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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
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 1/1/2009, and ending 12/31/2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: Indiana Farm Bureau Sullivan County Farm Bureau, Inc. Number and street (or P.O. box, if mail is not delivered to street address): 17 N. Main Street City, town, or country: Sullivan State: IN ZIP + 4: 47882-1588
D Employer identification number: 35-0870846	E Telephonenumber: (317) 692-7851
F Group Exemption Number: 0963	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify):	

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

I Website: n/a

J Tax-exempt status (check only one)— ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

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

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. \$ 52,033

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	6,958
3	Membership dues and assessments	3	12,577
4	Investment income	4	32,498
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 <input type="checkbox"/>		
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	52,033
10	Grants and similar amounts paid (attach schedule)	10	551
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	218
13	Professional fees and other payments to independent contractors	13	724
14	Occupancy, rent, utilities, and maintenance	14	7,153
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe: See Attached Statement)	16	31,338
17	Total expenses. Add lines 10 through 16	17	39,984
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,049
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	105,850
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	117,899

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)

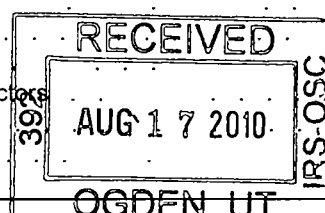
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,230	22 50,704
23 Land and buildings	73,966	23 68,131
24 Other assets (describe: See Attached Statement)	870	24 290
25 Total assets	121,066	25 119,125
26 Total liabilities (describe: See Attached Statement)	15,216	26 1,226
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,850	27 117,899

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

Form 990-EZ (2009)

(HTA)

SCANNED SEP 16 2009



AC 8P

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 4-H Fair activities. Have booth at fair to promote Sullivan CFB and agriculture Milk Shakes proceeds sold at booth are used to support 4-H in community 110 volunteers donated 220 hours over period of 12 sessions. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 Government Affairs activities: Held Third House meeting, Meet the Candidates and sponsored Statehouse visits for members and others in community to keep the public informed 12 volunteers donated 40 hours over a period of 5 months 100 attended Third House meeting (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 Terre Haute Children Museum grant to develop agriculture display at museum To give childrens and parents a better understanding of agriculture (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	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
Deckard, Russell 17 North Main Street Sullivan IN 47882-1588	Title President Hr/WK 5.00	40	0	0
Kincaid, Bobbi 17 North Main Street Sullivan IN 47882-1588	Title Secretary/Treasurer Hr/WK 4 00	25	0	0
Robbins, Ruth Ann 17 North Main Street Sullivan IN 47882-1588	Title Women's Leader Hr/WK 4 00	40	0	0
Bell, Mike 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 00	0	0	0
Curran, Charles 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 00	0	0	0
Horton, Curtis 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	0	0	0
Jackson, Todd 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 00	0	0	0
Mann, Jeff 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 00	0	0	0
Page, Cullen 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	0	0	0
Robbins, Jack 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	10	0	0
Walters, Faye 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 00	10	0	0
Watts, Nancy 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1 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

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?		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?		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.	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		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 .		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
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		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.		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."

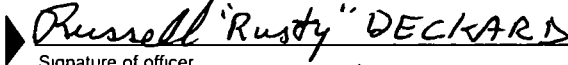
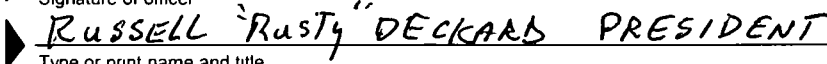
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ 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 _____		
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		8-10-10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Indiana Farm Bureau Inc. P.O. Box 1290, Indianapolis, IN 46206	Date 7/20/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) EIN ▶ Phone no ▶ (317) 692-7851

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

ASSET DEPRECIATION SHORT REPORT

SULLIVAN 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								
02/13/89	BUILDING 1989-02	MACRS/31 500	167,908 23	0 00	167,908 23	106,156 23	5,330 00	111,486 23
05/01/99	WALLS FOR AGENTS OFFICES 1999-05	MACRS/31 500	4,615 77	0 00	4,615 77	1,405 77	147 00	1,552 77
05/01/99	CARPET 1999-05	MSL/15 000	5,369 48	0 00	5,369 48	3,430 48	358 00	3,788 48
Grand totals	1600-00 - BUILDING (3 assets)		177,893 48	0 00	177,893 48	110,992 48	5,835 00	116,827 48
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
01/12/89	KRUEGER STACK CHAIRS, TAN (26) 1989-01	MA200/ 7 000	1,610 70	0 00	1,610 70	1,610 70	0 00	1,610 70
01/12/89	BEVIS UTILITY TABLES, 30" X 72" (5) 1989-01	MA200/ 7 000	766 50	0 00	766 50	766 50	0 00	766 50
01/12/89	BEVIS UTILITY TABLE, 30" X 60" (1) 1989-01	MA200/ 7 000	118 65	0 00	118 65	118 65	0 00	118 65
02/16/89	TOSHIBA TV AND SYLVANIA VCR W/ CABI 1989-02	MA200/ 7 000	415 67	0 00	415 67	415 67	0 00	415 67
03/10/89	DAYTRON MICROWAVE (1) 1989-03	MA200/ 7 000	73 46	0 00	73 46	73 46	0 00	73 46
03/14/89	TAPPAN RANGE (1) 1989-03	MA200/ 7 000	270 77	0 00	270 77	270 77	0 00	270 77
05/11/89	FILE CABINET WITH LOCK (1) 1989-05	MA200/ 7 000	315 00	0 00	315 00	315 00	0 00	315 00
06/02/89	TOA RADIO AND CASSETTE PLAYER (1) 1989-06	MA200/ 7 000	405 86	0 00	405 86	405 86	0 00	405 86
05/01/03	Milk Shake machine 2003-05	M*200/ 7 000	6,500 00	0 00	6,500 00	5,630 00	580 00	6,210 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (9 assets)		10,476 61	0 00	10,476 61	9,606 61	580 00	10,186 61
Grand totals for all accounts: (12 assets)			188,370 09	0 00	188,370 09	120,599 09	6,415 00	127,014 09

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	188,370 09	0 00	0 00	188,370 09	120,599 09	6,415 00	127,014 09	61,356 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)	188,370 09	0 00	0 00	188,370 09	120,599 09	6,415 00	127,014 09	61,356 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				

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

31,338

1	Travel	1	120
2	Meals and entertainment	2	0
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,655
6	Depreciation	6	580
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	220
13	Membership services	13	0
14	Ag Promotion	14	11,921
15	District Dues	15	0
16	Miscellaneous Expenses	16	337
17	Building Expenses for leased space	17	16,352
18	Unrelated Business Income Taxes, State	18	153
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

870

290

Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	870	290
4			
5			
6			
7			
8			
9			
10			

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

15,216

1,226

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	15,216	1,226
6	Note Payable	0	0
7			
8			
9			
10			

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 ☒
 - 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
	Sullivan County Farm Bureau, Inc	35-0870846
	Number, street, and room or suite no. If a P O box, see instructions	
	17 N Main Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Sullivan	IN 47882-1588

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 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 ☒ 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
- ☒ 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