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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

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

B 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
Steuben County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1480 W. Maumee Street

City, town, or country State ZIP + 4
Angola IN 46703-069

D Employer identification number
35-0834774

E Telephone number
(317) 692-7851

F Group Exemption 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 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)

I **Website:** ▶ n/a

J **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 ▶ $ 76,667

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)				
	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	85
	3	Membership dues and assessments		3	16,944
	4	Investment income		4	59,638
	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)		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	76,667
Expenses	10	Grants and similar amounts paid (attach schedule)		10	708
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	3,147
	13	Professional fees and other payments to independent contractors		13	1,105
	14	Occupancy, rent, utilities, and maintenance		14	22,076
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See Attached Statement)		16	58,970
	17	**Total expenses.** Add lines 10 through 16 ▶		17	86,006
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,339
	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	174,294
	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	164,955

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	14,098	22	11,920
23	Land and buildings	548,696	23	536,860
24	Other assets (describe ▶ See Attached Statement)	1,531	24	1,032
25	**Total assets**	564,325	25	549,812
26	**Total liabilities** (describe ▶ See Attached Statement)	390,031	26	384,857
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	174,294	27	164,955

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, and other relevant information for each program title.

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

28	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
Holman, Ralph 1480 W Maumee Street Angola IN 46703-6927	Title President Hr/WK 5.00	700	0	0
Headley, Dave 1480 W Maumee Street Angola IN 46703-6927	Title Vice President Hr/WK 4 00	140	0	0
Kratz, Geneva 1480 W Maumee Street Angola IN 46703-6927	Title Secretary Hr/WK 4 00	470	0	0
Powell, Mary 1480 W Maumee Street Angola IN 46703-6927	Title Women's Leader Hr/WK 4 00	460	0	0
Headley, Jean 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	100	0	0
Holman, Colleen 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	95	0	0
Holman, Kara 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	60	0	0
Holman, Michael 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	90	0	0
Hughes, John 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	70	0	0
Kratz, Charles 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	0	0	0
Lochamire, Chris 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	70	0	0
Lochamire, Cynthia 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	70	0	0
Lorntz, Merle 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	60	0	0
Messer, Kendra 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	0	0	0
Powell, John 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	95	0	0
Satek, Larry 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	40	0	0
Satek, Pam 1480 W Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	40	0	0
Snyder, Rodney 1480 W Maumee Street Angola IN 46703-6927	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.	33		X
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
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		X
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?	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 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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			
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			

			Yes	No
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 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

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 None Str City ST ZIP		
Name 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

Ralph Holman — 8-3-10

Signature of officer — Date

RALPH HOLMAN Pres.

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	7/27/2010		
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206		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
Somerlott, Carol 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1.00	90	0	0
Somerlott, Richard 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1.00	115	0	0
Stroh, Gary 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1.00	30	0	0
Stroh, Susan 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1.00	60	0	0
Swander, Helen 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1 00	75	0	0
Swander, Richard 1480 W. Maumee Street Angola IN 46703-6927	Title Director Hr/WK 1.00	60	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	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	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

			58,970
1	Travel	1	3,785
2	Meals and entertainment	2	463
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	5,260
6	Depreciation	6	499
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	50
14	Ag Promotion	14	3,511
15	District Dues	15	354
16	Miscellaneous Expenses	16	164
17	Building Expens for leased space	17	44,877
18	Unrelated Business Income Taxes, State	18	7
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

		1,531	1,032
	Description	Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,531	1,032
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		390,031	384,857
	Description	Beginning	End
1	Accounts Payable	0	0
2	Accrued Expenses	0	0
3	Payroll Tax Liability	0	0
4	Unearned Income	0	0
5	Mortgage Payable	390,031	384,857
6	Note Payable	0	0
7			
8			
9			
10			

Steuben County Farm Bureau, Inc.
35-0834774

12/31/2009 year end

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

Line 28 - Steuben County Farm Bureau, Inc. hopes to increase awareness among the public of how much money a farmer makes on food compared to what you pay for food at the store or a restaurant. During the Farmers' Share Breakfast, community members are educated about value-added and what the farmers' share is of a food dollar.

Over 20 volunteers helped in coordinating and carrying out these activities. Over 200 people were fed at the breakfast.

Steuben County Farm Bureau contributed $250 for the food to serve at this breakfast.

Total contributed to achievement #1 $250

Line 29 - Steuben County Farm Bureau, Inc. educates consumers about the cost of food and its affordability during Food Check-Out Day. Food Check-Out Day is the day of the year in which the average American family earns enough income to afford its annual food supply. To celebrate Food Check-Out Day, volunteers went to a local grocery store where they educated shoppers.

5 volunteers contributed a total of 40 volunteer hours in coordinating and carrying out these activities.

Steuben County Farm Bureau, Inc. contributed $50 for supplies and give-away items.

Total contributed to achievement #2 $50

monetary support to the local schools. In Steuben County, the funding for the first grade program Weekly Readers in Steuben County was depleted. Because of this, Steuben County Farm Bureau stepped up and provided funding to keep this program in the schools. This was an opportunity to be involved in the community and allow for positive public relations

Steuben County Farm Bureau, Inc. contributed $2,000 to the local schools for the Weekly Readers in Steuben County program.

Total contributed to achievement #3 ######

ASSET DEPRECIATION SHORT REPORT
STEUBEN 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	Includes Section 179 Curr Depr	Includes Section 179 End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
01/01/05	Building Cost 2005-01	MACRS/39 000	482,197 26	0 00	482,197 26	48,915 00	12,364 00	61,279 00
09/04/08	Basement Finishing 08-09	MACRS/39 000	9,512 45	0 00	9,512 45	71 00	244 00	315 00
02/06/09 A	Basement Flooring 09-02	MACRS/39 000	700 00	0 00	700 00	0 00	16 00	16 00
02/12/09 A	High Volume Heating Ducts in Baseme 09-02	MACRS/39 000	89 93	0 00	89 93	0 00	2 00	2 00
Grand totals	1600-00 - BUILDING (4 assets)		492,499 64	0 00	492,499 64	48,986 00	12,626 00	61,612 00
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
05/01/59	METAL FOLDING CHAIRS (25) 1959-05	MA200/ 7 000	99 33	0 00	99 33	99 33	0 00	99 33
06/01/67	METAL CABINET 1967-06	MA200/ 7 000	35 65	0 00	35 65	35 65	0 00	35 65
03/01/72	METAL FOLDING CHAIRS (146) 1972-03	MA200/ 7 000	463 56	0 00	463 56	463 56	0 00	463 56
04/01/72	TABLES (12) 1972-04	MA200/ 7 000	378 00	0 00	378 00	378 00	0 00	378 00
06/01/73	CHAIR TRUCK 1973-06	MA200/ 7 000	47 21	0 00	47 21	47 21	0 00	47 21
05/01/88	TV AND VCR CART 1988-05	MA200/ 7 000	275 00	0 00	275 00	275 00	0 00	275 00
01/01/89	PUBLIC ADDRESS SYSTEM 1989-01	MA200/ 7 000	288 75	0 00	288 75	288 75	0 00	288 75
07/31/03	Ice Cream Maker 2003-07	M*200/ 7 000	1,195 00	0 00	1,195 00	1,035 00	107 00	1,142 00
04/23/08	30 Burgundy Stack Chairs 08-04	MA200/ 7 000	1,600 80	0 00	1,600 80	229 00	392 00	621 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (9 assets)		4,383 30	0 00	4,383 30	2,851 50	499 00	3,350 50
Grand totals for all accounts: (13 assets)			496,882 94	0 00	496,882 94	51,837 50	13,125 00	64,962 50

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	496,882 94	0 00	0 00	496,882 94	51,837 50	13,125 00	64,962 50	431,920 44
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)	496,882 94	0 00	0 00	496,882 94	51,837 50	13,125 00	64,962 50	431,920 44

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

▶ **File a separate application for each return.**

OMB No 1545-1709

- 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	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	Steuben County Farm Bureau, Inc	35-0834774
	Number, street, and room or suite no If a P O box, see instructions 1480 W Maumee Street	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Angola IN 46703-069	

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

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

- The books are in the care of ▶ Indiana Farm Bureau 225 S East Street Indianapolis IN 46202

Telephone No ▶ (317) 692-7851 FAX No ▶

- 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 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
▶ [ ] calendar year ____ or
▶ [X] tax year beginning 1/1/2009, and ending 12/31/2009

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	$ 0

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