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Form **990**

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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 **MICHIGAN FARM BUREAU**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **7373 W SAGINAW HIGHWAY** Room/suite

City or town, state or country, and ZIP + 4 **LANSING, MI 48917-7900**

D Employer identification number **38 : 1718391**

E Telephone number **(517) 323-7000**

G Gross receipts $ **14,707,640**

F Name and address of principal officer **DOUGLAS J. KAMMANN**
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.MICHIGANFARMBUREAU.COM**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1919**

M State of legal domicile **MI**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **MICHIGAN FARM BUREAU IS A MEMBER DIRECTED AGRICULTURAL ORGANIZATION WHOSE PURPOSE IS TO REPRESENT, PROTECT, AND ENHANCE THE BUSINESS, ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF OUR MEMBERS LOCATED THROUGHOUT THE STATE OF MICHIGAN.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	107
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	150
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,858,583	7,243,325
	9 Program service revenue (Part VIII, line 2g)	110,567	699,376
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378,025	951,748
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,205,883	5,812,255
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,553,058	14,706,704
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,310	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,825,338	8,649,689
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,150,291	6,294,348
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,977,939	14,944,037
	19 Revenue less expenses. Subtract line 18 from line 12	(424,881)	(237,333)

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,373,012	10,022,582
	21 Total liabilities (Part X, line 26)	3,903,050	3,802,612
	22 Net assets or fund balances Subtract line 21 from line 20	6,469,962	6,219,970

Part II Signature Block

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

Sign Here

Signature of officer: Douglas J. Kammann — Date: 11/15/2010

Type or print name and title: Douglas J Kammann, Treasurer & CFO

Paid Preparer's Use Only

Preparer's signature: Tamara Tatar CPA	Date: 11-12-10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: **MANER COSTERISAN PC**, **2425 E GRAND RIVER, SUITE 1 LANSING, MI 48912-3291**	EIN ▶	Phone no ▶ (517) 323-7500	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
MICHIGAN FARM BUREAU IS A MEMBER DIRECTED AGRICULTURAL ORGANIZATION WHOSE PURPOSE IS TO REPRESENT, PROTECT, AND ENHANCE THE BUSINESS, ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF OUR MEMBERS LOCATED THROUGHOUT THE STATE OF MICHIGAN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)
THE PUBLIC POLICY AND COMMODITY DIVISION IS RESPONSIBLE FOR ESTABLISHING A SYSTEMATIC PROCESS FOR DEVELOPMENT AND DISTRIBUTION OF BACKGROUND INFORMATION ON CURRENT AND EMERGING ISSUES TO ENSURE THAT QUALIFIED DELEGATES TO MFB'S STATE ANNUAL MEETING ARE MAKING INFORMED POLICY DECISIONS. TOPICS INCLUDE AGRICULTURAL ECOLOGY, COMMODITY MARKETING, LOCAL AFFAIRS AND LAND USE ACTIVITIES. THE PUBLIC POLICY DIVISION IS THE KEY RESOURCE IN GUIDING THE MEMBERSHIP IN DEVELOPING POLICY. WHEN POLICY DECISIONS ARE ADOPTED BY THE MEMBERS, THE POLICY PROVIDES DIRECTION FOR STAFF WHEN INTERACTING WITH THE LOCAL, STATE AND NATIONAL ORGANIZATIONS DURING THE YEAR.
POLICY DEVELOPMENT BEGINS WITH THE APPOINTMENT BY THE 67 COUNTY FARM BUREAUS OF A POLICY DEVELOPMENT COMMITTEE. IT INCLUDES REPRESENTATIVES FROM COMMUNITY ACTION GROUPS, YOUNG FARMERS, COUNTY COMMITTEES, OTHER SPECIAL COMMITTEES, AND INDIVIDUAL MEMBERS. THE POLICY DEVELOPMENT COMMITTEE HAS THE RESPONSIBILITY STUDY, DISCUSS AND DEVELOP FARM BUREAU POLICY

4b (Code:) (Expenses $ including grants of $) (Revenue $)
THIS INFORMATION AND PUBLIC RELATIONS DIVISION (IPR) IS RESPONSIBLE FOR GENERAL COMMUNICATIONS WITH MEMBERS REGARDING MICHIGAN FARM BUREAU (MFB) POLICIES, PROGRAMS AND ISSUES OF IMPORTANCE IN THE AGRICULTURAL INDUSTRY THROUGH THE FOLLOWING PUBLICATIONS:

MICHIGAN FARM NEWS IS MICHIGAN'S ONLY STATEWIDE FARM PUBLICATION. TWENTY TIMES A YEAR, FARMER MEMBERS RECEIVE FIRSTHAND ORIGINAL AND ESSENTIAL INFORMATION ABOUT CURRENT AGRICULTURAL NEWS, STATE AND NATIONAL LEGISLATIVE AND REGULATORY ISSUES: INCLUDING FARM PROGRAM UPDATES, WEATHER FORECASTS, FARM SAFETY, AND MARKET ANALYSIS. THE MFB ANNUAL REPORT AND MEMBER BENEFITS GUIDE IS PUBLISHED ONCE A YEAR AND INSERTED INTO THE MICHIGAN FARM NEWS. THE ANNUAL REPORT UPDATES MEMBERS ON THE OPERATIONAL STATUS OF MFB.
MFB PRODUCES AGRINOTES & NEWS EVERY WEEK FOR MORE THAN 300 MICHIGAN NEWSPAPERS, TELEVISION AND RADIO STATIONS. THIS PROVIDES THE LATEST BREAKING AGRICULTURAL NEWS AND INSIGHT ON HOW

4c (Code:) (Expenses $ including grants of $) (Revenue $)
THE FIELD OPERATIONS DIVISION PREPARES AND DEVELOPS AGRICULTURAL LEADERS. THIS IS ACCOMPLISHED THROUGH EDUCATION AND LEADERSHIP SKILL DEVELOPMENT PROGRAMS FOR CURRENT LOCAL AG LEADERS, STATE AND LOCAL COMMITTEES, AND MEMBERS. A TARGETED PROGRAM IS FOR YOUNG FARMERS BETWEEN THE AGES OF 18 AND 35. IT OFFERS AGRICULTURAL EDUCATION, ACTION COMMITTEES, LEADERSHIP TRAINING, COMPETITIONS, AND SOCIAL EVENTS TO ENCOURAGE INVOLVEMENT AND TO DEVELOP FUTURE LEADERSHIP. PROMOTION AND EDUCATION PROGRAMS FOR PUBLIC EDUCATION ABOUT THE AGRICULTURAL INDUSTRY ARE OFFERED FOR 4-H CLUBS, AND FFA CHAPTERS, SCHOOLS, AND CIVIC GROUPS. THE DIVISION REGIONAL REPRESENTATIVES ARE A KEY RESOURCE IN BRINGING THE FIELD PERSPECTIVE TO THE ORGANIZATION. REGIONAL REPRESENTATIVES REGULARLY AND ACTIVELY ENGAGE WITH COUNTY FARM BUREAUS, LOCAL AGRICULTURAL LEADERS, FARMERS AND MEMBERS. THE REGIONAL REPRESENTATIVE'S INTERACTION IS HOW FARM BUREAU'S GRASSROOTS PROCESS PROVIDES EVERY FARM

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No: 12A — / ✓)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III.*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21		✓
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization 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*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a 117		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	✓	
4a	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)?	4a		✓
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	17		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		✓
6	Does the organization have members or stockholders?		6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PATRICIA M. COTTER - (517) 323-6642
7373 W SAGINAW HIGHWAY LANSING MI 48917

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE H. WOOD DIRECTOR AND PRESIDENT	25	✓		✓				253,948	10,000	36,476
JOSHUA WUNSCH DIRECTOR AND VICE PRESIDENT	11	✓		✓				9,050	14,600	636
MICHAEL C. FUSILIER DIRECTOR	11	✓						12,220	13,995	636
ALAN GARNER DIRECTOR	10	✓						9,075	14,685	636
BRIGETTE LEACH DIRECTOR	10	✓						12,695	13,190	636
BRENT HOTCHKIN DIRECTOR	10	✓						8,885	12,920	636
PAUL KOEMAN DIRECTOR	10	✓						7,895	14,115	636
CARL BEDNARSKI DIRECTOR	12	✓						6,845	13,535	636
L. CHARLES MULHOLLAND DIRECTOR	10	✓						10,015	13,535	636
DAVID BAHRMAN DIRECTOR	11	✓						8,485	13,535	636
ANDREW HAGENOW DIRECTOR	8	✓						6,555	12,920	636
PAT ALBRIGHT DIRECTOR	8	✓						7,430	13,035	636
DOUGLAS DARLING DIRECTOR	8	✓						8,215	13,535	636
MICHAEL MULDERS DIRECTOR	10	✓						7,910	13,305	636
PATRICK MCGUIRE DIRECTOR	11	✓						8,705	13,535	636
JENNIFER LEWIS DIRECTOR	1	✓						1,725	500	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BEN LACROSS DIRECTOR	7	✓						5,855	805	636
MERISA CAMPBELL DIRECTOR	7	✓						3,335	805	636
JOSEPH OTT DIRECTOR	1	✓						230	0	0
DAVID VANDERHAAGEN SECRETARY	19	✓		✓				264,728	0	51,055
JOHN VANDER MOLEN CHIEF OPERATING OFFICER	11	✓		✓				213,970	0	35,854
ANDREW KOK ASSISTANT SECRETARY	19	✓		✓				163,039	0	23,851
DOUGLAS J. KAMMANN TREASURER	13	✓		✓				199,665	0	34,800
THOMAS G. WISEMAN HUMAN RESOURCE DIRECTOR	4					✓		167,982	0	30,149
PATRICK BLANCHETT DIRECTOR OF INTERNAL AUDIT	3					✓		163,280	0	29,129
THOMAS L. NUGENT DIRECTOR OF FIELD OPERATIONS	24					✓		129,131	0	26,196
DENNIS E. RUDAT DIRECTOR, INFO & PUBLIC RELATIONS	22					✓		125,189	0	25,643
PATRICIA M. COTTER DIRECTOR OF FINANCIAL SERVICES	22					✓		121,364	0	12,582
1b Total ▶								1,937,421	202,550	315,911

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 15

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual.*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ N/A

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	7,188,326			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	54,999			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		7,243,325			
Program Service Revenue		Business Code				
	2a AG PROMOTION & ED	900099	176,260	176,260		
	b LEADERSHIP CONFERENCES	900099	171,386	171,386		
	c AG REGULATORY & SAFETY	900099	135,832	135,832		
	d AG LEGISLATIVE SERVICES	900099	39,669	39,669		
	e AG ENVIRONMENTAL	900099	18,494	18,494		
	f All other program service revenue	900099	157,735	157,585	150	
	g **Total.** Add lines 2a–2f ▶		699,376			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		950,428			950,428
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		50,318			50,318
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,256			
	b Less cost or other basis and sales expenses		936			
	c Gain or (loss)		1,320			
	d Net gain or (loss) ▶		1,320			1,320
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a AFFILIATE SERVICES	900099	5,618,275			5,618,275
	b ANNUAL MTG & CONVENTIOI	900099	143,662			143,662
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		5,761,937			
	12 **Total revenue.** See instructions. ▶		14,706,704	699,226	150	6,764,003

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,446,064			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,427,883			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	680,780			
9 Other employee benefits	616,021			
10 Payroll taxes	478,940			
11 Fees for services (non-employees):				
a Management				
b Legal	105,319			
c Accounting	3,600			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	729,923			
12 Advertising and promotion				
13 Office expenses	1,014,601			
14 Information technology	226,526			
15 Royalties				
16 Occupancy	614,476			
17 Travel	496,584			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,376,665			
20 Interest				
21 Payments to affiliates	1,259,614			
22 Depreciation, depletion, and amortization	173,202			
23 Insurance	27,942			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AG PROMOTION & EDUCATION	199,557			
b MEMBERSHIP CAMPAIGN	51,046			
c MISCELLANEOUS	281			
d AG REGULATORY & SAFETY	13,005			
e AG ENVIRONMENTAL	2008			
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	14,944,037			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		830,098	2	941,719
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		392,101	4	1,022,531
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		100,225	9	68,866
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,855,266			
	b	Less: accumulated depreciation	10b 1,126,911	761,405	10c	728,355
	11	Investments—publicly traded securities		5,946,124	11	4,199,154
	12	Investments—other securities. See Part IV, line 11		2,343,059	12	3,061,957
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,373,012	16	10,022,582
Liabilities	17	Accounts payable and accrued expenses		1,475,945	17	1,726,031
	18	Grants payable			18	
	19	Deferred revenue		2,427,105	19	2,076,581
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,903,050	26	3,802,612
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,469,962	27	6,219,970
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,469,962	33	6,219,970
	34	Total liabilities and net assets/fund balances		10,373,012	34	10,022,582

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38 : 1718391

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e g., recreation or pleasure)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ .....

(ii) Assets included in Form 990, Part X ▶ $ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ .....

b Assets included in Form 990, Part X ▶ $ .....

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ..... %
b Permanent endowment ► ..... %
c Term endowment ► ..... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,472,759	864,143	608,616
e Other		382,507	262,768	119,739
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				728,355

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	3,061,957	COST
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	3,061,957	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

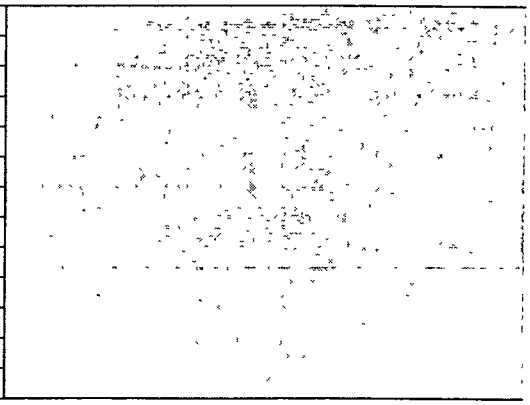
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	



2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,706,704
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,944,037
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(237,333)
4	Net unrealized gains (losses) on investments	4	60,676
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(424,881)
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(601,538)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,845,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	(60,676)		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	(60,676)
3	Subtract line **2e** from line **1**			3	10,784,510
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,922,194		
c	Add lines **4a** and **4b**			4c	3,922,194
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	14,706,704

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,446,724
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,497,313		
c	Add lines **4a** and **4b**			4c	3,497,313
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	14,944,037

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FORM 990, SCHEDULE D, PART XI, LINE 8: EFFECTIVE 9/1/08 MICHIGAN FARM BUREAU CHANGED FROM A FISCAL YEAR END OF 8/31 TO A CALENDAR YEAR END OF 12/31. THE AUDITED FINANCIAL STATEMENTS COVERED THE SIXTEEN MONTH PERIOD FROM 9/1/08 - 12/31/09. THIS FORM 990 COVERS TWELVE MONTHS ENDING 12/31/09.

FORM 990, SCHEDULE D, PART XII, LINE 4B: REVENUES FOR THE AFFILIATE PORTION OF SHARED MANAGEMENT AND ADMINISTRATIVE EXPENSES AND AFFILIATE REVENUES FOR AN INTERNAL PRINTSHOP ARE EXCLUDED FROM REVENUES FOR AUDIT FINANCIAL PRESENTATION.

Part XIV Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART XIII, LINE 4B: REVENUES FOR THE AFFILIATE PORTION OF SHARED MANAGEMENT AND ADMINISTRATIVE EXPENSES REDUCE THE GENERAL AND ADMINISTRATIVE EXPENSES FOR AUDIT FINANCIAL PRESENTATIONS. THE AFFILIATE EXPENSES OF THE INTERNAL PRINTSHOP ARE EXCLUDED FROM EXPENSES FOR AUDIT FINANCIAL PRESENTATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

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Open to Public Inspection

Name of the organization	Employer identification number
MICHIGAN FARM BUREAU	38 : 1718391

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	✓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WAYNE H. WOOD	(i)	253,948			23,429	13,047	290,425	0
	(ii)	10,000					10,000	
DAVID VANDERHAAGEN	(i)	264,728			37,451	13,604	315,783	0
	(ii)							
JOHN VANDER MOLEN	(i)	213,970			22,813	13,041	249,824	0
	(ii)							
DOUGLAS J. KAMMANN	(i)	199,665			19,630	15,170	234,465	0
	(ii)							
ANDREW KOK	(i)	163,039			9,374	14,477	186,890	0
	(ii)							
THOMAS G. WISEMAN	(i)	167,982			18,042	12,107	198,131	0
	(ii)							
PATRICK BLANCHETT	(i)	163,280			17,977	11,153	192,409	0
	(ii)							
THOMAS L. NUGENT	(i)	129,131			13,783	12,412	155,326	0
	(ii)							
DENNIS E. RUDAT	(i)	125,189			11,690	13,953	150,832	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A: THE PRESIDENT IS PROVIDED HOUSING LOCATED NEAR THE HEADQUARTERS FOR THE CONVENIENCE OF THE ORGANIZATION.

FORM 990, SCHEDULE J, PART I, LINE 4B: DAVID VANDERHAAGEN IS A PARTICIPANT IN A SUPPLEMENTAL RETIREMENT PLAN. FORM 990 SCHEDULE J, PART II, ITEM C INCLUDES $9,597 OF FUNDING TO THIS PLAN'S ANTICIPATED LIABILITY.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

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Open to Public Inspection

Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 : 1718391

FORM 990, PART III, LINE 4A: RECOMMENDATIONS ON LOCAL, STATE, AND NATIONAL ISSUES. LOCAL, STATE AND NATIONAL POLICY RECOMMENDATIONS ARE MADE TO MEMBERS AND ARE VOTED ON AT THE COUNTY ANNUAL MEETING. A 20-MEMBER STATE POLICY DEVELOPMENT COMMITTEE IS APPOINTED WITH REPRESENTATION FROM ALL AREAS OF THE STATE. THIS COMMITTEE MEETS TO GATHER INFORMATION ON A WIDE RANGE OF ISSUES, REVIEW ALL OF THE COUNTY RECOMMENDATIONS, AND PRODUCES A SLATE OF PROPOSED ADDITIONS, CHANGES, AND DELETIONS TO THE DELEGATES OF THE MFB ANNUAL MEETING. FARM BUREAU'S POLICY DEVELOPMENT PROCESS RESULTED IN ABOUT 1,100 POLICY RECOMMENDATIONS FROM THE COUNTIES. OTHER RECOMMENDATIONS INCLUDE THOSE FROM VARIOUS MFB ADVISORY COMMITTEES, FOR A TOTAL OF APPROXIMATELY 1,200 POLICY RECOMMENDATIONS CONSIDERED BY THE MFB POLICY DEVELOPMENT COMMITTEE. FINAL POLICY DECISIONS ARE MADE BY THE VOTING DELEGATES FROM EACH COUNTY FARM BUREAU AT THE MFB ANNUAL MEETING.

FORM 990, PART III, LINE 4B: ISSUES MAY IMPACT MICHIGAN FARMERS.

FB UPDATE IS THE VIDEO NEWSLETTER OF THE MFB. PRODUCED QUARTERLY, THE 20 MINUTE FB UPDATE FOCUSES ON STORIES IMPORTANT TO AGRICULTURE AND IS DISTRIBUTED TO 110 AGRI-SCIENCE TEACHERS AND 160 MFB COMMUNITY ACTION GROUPS.

BENEFITS ADVISOR IS A FOUR-COLOR NEWSLETTER MAILED QUARTERLY TO ASSOCIATE MEMBERS. IT IS PACKED WITH INFORMATION ABOUT MEMBER SERVICES.

THE IPR DIVISION COORDINATES THE ACTIVITIES OF THE MICHIGAN AG COUNCIL. IT IS A COALITION OF COMMODITY ORGANIZATIONS AND AGRI-BUSINESSES UNITED FOR THE PURPOSE OF IMPROVING AND ENHANCING THE PUBLIC IMAGE OF AGRICULTURE IN THE STATE. TO DATE, THE COUNCIL HAS PROVIDED FUNDING AND LEADERSHIP FOR STATEWIDE AG PROMOTION AND SEVERAL REGIONAL CAMPAIGNS IN COOPERATION WITH COUNTY FARM BUREAUS. THESE CAMPAIGNS HAVE UTILIZED PROMOTIONAL MATERIAL CREATED BY MFB, INCLUDING PUBLIC PROMOTIONS, RADIO SPOTS, THEATER ADVERTISEMENTS, PRINT ADS, AND A TOOL KIT FOR CONDUCTING FARM TOURS. THE COUNCIL HAS ALSO CONSOLIDATED CLASSROOM LESSON PLANS FROM ALL COALITION PARTNERS INTO TWO STATE-APPROVED CURRICULUM GUIDES FOR GRADES K-6.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

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Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 1718391

FORM 990, PART III, LINE 4C: BUREAU MEMBER AN OPPORTUNITY TO PARTICIPATE AND VOICE THEIR CONCERNS REGARDING ISSUES PERTINENT TO THE AGRICULTURAL INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 190,000 MEMBERS WHO PAY ANNUAL MEMBERSHIP DUES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION ARE REPRESENTED BY A DELEGATE BODY OF MEMBERS WHO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: CHANGES IN THE ORGANIZATIONS BYLAWS MUST BE APPROVED BY THE DELEGATE BODY. IN ADDITION, THE DELEGATE BODY ANNUALLY RATIFIES ALL BOARD ACTIONS AND AUTHORIZES THE PRESIDENT OF THE BOARD TO APPOINT ALL NECESSARY COMMITTEES AND COMMITTEE CHAIRS.

FORM 990, PART VI, SECTION B, LINE 11A: THE BOARD OF DIRECTORS (BOARD) OF MICHIGAN FARM BUREAU IS THE GOVERNING BODY WHICH IS RESPONSIBLE FOR THE ANNUAL REVIEW OF THE FORM 990 RETURN. PRIOR TO THE FORMS' FILING, THE AUDIT COMMITTEE OF THE BOARD, CONSISTING OF 7 OF THE 17 BOARD MEMBERS, REVIEWS THE ANNUAL AUDITED FINANCIAL STATEMENTS TO BE USED AS BASIS OF PREPARATION FOR THE FORM 990 AND 990T RETURN. THE FINAL PREPARATION AND REVIEW OF THE 990 AND 990T ARE PERFORMED BY THE DIRECTOR OF FINANCIAL SERVICES, THE PUBLIC ACCOUNTING FIRM AND THE TREASURER. THE AUDIT COMMITTEE WILL REVIEW THE COMPLETED RETURNS AFTER THEY ARE FILED AND MAKE A REPORT AND RECOMMENDATION TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A MOTION OF ACKNOWLEDGMENT IS MADE BY THE BOARD OF DIRECTORS (BOARD). AT THIS SAME TIME ALL OFFICERS, BOARD MEMBERS, KEY EMPLOYEES, AND DIVISION DIRECTORS MUST ANNUALLY PROVIDE A SIGNED STATEMENT LISTING ALL POTENTIAL CONFLICTS OF INTEREST WHILE ACTING IN THEIR RESPECTIVE POSITIONS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

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Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 1718391

FORM 990, PART VI, SECTION B, LINE 15: MICHIGAN FARM BUREAU (MFB) USES A SALARY ADMINISTRATION PROGRAM DEVELOPED AND MAINTAINED BY AN OUTSIDE CONSULTANT, HEWITT ASSOCIATES. ALL POSITIONS ARE EVALUATED THROUGH THE POSITION EVALUATION PLAN; COMPETITIVE SALARY INFORMATION IS OBTAINED THROUGH SALARY SURVEYS AND PLACED INTO INDIVIDUAL SALARY RANGES. MERIT INCREASES ARE BASED ON: 1) AN EMPLOYEE'S PERFORMANCE; 2) MERIT INCREASE GUIDELINES, AND 3) THEIR CURRENT POSITION RELATIVE TO THE SALARY RANGE. MFB'S TOP MANAGEMENT EMPLOYEES ARE EVALUATED BY A FIVE PERSON OFFICERS COMMITTEE OF THE BOARD. THE PERFORMANCE REVIEW ALONG WITH ANY SALARY ADJUSTMENTS IS THEN REVIEWED WITH THE FULL 17 MEMBER BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: NO GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC. FORM 990 AND 990-T ARE AVAILABLE TO THE PUBLIC ON ANOTHER PROVIDER'S WEBSITE. IN ADDITION, THEY CAN BE REVIEWED IN PERSON OR A COPY WILL BE PROVIDED UPON WRITTEN REQUEST.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 : 1718391

FORM 990, PART VII, SECTION A:

NAME & TITLE	AVERAGE HOURS PER WEEK RELATED ORAGNIZATION
WAYNE H. WOOD - DIRECTOR AND PRESIDENT	15
JOSHUA WUNSCH - DIRECTOR AND VICE PRESIDENT	3
MICHAEL C. FUSILIER - DIRECTOR	3
ALAN GARNER - DIRECTOR	3
BRIGETTE LEACH - DIRECTOR	3
BRENT HOTCHKIN - DIRECTOR	3
PAUL KOEMAN - DIRECTOR	3
CARL BEDNARSKI - DIRECTOR	3
L. CHARLES MULHOLLAND - DIRECTOR	3
DAVID BAHRMAN - DIRECTOR	3
ANDREW HAGENOW - DIRECTOR	3
PAT ALBRIGHT- DIRECTOR	3
DOUGLAS DARLING - DIRECTOR	3
MICHAEL MULDERS - DIRECTOR	3
PATRICK MCGUIRE - DIRECTOR	3
JENNIFER LEWIS - DIRECTOR	0
BEN LACROSS - DIRECTOR	3
MERISA CAMPBELL - DIRECTOR	3
JOSEPH OTT - DIRECTOR	0
DAVID VANDERHAAGEN - SECRETARY	21
JOHN VANDER MOLEN - CHIEF OPERATING OFFICER	29
ANDREW KOK - ASSISTANT SECRETARY	21
DOUGLAS J. KAMMANN - TREASURER	27
THOMAS G. WISEMAN - HUMAN RESOURCE DIRECTOR	36

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 1718391

FORM 990, PART VII, SECTION A (CONT):

NAME & TITLE	AVERAGE HOURS PER WEEK RELATED ORAGNIZATION
PATRICK BLANCHETT - DIRECTOR OF INTERNAL AUDIT	37
THOMAS L. NUGENT - DIRECTOR OF FIELD OPERATIONS	16
DENNIS E. RUDAT - DIRECTOR, INFO & PUBLIC RELATIONS	18
PATRICIA M. COTTER - DIRECTOR OF FINANCIAL SERVICES	18

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MICHIGAN FARM BUREAU

Employer identification number

38 1718391

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MICHIGAN FARMLAND AND COMMUNITY ALLIANCE 38-3434632, 7373 W SAGINAW HWY LANSING MI 48917	VIABILITY OF AG	MICHIGAN	501(c)(3)	7	MFB
MICHIGAN FOUNDATION FOR AGRICULTURE 27-0200380, 7373 W SAGINAW HWY LANSING MI 48917	EDUCATION/CHARITY	MICHIGAN	501(c)(3)	11a- Type I	MFB

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Farm Bureau Life Insurance Company of Michigan 7373 W Saginaw Hwy, Lansing, MI 48917 38-6056370	Life Insurance	Michigan	MFB Fin Corp	C corp	268,815,123	1,884,159,333	100%
Farm Bureau General Insurance Company of Michigan 7373 W Saginaw Hwy, Lansing, MI 48917 38-6056228	Property Casualty Insurance Company	Michigan	MFB Fin Corp	C corp	2,009,465	325,918,155	100%
Michigan Farm Bureau Financial Corporation 7373 W Saginaw Hwy, Lansing, MI 48917 38-2035467	Insurance Holding Company	Michigan	MFB	C corp	29,209,994	438,688,123	100%
Community Service Acceptance Company 7373 W Saginaw Hwy, Lansing, MI 48917 38-1883116	Insurance Agency	Michigan	MFB Fin Corp	C corp	8,060,728	3,249,954	100%
Michigan Agricultural Cooperative Marketing Associat 7373 W Saginaw Hwy, Lansing, MI 48917 38-1659786	Fruit & Veg Mktg & Bargaining	Michigan	MFB	C corp	346,485	426,932	56%
FB Equity Sales Corporation of Michigan 7373 W Saginaw Hwy, Lansing, MI 48917 38-3237412	Insurance Brokerage Company	Michigan	MFB Fin Corp	C corp	126,006	167,552	100%
MFB, Inc. 7373 W Saginaw Hwy, Lansing, MI 48917 38-2102277	Membership Benefits & Promotes Affiliates	Michigan	MFB	C corp	5,937,968	3,959,427	100%

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d	✓	
e	Loans or loan guarantees by other organization(s)	1e	✓	
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	✓	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	✓	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		✓
n	Sharing of paid employees	1n		✓
o	Reimbursement paid to other organization for expenses	1o		✓
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	MICHIGAN AGRICULTURAL COOPERATIVE MARKETING ASSOCIATION, INC	d	0
(2)	FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN	e	0
(3)	FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN	j	196,866
(4)	FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN	k	1,853,763
(5)	MICHIGAN AGRICULTURAL COOPERATIVE MARKETING ASSOCIATION, INC	k	179,208
(6)	MFB, INC.	k	1,609,241

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(7) FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN	I	560,322
(8) MFB, INC.	I	135,332
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		