net Assets	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	202,816
	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	195,728

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	125,754	22 127,725
23	Land and buildings	74,943	23 68,003
24	Other assets (describe ► See Attached Statement)	2,119	24 0
25	Total assets	202,816	25 195,728
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)	202,816	27 195,728

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

Form **990-EZ** (2009)

(HTA)

19 P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**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, and other relevant information for each program title.

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

28 see statement 2(Grants \$ 0) If this amount includes foreign grants, check here ☐**28a**0**29**(Grants \$ 0) If this amount includes foreign grants, check here ☐**29a**0**30**(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
George Morton P.O. Box 586 Lebanon IN 46052-0586	Title President Hr/WK 5.00	900	0	0
Robert Guernsey P.O. Box 586 Lebanon IN 46052-0586	Title Vice President Hr/WK 4 00	470	0	0
Joan Hysong P.O. Box 586 Lebanon IN 46052-0586	Title Secretary/Treasurer Hr/WK 4 00	300	0	0
Virginia Rodgers P.O. Box 586 Lebanon IN 46052-0586	Title Women's Leader Hr/WK 4 00	310	0	0
Judith Cragun P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	40	0	0
Myron Cragun P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	80	0	0
Kerry Dull P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	80	0	0
Tom Dull P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	60	0	0
Janell Emmert P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	0	0	0
Aaron Everett P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	60	0	0
Carolyn Everett P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	60	0	0
Nancy Guernsey P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	20	0	0
Ann Hershman P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	500	0	0
Craig Kouns P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	40	0	0
Dawn Kouns P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	20	0	0
Aaron Lucas P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	40	0	0
Peggy Lucas P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1 00	20	0	0
Cynthia Merrill P.O. Box 586 Lebanon IN 46052-0586	Title Director Hr/WK 1.00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		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?		
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 outstanding at the end of the period covered by this return?		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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b n/a		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed. INDIANA		
42 a The organization's books are in care of Indiana Farm Bureau Telephone no. (317) 692-7851 Located at 225 S. East Street City Indianapolis ST IN ZIP + 4 46202		
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.	Yes	No
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.		X
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> 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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51. **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 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 a section 527 organization?	49b n/a	

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

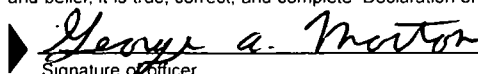
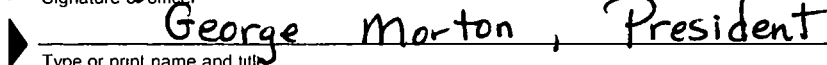
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>July 29, 2010</u>		
Paid Preparer's Use Only	Preparer's signature  Type or print name and title <u>George Morton, President</u>		Date <u>7/16/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Indiana Farm Bureau Inc</u> <u>P O. Box 1290, Indianapolis, IN 46206</u>		EIN <u>35-0793827</u>	Phone no <u>(317) 692-7851</u>	

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

[illegible]

Explanations (990-EZ)

Reasonable Cause	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation			
	Part	Line	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 16 (990-EZ) - Other Expenses

21,931

1	Travel	1	99
2	Meals and entertainment	2	0
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	5,271
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Membership services	13	0
14	Ag Promotion	14	13,673
15	District Dues	15	437
16	Miscellaneous Expenses	16	403
17	Building Expenses for leased space	17	2,048
18	Unrelated Business Income Taxes, State	18	0
19	Political Contributions	19	0
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

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

2,119

0

Description		Beginning	End
1	Accounts Receivable	2,119	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	0	0
4			
5			
6			
7			
8			
9			
10			

Boone County Farm Bureau, Inc.

35-0793827

year end 2009

Form 990-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - Boone County Farm Bureau, Inc. sponsored Ag Day breakfast. 50 people, including Farm Bureau board members and county officials, attended this breakfast.

Ten volunteers contributed in preparation, planning, and coordinating the activities for this event, for a total of 25 volunteer hours.

Boone County Farm Bureau's intention was to participate in discussion with county leaders, such as commissioners, council members, special board members, school board members, and school officials, in order to present the County Farm Bureau's goals and concerns.

Boone County Farm Bureau contributed \$176 for breakfast. Financial support, along with 25 hours of personal time and energy was provided to make this event possible.

Total contributed to achievement #1

\$176

Line 29 - Boone County Farm Bureau, Inc. partnered with the Boone County Chamber of Commerce to sponsor two legislative breakfasts in two separate months. All county citizens were invited to visit with all state legislators serving Boone County.

Six volunteers contributed 20 hours to plan and coordinate the activities for these events

Approximately 35 citizens attended each breakfast, one of which was held in Lebanon, IN and the other in Zionsville, IN. These citizens were given a chance to discuss legislation with their government representatives in an informal manner.

Boone County Farm Bureau paid \$613 in order to advertise the breakfasts to local citizens. Financial support, along with 20 volunteer hours of personal time and energy went into planning this event.

Total contributed to achievement #2

\$613

Line 30 - Boone County Farm Bureau, Inc. hosted two policy development meetings. A committee of Farm Bureau members met and discussed policies and local issues that they would like to see created into state and national legislation.

Twelve Farm Bureau members volunteered for a total of 50 hours to plan and carry out these meetings.

Boone County Farm Bureau's intention was to develop policy recommendations to send the Indiana Farm Bureau, Inc. committee on resolutions in order to give further support and more reach to the ideas.

Boone County Farm Bureau, Inc. contributed a total of \$80 for a place to host the meeting and meals during the meeting. Financial support, along with 50 volunteer hours made these meetings possible.

Total contributed to achievement #3

\$80

ASSET DEPRECIATION SHORT REPORT
BOONE COUNTY FARM BUREAU Dec. 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								
12/31/65	BUILDING 1965-12	SL/50 000	35,111 93	0 00	35,111 93	25,649 93	702 00	26,351 93
12/31/77	BUILDING ADDITION 1977-12	SL/50 000	25,691 50	0 00	25,691 50	15,934 50	514 00	16,448 50
12/31/89	BUILDING ADDITION 1989-12	MACRS/31 500	124,655 61	0 00	124,655 61	74,872 61	3,957 00	78,829 61
08/21/90	REPLACE FURNACE 1990-08	SL/15 000	5,590 00	0 00	5,590 00	5,590 00	0 00	5,590 00
08/04/93	REPLACE SOFFITS, GUTTERS 1993-08	SL/15 000	3,325 00	0 00	3,325 00	3,325 00	0 00	3,325 00
06/26/00	REPLACE CARPET 2000-06	SL/ 5 000	15,451 36	0 00	15,451 36	15,451 36	0 00	15,451 36
09/05/00	PAINT, WALLPAPER 2000-09	SL/10 000	17,665 85	0 00	17,665 85	14,724 85	1,767 00	16,491 85
Grand totals	1600-00 - BUILDING (7 assets)		227,491 25	0 00	227,491 25	155,548 25	6,940 00	162,488 25
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
02/01/68	CHAIRS (30) 1968-02	MA200/ 7 000	307 88	0 00	307 88	307 88	0 00	307 88
02/01/68	TABLE (1) 1968-02	MA200/ 7 000	30 39	0 00	30 39	30 39	0 00	30 39
02/01/68	TABLES (2) 1968-02	MA200/ 7 000	65 34	0 00	65 34	65 34	0 00	65 34
05/04/84	TABLES (3) 1984-05	MA200/ 7 000	541 35	0 00	541 35	541 35	0 00	541 35
01/10/90	STACK CHAIRS, TAN (30) 1990-01	MA200/ 7 000	1,911 00	0 00	1,911 00	1,911 00	0 00	1,911 00
01/10/90	VISUAL BOARD (1) 1990-01	MA200/ 7 000	463 05	0 00	463 05	463 05	0 00	463 05
10/15/90 D	SYLVANIA 19" COLOR TV 1990-10	MA200/ 7 000	200 43	0 00	200 43	200 43	0 00	200 43
10/15/90 D	GOLDSTAR VCR (1) 1990-10	MA200/ 7 000	200 42	0 00	200 42	200 42	0 00	200 42
01/31/98 D	GATEWAY G6-233 COMPUTER SYSTEM W/ MSL/ 5 000 1998-01		2,146 20	0 00	2,146 20	2,146 20	0 00	2,146 20
02/10/98 D	HEWLET-PACKARD 720C COLOR DESKJETMSL/ 5 000 1998-02		373 80	0 00	373 80	373 80	0 00	373 80
02/12/99	FOLDING TABLES (2) 1999-02	M*200/ 7 000	125 01	0 00	125 01	125 01	0 00	125 01
Grand totals	1610-00 - FURNITURE & EQUIPMENT (11 assets)		6,364 87	0 00	6,364 87	6,364 87	0 00	6,364 87
Less 4 Disposed assets (Current Depreciation \$0 00)			2,920 85	0 00	2,920 85	2,920 85		2,920 85
Net totals	1610-00 - FURNITURE & EQUIPMENT (7 assets)		3,444 02	0 00	3,444 02	3,444 02	0 00	3,444 02

ASSET DEPRECIATION SHORT REPORT

BOONE COUNTY FARM BUREAU Dec. 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: (18 assets)		233,856 12	0 00	233,856 12	161,913 12	6,940 00	168,853 12
	Less: 4 Disposed assets (Current Depreciation: \$0.00)		2,920 85	0 00	2,920 85	2,920 85		2,920 85
	Net totals for all accounts: (14 assets)		230,935 27	0 00	230,935 27	158,992 27	6,940 00	165,932 27

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	233,856 12	0 00	0 00	233,856 12	161,913 12	6,940 00	168,853 12	65,003 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	2,920 85	0 00	0 00	2,920 85	2,920 85	0 00	2,920 85	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	230,935 27	0 00	0 00	230,935 27	158,992 27	6,940 00	165,932 27	65,003 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				

Form **8868**(Rev. April 2009)
Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Boone County Farm Bureau, Inc.	35-0793827
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. Box 586	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Lebanon, IN 46052-0586	

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

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Indiana Farm Bureau, Inc.

Telephone No ▶ 317-692-7851FAX 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) 963. 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 will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ **X** calendar year 2009 or
- ▶ ☐ tax year beginning _____, and ending _____

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$ <u>0</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
(HTA)Form **8868** (Rev. 4-2009)