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SCANNED APR 19 2011

For Paperwork Reduction Act Notice, see the separate instructions.

1

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form 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

2010

Open to Public Inspection

Form 990-EZ (2010)

| Α            | For the    | e 2010 calen          | dar year, or tax year beginning , and ending  |             |                             |
|--------------|------------|-----------------------|---|-------------|-----------------------------|
| В            | Check r    | f applicable          | C Name of organization  | D Empi      | loyer identification number |
|              | Address    | s change              |   |             |                             |
|              | Name c     | hange                 | Kansas Farm Bureau Legal Foundation   | 48          | -1243473                    |
|              | Initial re | tum                   | Number and street (or P O box, if mail is not delivered to street address) Room/suite                           | E Telep     | hone number                 |
|              | Termina    | ated                  | 2627 KFB Plaza  | 78          | <u>5-587-6000</u>           |
|              | Amende     | ed return             | City or town, state or country, and ZIP + 4   | F Grou      | p Exemption                 |
|              | Applicat   | tion pending          | Manhattan KS 66503-8155   | Num         | ber <b>&gt;</b>             |
| G            | Accoun     | ting Method           | X Cash Accrual Other (specify) ► H Check ►  | if th       | e organization is not       |
| 1            |            | e: <b>► <u>NA</u></b> |   | o attach So | chedule B                   |
| ĩ            | Tax-ex     |                       |   |             | or 990-PF)                  |
| K            | Check I    | ▶ if the o            | rganization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more the | nan \$50,00 | 0 A                         |
|              | Form 99    | 90-EZ or Form         | 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organ  | ization che | ooses                       |
|              |            |                       | to file a complete return   | _           |                             |
| L            | Add line   | es 5b, 6c, and 7      | b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, |             |                             |
| _            |            |                       | ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | <u> </u>    |                             |
| -            | art I      |                       | ue, Expenses, and Changes in Net Assets or Fund Balances (see the in  | struction   |                             |
|              | 1 .        |                       | If the organization used Schedule O to respond to any question in this Part I                                   | <del></del> | <u>X</u>                    |
|              | 1          |                       | gifts, grants, and similar amounts received   | 1_1_        | 71,320                      |
|              | 2          | -                     | rvice revenue including government fees and contracts   | 2           |                             |
|              | 3          | •                     | dues and assessments  | _ 3_        |                             |
|              | 4          | Investment            |   | 4           | 3,594                       |
|              | 5a         |                       | int from sale of assets other than inventory 5a   |             |                             |
|              | b          |                       | r other basis and sales expenses  from sale of coarts at the other reports (Outdoor the 5th from the 5th)       |             |                             |
|              | 6<br>6     |                       | from sale of assets other than inventory (Subtract line 5b from line 5a)  I fundraising events                  | 5c          |                             |
| Φ            |            | •                     | ne from gaming (attach Schedule G if greater than   |             |                             |
| J.           | a          | \$15,000)             |   |             |                             |
| Revenue      | Ь          |                       | ne from fundraising events (not including 3,750 of contributions  |             |                             |
| Œ            | "          |                       | sing events reported on line 1) (attach Schedule G if the   |             |                             |
|              |            |                       | gross income and contributions exceeds \$15,000) [6b] 13,63   | 2 0         |                             |
|              | c          |                       | expenses from gaming and fundraising events  6c  12,92  | 55          |                             |
|              | d          |                       | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                                  |             |                             |
|              |            | line 6c)              | or (1999) from garning and fariationing events (and fines on and ob and subtract                                | 6d          | 717                         |
|              | 7a         | •                     | of inventory, less returns and allowances 7a  | - Ju        | 727                         |
|              | Ь          |                       | f goods sold 7b   | _           |                             |
|              | l c        |                       | or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c          |                             |
|              | 8          |                       | ue (describe in Schedule O)   | 8           |                             |
|              | 9          | Total reven           | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | ▶ 9         | 75,631                      |
|              | 10         |                       | similar amounts paid (list in Schedule O)   | 10          |                             |
|              | 11         | Benefits par          | d to or for members ner compensation, and employee benefits  APR 0 5 2011                                       | 11          |                             |
| S            | 12         | Salaries, ot          | ner compensation, and employee benefits APR 0 5 2011  | 12          |                             |
| Expenses     | 13         | Professiona           | I fees and other payments to independent contractors  | 13          |                             |
| 8            | 14         | Occupancy,            | rent, utilities, and maintenance OGDEN, UT  | 14          |                             |
| ũ            | 15         | Printing, pu          | plications, postage, and shipping   | 15          |                             |
|              | 16         | Other exper           | nses (describe in Schedule O)   | 16          | 24,498                      |
| _            | 17         | Total exper           | nses. Add lines 10 through 16   | ▶ 17        | 24,498                      |
| <sub>(</sub> | 18         | Excess or (           | deficit) for the year (Subtract line 17 from line 9)  | 18          | 51,133                      |
| Net Assets   | 19         | Net assets            | or fund balances at beginning of year (from line 27, column (A)) (must agree with                               |             |                             |
| As           |            | end-of-year           | figure reported on prior year's return)   | 19          | 363,987                     |
| ě            | 20         | Other chang           | ges in net assets or fund balances (explain in Schedule O)  | 20          |                             |
|              | 1 24       | Not accete            | or fund balances at and of year. Combine lines 19 through 20  | 24          | 1 415 120                   |

| Form 990-EZ (2010) Kansas   | <u>Farm Bureau Legal F</u>   |  |  |  |   | Page 2  |
|---|--|--|--|--|---|---|
|   | . (see the instructions for Part II)   |  |  |  | •   |   |
| Check if the organi   | ization used Schedule O to respond   | to any question in th  | nis Part II  |  |   |   |
|   |  |  | (A) Beginning of ye  | ear  | (B)   | End of year   |
| 22 Cash, savings, and investments   |  |  | 363,9  | 87 22  | 2   | 415,120   |
| 23 Land and buildings   |  |  |  | 0 2  | 3   |   |
| 24 Other assets (describe in Sched  | ule O)   |  |  | 0 24   | 4   |   |
| 25 Total assets   | •  |  | 363,9  | 87 2   | 5   | 415,120   |
| 26 Total liabilities (describe in Sch   | nedule O)  |  |  | 0 20   | 6   | 0   |
| •   | ine 27 of column (B) must agree with line  | 21)  | 363,9  |  | _   | 415,120   |
|   | rogram Service Accomplishme  |  |  |  |   | penses  |
|   | ization used Schedule O to respond   | •  |  |  |   | for section   |
| What is the organization's primary ex   |  | to any queetien in a   |  |  |   | and 501(c)(4)   |
| See Schedule O  | Actific purpose -  |  |  |  |   | ons and section   |
|   | ying out the organization's exempt purpo   | see In a clear and cor   | noise manner de  |  | •   | ) trusts, optional  |
|   | f persons benefited, or other relevant info  |  |  | ľ  |   | •   |
| ·   | persons benefited, or other relevant line  | ormation for each prog   | grann title  |  | for others  | 1   |
| 28 See Schedule O   |  |  |  |  |   |   |
|   |  |  |  |  |   |   |
| (Canada C   | ) 164lan   |  |  | ــ ا ـــ   |   | 04 450  |
| (Grants\$   | ) If this amount includes foreign gran   | its, cneck nere  | <u> </u>   | 28   | ia  | 24,458  |
| 29  |  |  |  |  |   |   |
|   |  |  |  |  |   |   |
|   |  |  | _  |  | İ   |   |
| (Grants\$   | ) If this amount includes foreign gran   | its, check here  |  | 29   | )a  |   |
| 30  |  |  |  |  |   |   |
|   |  |  |  |  |   |   |
|   |  |  |  | ,_ <b></b> ,   |   |   |
|   |  |  | _  | 1 1 20   | )a İ  |   |
| (Grants\$   | ) If this amount includes foreign gran   | its, check here  |  | 1 30   | ,a  |   |
|   |  | its, check here  | <b></b>  | 1 1 30   | ,,,   |   |
|   |  |  | <u> </u>   | 31   |   |   |
| Other program services (describ<br>(Grants\$  | oe in Schedule O) ) If this amount includes foreign gran   |  | <u> </u>   |  | ia  | 24,458  |
| Other program services (describ<br>(Grants\$  2 Total program service expense   | oe in Schedule O) ) If this amount includes foreign gran   | its, check here  | If not compensa  | ☐ 31<br>▶ 3:   | ia<br>2   |   |
| 31 Other program services (describ<br>(Grants\$<br>32 Total program service expense<br>Part IV List of Officers, Dire   | oe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a)   | ts, check here  List each one even to any question in ti   | his Part IV  | 31  31  32  ated (se   | ee the ins  |   |
| 1 Other program services (describ<br>(Grants\$<br>12 Total program service expense<br>Part IV List of Officers, Dire<br>Check if the organ  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. sization used Schedule O to respond  | List each one even to any question in the  | his Part IV<br>(c) Compensation                                  | 31  32  33  34  36  37  38  38  38  38  38  38  38  38  38   | tributions to   | structions for Par<br>X<br>(e) Expense  |
| 31 Other program services (describ<br>(Grants\$ 32 Total program service expense<br>Part IV List of Officers, Dire<br>Check if the organ  | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees.  | ts, check here  List each one even to any question in ti   | his Part IV  | 31  31  (d) Conemployee b  | ee the ins  | structions for Par<br>X<br>(e) Expense  |
| 31 Other program services (describ<br>(Grants\$<br>32 Total program service expense<br>Part IV List of Officers, Dire<br>Check if the organ<br>(a) Na   | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. sization used Schedule O to respond  | List each one even to any question in ti (a) Title and average hours per week  | his Part IV<br>(c) Compensation<br>(If not paid,                 | 31  31  (d) Conemployee b  | tributions to   | structions for Par<br>X<br>(e) Expense<br>account and                           |
| Other program services (describe (Grants\$  22 Total program service expense Part IV List of Officers, Director of the organ  (a) National Control of the Check of the Organ  (b) Steve Baccus  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. hization used Schedule O to respond time and address   | List each one even to any question in ti (a) Title and average hours per week devoted to position  | his Part IV<br>(c) Compensation<br>(If not paid,                 | 31  32  ated (see  | tributions to   | structions for Par<br>X<br>(e) Expense<br>account and                           |
| 31 Other program services (described) (Grants\$ 32 Total program service expenses Part IV List of Officers, Directly Check if the organ (a) Na Steve Baccus 2627 KFB Plaza  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503   | List each one even to any question in ti (a) Title and average hours per week devoted to position President  | his Part IV (c) Compensation (If not paid, enter -0)             | 31  32  ated (see  | tributions to penefit plans 8 compensation  | structions for Par X  (e) Expense account and other allowances                  |
| 31 Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director Check of the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten   | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres.  | his Part IV (c) Compensation (If not paid, enter -0)             | 31  31  Ated (see  | ee the institutions to benefit plans 8 compensation                               | (e) Expense account and other allowances  |
| 31 Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director Check of the organ  (a) National Check of C | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00   | (c) Compensation<br>(lf not paid,<br>enter -0)                   | 31  31  Ated (see  | tributions to penefit plans 8 compensation  | structions for Par X  (e) Expense account and other allowances                  |
| 11 Other program services (describe (Grants\$ 12 Total program service expense Part IV List of Officers, Director of the organ (a) National Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III   | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary  | nis Part IV  (c) Compensation (if not paid, enter -0)  0         | 31  33 ated (see the deferred of the deferred  | tributions to penefit plans 8 compensation  | tructions for Par X  (e) Expense account and other allowances  0                |
| 31 Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director of Check of the organ  (a) National Check of Check o | be in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees.  inzation used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00   | (c) Compensation<br>(lf not paid,<br>enter -0)                   | 31  33 ated (see the deferred of the deferred  | ee the institutions to benefit plans 8 compensation                               | tructions for Par X (e) Expense account and other allowances  0                 |
| 31 Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director of Check of the organ  (a) National Charles Service expenses  2627 KFB Plaza Edie Dahlsten  2922 Shawnee Rd Charles S. Arthur, III  4550 Meadow Crest Carol Sherley-Days  | be in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer  | his Part IV  (c) Compensation (if not paid, enter -0)  0         | 31  32  ated (see  | tributions to penefit plans 8 compensation  | structions for Par X (e) Expense account and other allowances                   |
| Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director of the Organ  (a) National Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00   | nis Part IV  (c) Compensation (if not paid, enter -0)  0         | 31  32  ated (see  | tributions to penefit plans 8 compensation  | structions for Par X  (e) Expense account and other allowances  0               |
| Other program services (describe (Grants\$ 22 Total program service expense Part IV List of Officers, Director of the organ  (a) National Steve Baccus 2627 KFB Plaza 26410 Dahlsten 2922 Shawnee Rd 26410 Charles S. Arthur, III 26550 Meadow Crest 2627 Creek Rd 2637 Creek Rd 2637 Creek Rd 2637 Creek Rd 2647 Creek Rd  | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees.  Alization used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  Manhattan  KS 66502  Bern  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director   | (c) Compensation (if not paid, enter -0)                         | 31  33  ated (se   | tributions to benefit plans 8 compensation 0                                      | tructions for Par X  (e) Expense account and other allowances  0  0             |
| Check if the organ  (a) Na  Steve Baccus  22 Shawnee Rd  Charles S. Arthur, III  4550 Meadow Crest  Carol Sherley-Days  7291 Cedar Creek Rd  Geffery Grossenbacher  1943 224th Road   | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Dization used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  | his Part IV  (c) Compensation (if not paid, enter -0)  0         | 31  33  ated (se   | tributions to penefit plans 8 compensation  | tructions for Par X  (e) Expense account and other allowances  0  0             |
| Charles S. Arthur, III  4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd George Pretz George Pretz  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Alization used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  | (c) Compensation (If not paid, enter -0)                         | 31  33  A 32  A 32  A 34   tributions to benefit plans 8 compensation 0                                      | tructions for Par X  (e) Expense account and other allowances  0  0  0          |
| Other program services (describe (Grants\$ 22 Total program service expense Part IV List of Officers, Director of the organ  (a) Na Steve Baccus 2627 KFB Plaza 36die Dahlsten 222 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Deffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd   | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Maintain used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408 Paola KS 66071   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00   | (c) Compensation (if not paid, enter -0)                         | 31  33  A 32  A 32  A 34   tributions to benefit plans 8 compensation 0                                      | structions for Par X  (e) Expense account and other allowances  0  0  0         |
| Other program services (describe (Grants\$  12 Total program service expense Part IV List of Officers, Director of the organ  (a) National Steve Baccus  2627 KFB Plaza  Edie Dahlsten  922 Shawnee Rd  Charles S. Arthur, III  4550 Meadow Crest  Carol Sherley-Days  7291 Cedar Creek Rd  Jeffery Grossenbacher  1943 224th Road  George Pretz  33961 Cedar Niles Rd  Richard Felts   | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees.  Alization used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  Manhattan  KS 66502  Manhattan  KS 66502  Bern  KS 66408  Paola  KS 66071  Liberty   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00  Director   | (c) Compensation (If not paid, enter -0)                         | 31  33  ated (se  (d) Con  employee the deferred of  | tributions to benefit plans 8 compensation 0 0 0 0 0                              | tructions for Par X  (e) Expense account and other allowances  0  0  0          |
| Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director of Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola KS 66071  Liberty KS 67351  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00   | (c) Compensation (If not paid, enter -0)                         | 31  33  ated (se  (d) Con  employee the deferred of  | tributions to benefit plans 8 compensation 0                                      | structions for Par X  (e) Expense account and other allowances  0  0  0         |
| Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director of Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele   | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees.  Alization used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  Manhattan  KS 66502  Manhattan  KS 66502  Bern  KS 66408  Paola  KS 66071  Liberty   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00  Director   | (c) Compensation (If not paid, enter -0)                         | 31  33  ated (se  (d) Con  employee the deferred of  | tributions to benefit plans 8 compensation 0 0 0 0 0                              | structions for Par X  (e) Expense account and other allowances  0  0  0         |
| Other program services (describe (Grants\$ 22 Total program service expense Part IV List of Officers, Director of Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza 36die Dahlsten 222 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Deffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele  | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola KS 66071  Liberty KS 67351  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00  Director 0.00  | (c) Compensation (If not paid, enter -0)                         | 31 ated (se  | tributions to benefit plans 8 compensation 0 0 0 0 0                              | structions for Par X  (e) Expense account and other allowances  0  0  0         |
| Other program services (describe (Grants\$  12 Total program service expense Part IV List of Officers, Director of the organ  (a) National Steve Baccus  2627 KFB Plaza  Edie Dahlsten  922 Shawnee Rd  Charles S. Arthur, III  4550 Meadow Crest  Carol Sherley-Days  7291 Cedar Creek Rd  Jeffery Grossenbacher  1943 224th Road  George Pretz  33961 Cedar Niles Rd  Richard Felts  3453 County Road 4700  Robert Voegele  29432 21st Road   | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Manhattan KS 66602  Bern KS 66408  Paola KS 66071  Liberty KS 67351  Arkansas CIty   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director 0.00  Director 0.00  Director 0.00  Director 0.00  Director   | c) Compensation (If not paid, enter -0)                          | 31 ated (se  | tributions to penefit plans 8 compensation  0  0  0  0  0                         | ctructions for Par X X (e) Expense account and other allowances                 |
| Carol Sherley-Days Carol Sherley  | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond ime and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408 Paola KS 66071 Liberty KS 67351 Arkansas CIty KS 67005  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director   | c) Compensation (If not paid, enter -0)                          | 31  33  ated (se   | tributions to penefit plans 8 compensation  0  0  0  0  0                         | ctructions for Par X X (e) Expense account and other allowances                 |
| 1 Other program services (describe (Grants\$ 2 Total program service expense Part IV List of Officers, Director Check if the organ  (a) National Check if the organ  (b) National Check if the organ  (c) National Check if the organ  (d) National Check if the organ  (e) National Check if the organ  (f) National Check if the organ  (g) National Check if the organ  (h) National Check if the organ  ( | pe in Schedule O)  ) If this amount includes foreign gran es (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond ime and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola KS 66071  Liberty KS 67351  Arkansas City KS 67005  Gypsum   | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director   | nis Part IV (c) Compensation (If not paid, enter -0)  0  0  0  0 | 31  33  ated (se   | tributions to benefit plans 8 compensation  0  0  0  0  0  0                      | tructions for Par X  (e) Expense account and other allowances  0  0  0  0  0  0 |
| Contact of the program services (described (Grants)  22 Total program service expensed Part IV List of Officers, Directly Check if the organ (a) National Steve Baccus  2627 KFB Plaza  263die Dahlsten  2622 Shawnee Rd  263 Charles S. Arthur, III  26350 Meadow Crest  2631 Cedar Creek Rd  26453 County Road  2656 Cedar Niles Rd  26563 County Road  26666 S. Donmeyer Rd.  26675 Services (County Road  26676 S. Donmeyer Rd.   | pe in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. inzation used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408 Paola KS 66071 Liberty KS 67351 Arkansas CIty KS 67005 Gypsum KS 67448 Woodston  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director  | nis Part IV (c) Compensation (If not paid, enter -0)  0  0  0  0 | 31  33  Atted (see   | tributions to benefit plans 8 compensation  0  0  0  0  0  0                      | structions for Par X X (e) Expense account and other allowances                 |
| Other program services (describe (Grants\$  22 Total program service expense Part IV List of Officers, Director Check if the organ  (a) National Steve Baccus  2627 KFB Plaza  Edie Dahlsten  922 Shawnee Rd  Charles S. Arthur, III  4550 Meadow Crest  Carol Sherley-Days  7291 Cedar Creek Rd  Jeffery Grossenbacher  1943 224th Road  George Pretz  33961 Cedar Niles Rd  Richard Felts  3453 County Road 4700  Robert Voegele  29432 21st Road  Craig Stephenson  6696 S. Donmeyer Rd.  Jerry McReynolds  1757 31 Rd.  | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Dization used Schedule O to respond line and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola KS 66071  Liberty KS 67351  Arkansas CIty KS 67005  Gypsum KS 67448  Woodston KS 67675  | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director                                | c) Compensation (If not paid, enter -0)                          | 31  33  Atted (see   | tributions to penefit plans 8 compensation  0  0  0  0  0  0  0  0                | tructions for Par X  (e) Expense account and other allowances  0  0  0  0  0  0 |
| 31 Other program services (describe (Grants\$ 32 Total program service expense Part IV List of Officers, Director Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele 29432 21st Road Craig Stephenson 6696 S. Donmeyer Rd. Jerry McReynolds 1757 31 Rd. Keith Miller   | De in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees. Sization used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  Manhattan  KS 66502  Bern  KS 66408  Paola  KS 66408  Paola  KS 67351  Arkansas CIty  KS 67005  Gypsum  KS 67448  Woodston  KS 67675  Great Bend                                 | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director                                | c) Compensation (If not paid, enter -0)                          | 31  33  A steed (See   | tributions to penefit plans 8 compensation  0  0  0  0  0  0  0  0  0  0  0  0  0 | ctructions for Par    X   |
| 31 Other program services (describ (Grants\$ 32 Total program service expense Part IV List of Officers, Dire Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele 29432 21st Road Craig Stephenson 6696 S. Donmeyer Rd. Jerry McReynolds 1757 31 Rd. Keith Miller 363 NE 80 Ave.   | De in Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Dization used Schedule O to respond time and address  Manhattan KS 66503  Lindsborg KS 67456  Manhattan KS 66502  Manhattan KS 66502  Bern KS 66408  Paola KS 66408  Paola KS 66071  Liberty KS 67351  Arkansas CIty KS 67005  Gypsum KS 67448  Woodston KS 67675  Great Bend KS 67530                 | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director  | c) Compensation (If not paid, enter -0)                          | 31  33  A steed (See   | tributions to penefit plans 8 compensation  0  0  0  0  0  0  0  0                | ctructions for Par    X   |
| 31 Other program services (describ (Grants\$ 32 Total program service expense Part IV List of Officers, Dire Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele 29432 21st Road Craig Stephenson 6696 S. Donmeyer Rd. Jerry McReynolds 1757 31 Rd. Keith Miller 363 NE 80 Ave. John Stegman  | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Dization used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408 Paola KS 66071 Liberty KS 67351 Arkansas CIty KS 67005 Gypsum KS 67448 Woodston KS 67675 Great Bend KS 67530 Spearville                                | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director                 | c) Compensation (If not paid, enter -0)                          | 31  33  A 32  A 32  A 34  A 34  A 35  A 36  A 36  A 37   tributions to benefit plans 8 compensation  0  0  0  0  0  0  0  0  0  0  0  0  0 | ctructions for Par    X   |
| 31 Other program services (describ (Grants\$ 32 Total program service expense Part IV List of Officers, Dire Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele 29432 21st Road Craig Stephenson 6696 S. Donmeyer Rd. Jerry McReynolds 1757 31 Rd. Keith Miller 363 NE 80 Ave. John Stegman 306 Hall St.   | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a)  ectors, Trustees, and Key Employees.  Initiation used Schedule O to respond time and address  Manhattan  KS 66503  Lindsborg  KS 67456  Manhattan  KS 66502  Manhattan  KS 66502  Bern  KS 66408  Paola  KS 66408  Paola  KS 66071  Liberty  KS 67351  Arkansas CIty  KS 67005  Gypsum  KS 67448  Woodston  KS 67530  Spearville  KS 67876 | List each one even to any question in ti  (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director | c) Compensation (If not paid, enter -0)                          | 31  33  A 32  A 32  A 34  A 34  A 35  A 36  A 36  A 37   tributions to penefit plans 8 compensation  0  0  0  0  0  0  0  0  0  0  0  0  0 | ctructions for Par    X   |
| 31 Other program services (describ (Grants\$ 32 Total program service expense Part IV List of Officers, Dire Check if the organ  (a) Na  Steve Baccus 2627 KFB Plaza Edie Dahlsten 922 Shawnee Rd Charles S. Arthur, III 4550 Meadow Crest Carol Sherley-Days 7291 Cedar Creek Rd Jeffery Grossenbacher 1943 224th Road George Pretz 33961 Cedar Niles Rd Richard Felts 3453 County Road 4700 Robert Voegele 29432 21st Road Craig Stephenson 6696 S. Donmeyer Rd. Jerry McReynolds 1757 31 Rd. Keith Miller 363 NE 80 Ave. John Stegman  | De IN Schedule O)  ) If this amount includes foreign grantes (add lines 28a through 31a) ectors, Trustees, and Key Employees. Dization used Schedule O to respond time and address  Manhattan KS 66503 Lindsborg KS 67456 Manhattan KS 66502 Manhattan KS 66502 Bern KS 66408 Paola KS 66071 Liberty KS 67351 Arkansas CIty KS 67005 Gypsum KS 67448 Woodston KS 67675 Great Bend KS 67530 Spearville                                | List each one even to any question in ti (a) Title and average hours per week devoted to position  President 0.00  Vice Pres. 0.00  Secretary 0.00  Treasurer 0.00  Director                 | c) Compensation (If not paid, enter -0)                          | 31  A 3.3  A 3.5  A 3.5  A 3.6   tributions to benefit plans 8 compensation  0  0  0  0  0  0  0  0  0  0  0  0  0 | ctructions for Par    X   |

|     | 390-EZ (2010) Kansas Farm Bureau Legal Foundations-1  |                              |            |          | age 3          |
|-----|---|------------------------------|------------|----------|----------------|
| Pa  | rt V Other Information (Note the statement requirements in the instructions for<br>Check if the organization used Schedule O to respond to any question in this F |                              |            |          |                |
|     | Check if the diganization used Schedule O to respond to any question in this r  | rail v                       |            | Yes      | No             |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a   | detailed                     |            | res      | NO             |
| -   | description of each activity in Schedule O  | detailed                     | 33         |          | х              |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attached  | t a conformed                | 1 33       |          |                |
| •   | copy of the amended documents if they reflect a change to the organization's name. Otherwise, e   |                              |            |          |                |
|     | change on Schedule O (see instructions)   | Aprain the                   | 34         |          | х              |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among oth   | ers) but <b>not</b> reported | 57         |          | <del></del>    |
|     | on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T   | oroj, pat mat reported       |            |          |                |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or was it a section  | 501(c)(4)                    |            |          |                |
|     | 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax rec  |                              | 35a        |          | х              |
| ь   | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?   |                              | 35b        | 1        |                |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of ne  | et assets                    | 1          |          |                |
|     | during the year? If "Yes," complete applicable parts of Schedule N  |                              | 36         | 1        | X              |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions  | 37a                          |            |          |                |
|     | Did the organization file Form 1120-POL for this year?  |                              | 37b        | ]        | X              |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed   | oyee or were                 |            |          |                |
|     | any such loans made in a prior year and still outstanding at the end of the tax year covered by th  | s return?                    | 38a        |          | <u> </u>       |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b                          |            |          |                |
| 39  | Section 501(c)(7) organizations Enter   |                              |            |          |                |
| а   | Initiation fees and capital contributions included on line 9  | 39a                          | _          |          |                |
|     | Gross receipts, included on line 9, for public use of club facilities   | 39b                          |            |          |                |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year   |                              |            |          |                |
| _   | section 4911 ▶, section 4912 ▶, section 4955 I  |                              |            |          |                |
| þ   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 (   |                              |            | 1        |                |
|     | transaction during the year, or did it engage in an excess benefit transaction in a prior year, that I  | nas not been                 |            |          | ۱.,            |
| _   | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |                              | 40b        | ╁        | X              |
| C   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on  |                              |            | ŀ        |                |
|     | 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  | •                            |            |          |                |
| е   | All organizations At any time during the tax year, was the organization a party to a prohibited tax   | shelter                      | -          |          |                |
|     | transaction? If "Yes," complete Form 8886-T   |                              | 40e        | 1        | х              |
| 41  | List the states with which a copy of this return is filed ▶None   |                              |            |          |                |
| 42a | The organization's books are in care of ▶ Carol Sherley-Days  | Telephone no ▶ 78            | 35-58      | 7 - 6    | 000            |
|     | 2627 KFB Plaza  | •                            |            |          |                |
|     |   |                              | 6503       |          |                |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or of   |                              |            |          |                |
|     | over a financial account in a foreign country (such as a bank account, securities account, or other   | r financial                  |            | Yes      | No             |
|     | account)?   |                              | 42b        |          | X              |
|     | If "Yes," enter the name of the foreign country ▶   |                              | _          |          |                |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of For  | reign Bank                   |            | 1        |                |
|     | and Financial Accounts.   |                              | 1          |          |                |
| С   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?  |                              | 42c        |          | <u> </u>       |
|     | If "Yes," enter the name of the foreign country   |                              | _          |          | . —            |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check  | 1 1                          |            |          |                |
|     | and enter the amount of tax-exempt interest received or accrued during the tax year   | ▶ 43                         |            |          |                |
|     |   |                              |            | <u> </u> | T              |
| 44~ | Did the organization maintain any dense educed funds during the compact (FINAL III For 1999)  | ha                           |            | Yes      | No             |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must  | De                           |            |          | <b>.</b>       |
| b   | completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 m                              | wat ha                       | 44a        | $\vdash$ | X              |
| J   | completed instead of Form 990-EZ  | iuai DC                      | 446        | 1        | _ v            |
| С   | Did the organization receive any payments for indoor tanning services during the year?  |                              | 44b<br>44c | 1        | X              |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," pro   | vide an                      | 440        | $t^-$    | <del>  ^</del> |
| _   | explanation in Schedule O   | TIMO AII                     | 44d        |          |                |
|     |   |                              | Form 9     |          | 7 (2010        |

| Forn        | <u>1990-EŽ</u> | (2010)  | Kansa  | ıs Fa       | rm       | Bureau               | ı Lega   | <u>l Fou</u> | nd  | ation48                            | <u>-12434</u>    | <u> 173</u> |              |             |   |             | age 4         |
|-------------|----------------|---|--|-------------|----------|----------------------|--|--------------|---|------------------------------------|------------------|-------------|--------------|-------------|---|-------------|---------------|
|             | 1              | -1-4- 1   | ·  |             | 1        |                      |  |              |   | <b>.</b> .                         |                  | ٠.          |              |             |   | Yes         | No            |
| 15          | -              |   | -  |             |          | -                    | •  |              |   | ning of section                    | , , ,            | •           |              |             | 45  |             | X             |
| а           |                |   |  |             |          | -                    | -  |              |   | h a controlled                     | -                |             |              |             |   |             |               |
|             |                |   | ee instructio  |             | es, r    | onn 990 an           | u Scriedule i                                    | rt may ne    | ea ic   | be complete                        | ed instead of    | ī           |              |             | 450   |             | v             |
| 16          |                |   |  |             | v or in  | directly in n        | olitical camp                                    | nainn acti   | vities  | on behalf of                       | or in opposi     | ition       |              |             | 43a   | $\vdash$    |               |
| •           |                |   |  |             |          | omplete Sch          |  |              | VILICO  | on benan or                        | or in opposi     | ition       |              |             | 46  |             | х             |
| Pa          | rt VI          |   |  |             |          |                      |  |              | (a)('   | 1) nonexe                          | mpt char         | itabl       | e trus       | ts only.    | All se  | ection      |               |
|             |                |   |  |             |          |                      |  |              |   | ritable trust                      |                  |             |              |             |   |             |               |
|             |                | and 5   | 2, and con   | nplete th   | ne tat   | oles for line        | s 50 and 5                                       | 1            |   |                                    |                  |             | •            |             |   |             |               |
|             |                | Chec  | k if the org   | anizatio    | n use    | d Schedul            | e O to resp                                      | ond to a     | ny g  | uestion in t                       | his Part VI      |             |              |             |   |             |               |
|             |                |   |  |             |          |                      | • •  | _            |   |                                    |                  |             |              |             |   | Yes         | No            |
| 47          | Did the        | organız   | ation engage   | e in lobby  | yıng a   | ctivities? If "      | Yes," comple                                     | ete Sched    | dule  | C, Part II                         |                  |             |              |             | 47  |             | X             |
| 48          | Is the o       | rganızat  | ion a school   | l as desc   | ribed    | in section 17        | 70(b)(1)(A)(ıı                                   | ı)ʔ If "Yes  | ," ∞  | mplete Sche                        | dule E           |             |              |             | 48  |             | X             |
| 49a         | Did the        | organiz   | ation make a   | any trans   | sfers to | o an exempt          | non-charita                                      | ble relate   | d org   | ganization?                        |                  |             |              |             | 49a   | X           |               |
| þ           | If "Yes,"      | was the   | e related org  | janızatıor  | n a se   | ction 527 or         | ganization?                                      |              |   |                                    |                  |             |              |             | 49b   |             | X             |
| 50          | Comple         | te this ta  | able for the   | organizat   | tion's   | five highest         | compensate                                       | ed employ    | ees   | (other than o                      | fficers, direc   | tors,       | trustees     | and key     |   |             |               |
|             | employe        | ees) wh   | o each rece  | ived more   | e than   | <u>ı \$100,000 c</u> | of compensa                                      | tion from    |   |                                    |                  |             |              |             |   |             |               |
|             |                | (a) I   | Name and add   |             |          | ployee paid m        | ore  |              |   |                                    | (c) Compens      | sation      |              |             | (e)<br>ac   |             |               |
|             |                |   |  | ınan \$100  | 0,000    |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
| Non         | e              |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              | _   |                                    | <del> </del>     |             | <u> </u>     |             | -   |             |               |
|             |                | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  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 of compensation from the organization If there is none, enter "None"  (b) Title and average hours per week devoted to position deferred compensation other allow  (c) Compensation If there is none, enter "None"  (a) Name and other employees paid over \$100,000  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 |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   | anization make any transfers to an exempt non-charitable related organization?  s the related organization a section 527 organization?  Instable for the organization's five highest compensated employees (other than officers, directors, trustees and key 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 a deferred compensation. Other allows of the reliable and the relationship of th |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             | Yes No 47 X 48 X 49a X 49b X nd key e " Duttons to nefit plans 8 account and other allowances |             |               |
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| f           | Total nu       | ımber o   | f other empl   | lovees pa   | aid ovi  | er \$100 000         |  |              | <u> </u>  | •                                  | <u> </u>         |             |              |             | L   |             |               |
| 51          |                |   | •  | •           |          | •                    |  | ed indene    | nden  | t contractors                      | who each re      | ecelv       | –<br>ed more | than        |   |             |               |
|             |                |   |  | _           |          | -                    | •  | -            |   |                                    | Willo Cucii ii   | 000.00      | ,a ,,,,,,,   |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    | Type of serv     | ice         |              | (c) C       | Compe   | nsation     |               |
| No          | one            |   |  |             |          |                      |  |              |   | <del></del>                        |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
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|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
|             |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              |             |   |             |               |
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| d           |                |   | •  | •           |          | ctors each r         | •  |              |   | <b>-</b>                           |                  |             |              |             |   |             |               |
| 52          | Did the        | organız   | ation compl  | ete Sche    | dule A   | Note All             | section 501                                      | (c)(3) org   | anıza   | itions and 49                      | 47(a)(1)         |             |              | . =         | =1  | _           |               |
|             |                |   |  |             |          | a completed          |  |              |   |                                    |                  |             |              |             | Yes   |             | No            |
|             |                |   |  |             |          |                      |  |              |   | dules and state<br>f which prepare |                  |             |              | knowledge a | and be  | lief, it is | i             |
| <del></del> | Concot, an     | L S   | 2 a l  | 0 Piepa     |          | 2 //a                | A la O   | an miorina   | lion o  | winch prepare                      | i ilas aliy kilo | wieug       |              |             |   |             |               |
| Sig         | n              | ا<br>الآر   | sature of office   | <u></u>     | <u> </u> | erleg-               | x rey  |              |   |                                    | Data /           |             | 1            |             |   |             |               |
|             |                | 79  | A CO   | "F- <       | She      | erlou_I              | Daux/  | Trop         | 1</td <td>rer</td> <td>Date</td> <td>31</td> <td>1301</td> <td>/11</td> <td></td> <td></td> <td></td> | rer                                | Date             | 31          | 1301         | /11         |   |             |               |
| Her         | ا "            | Typ   | or print name  | e and title |          | <del>1 19</del>      | <del>-                                    </del> | 1. CA        | <u> </u>  |                                    |                  | _/          | <del>/</del> | <del></del> |   |             |               |
|             | F              | • • •   | preparer's na  |             |          |                      | Preparer's s                                     | signature    |   |                                    | <u></u>          | Date        |              |             | , PTI   |             |               |
| Paid        | 1              |   | ,p.a   |             |          |                      | ,  |              |   |                                    |                  |             |              | Check       | IT  |             |               |
| _           |                |   |  | n1. J -     | <u> </u> |                      | <u> </u>   | -            |   |                                    |                  | L           |              | self-employ | ed  |             |               |
|             | : ^-ı H        | imn's nai   |  |             |          | retur                | <u>n</u>   |              |   |                                    |                  | $\dashv$    | Firm's El    | N <b>▶</b>  |   |             |               |
| USE         | · Citiy   F    | Firm's add  |  |             |          | by a                 |  |              |   |                                    |                  |             |              |             |   |             |               |
| Mai         | the IDC        | diacire   |  |             |          | i prepa              |  |              |   |                                    |                  |             | Phone no     |             |   | <u> </u>    | 1             |
|             |                | uiscuss   | uns return t   | with the p  | prepar   | rer shown at         | Jove / See II                                    | ISHUCTION    | 5   |                                    |                  |             |              |             | <del>-</del>  | es          | No            |
| DAA         |                |   |  |             |          |                      |  |              |   |                                    |                  |             |              | F           | orm 9   | 90-E        | <b>८</b> (201 |

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Kansas Farm Bureau Legal Foundation

Employer identification number 48-1243473

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |X| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III—Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(r) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (VII) Amount of the organization in manization in col organization (described on lines 1-9 in col (i) listed in you support col (i) of your organized in the above or IRC section. governing document? support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

(E)

Schedule A'(Form 990 or 990-EZ) 2010 Kansas Farm Bureau Legal Foundation 8-1243473

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A Public Support

| Sec             | tion A. Public Support   |                     |                     | _                    |                    |                |             |
|-----------------|--|---------------------|---------------------|----------------------|--------------------|----------------|-------------|
| Caler           | dar year (or fiscal year beginning in) ▶   | (a) 2006            | (b) 2007            | (c) 2008             | (d) 2009           | (e) 2010       | (f) Total   |
| 1               | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 49,686              | 76,768              | 56,840               | 59,731             | 71,320         | 314,345     |
| 2               | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                     |                     |                      |                    |                |             |
| 3               | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                     |                      |                    |                |             |
| 4               | Total. Add lines 1 through 3   | 49,686              | 76,768              | 56,840               | 59,731             | 71,320         | 314,345     |
| 5               | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  |                     |                     |                      |                    |                | 02.210      |
| •               | Public support. Subtract line 5 from line 4  |                     |                     |                      |                    |                | 83,312      |
| <u>6</u><br>Sec | tion B. Total Support  | <u></u>             |                     |                      |                    | L              | 231,033     |
|                 | dar year (or fiscal year beginning in)   | (a) 2006            | <b>(b)</b> 2007     | (c) 2008             | (d) 2009           | (e) 2010       | (f) Total   |
| 7               | Amounts from line 4  | 49,686              | 76,768              | 56,840               | 59,731             | 71,320         | 314,345     |
| 8               | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 9,124               | 14,455              | 9,740                | 3,410              | 3,594          | 40,323      |
| 9               | Net income from unrelated business activities, whether or not the business is regularly carried on   |                     | 244                 | 374                  |                    | 717            | 1,335       |
| 10              | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |                     |                     | •                    |                    |                |             |
| 11              | Total support. Add lines 7 through 10  |                     |                     |                      | l                  | ,              | 356,003     |
| 12              | Gross receipts from related activities, etc.   |                     |                     |                      |                    | 12             | 3,594       |
| 13              | First five years. If the Form 990 is for the   | e organızatıon's fi | rst, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3)      |             |
|                 | organization, check this box and stop he   |                     |                     |                      |                    |                | <u> </u>    |
|                 | tion C. Computation of Public S  |                     |                     |                      |                    |                |             |
| 14              | Public support percentage for 2010 (line   | • • •               | -                   | umn (f))             |                    | 14             | 64.90%      |
| 15              | Public support percentage from 2009 Sc   |                     |                     |                      |                    | 15             | 54.22%      |
| 16a             | 33 1/3% support test—2010. If the orga   |                     |                     | •                    | is 33 1/3% or mo   | re, check this | <b>.</b> .  |
|                 | box and stop here. The organization qua  |                     |                     |                      | - 45 - 00 4/00/    |                | ► <u>X</u>  |
| Þ               | 33 1/3% support test—2009. If the orga   |                     |                     |                      |                    | or more,       | ▶ □         |
| 172             | check this box and stop here. The organ  |                     |                     | •                    |                    | Llino 14 io    |             |
| 114             | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization me<br>Part IV how the organization meets the "   | ets the "facts-and  | -circumstances" te  | est, check this box  | k and stop here. I | Explain in     |             |
| þ               | organization  10%-facts-and-circumstances test—20  |                     |                     |                      |                    |                | <b>&gt;</b> |
|                 | 15 is 10% or more, and if the organization Explain in Part IV how the organization r   |                     |                     |                      | -                  |                | . —         |
| 18              | supported organization  Private foundation. If the organization of | lid not check a bo  | x on line 13, 16a,  | 16b, 17a, or 17b,    | check this box ar  | nd see         | ▶ 🗆         |
|                 | instructions   |                     |                     |                      |                    |                |             |

## Schedule A'(Form 990 or 990-EZ) 2010 Kansas Farm Bureau Legal Foundation 48-1243473

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Not income from unrelated business 11 12 13 14 S 15 <u>16</u>

| • • | activities not included in line 10b, whether or not the business is regularly carried on      |                   |                           |                    |                    |                     |             |               |
|-----|---|-------------------|---------------------------|--------------------|--------------------|---------------------|-------------|---------------|
| 12  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) |                   | :                         |                    |                    |                     |             |               |
| 13  | Total support. (Add lines 9, 10c, 11, and 12)   |                   |                           |                    |                    |                     |             |               |
| 14  | First five years. If the Form 990 is for the organization, check this box and stop he         | _                 | first, second, th         | ırd, fourth, or fi | fth tax year as a  | section 501(c)(3)   |             | <u> </u>      |
| Sec | tion C. Computation of Public   | Support Perc      | centage                   |                    |                    |                     |             |               |
| 15  | Public support percentage for 2010 (line  | 8, column (f) div | vided by line 13,         | column (f))        |                    |                     | 15          | %             |
| 16  | Public support percentage from 2009 Sc  | hedule A, Part I  | II, line 15               |                    |                    |                     | 16          | %             |
| Sec | tion D. Computation of Investm  | ent Income        | Percentage                |                    |                    |                     |             |               |
| 17  | Investment income percentage for 2010   | (line 10c, colum  | in (f) divided by         | ine 13, column     | (f))               |                     | 17          | %             |
| 18  | Investment income percentage from 200   | 9 Schedule A, F   | Part III, line 17         |                    |                    |                     | 18          | %             |
| 19a | 33 1/3% support tests-2010. If the org  | anization did no  | t check the box           | on line 14, and    | line 15 is more    | than 33 1/3%, and   | line        |               |
|     | 17 is not more than 33 1/3%, check this   | box and stop he   | e <b>re</b> . The organiz | ation qualifies    | as a publicly sur  | ported organization | on          | <b>&gt;</b>   |
| b   | 33 1/3% support tests—2009. If the org  | anization did no  | t check a box or          | line 14 or line    | 19a, and line 16   | is more than 33 1   | 1/3%, and   |               |
|     | line 18 is not more than 33 1/3%, check   | this box and sto  | p here. The org           | anızatıon qualı    | fies as a publicly | supported organi    | ızatıon     | ▶ [           |
| 20  | Private foundation. If the organization of  | id not check a b  | ox on line 14, 1          | 9a, or 19b, che    | ck this box and    | see instructions    |             |               |
|     | · · · · · · · · · · · · · · · · · · ·   |                   |                           | · .                | <u> </u>           | Schedule A (F       | Form 990 or | r 990-EZ) 201 |

Schedule A (Form 990 or 990-EZ) 2010 Kansas Farm Bureau Legal Foundation 8-1243473

Page
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17 a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2010 Open to Public

Name of the organization

Employer identification number Kansas Farm Bureau Legal Foundation 48-1243473

| Form 990-EZ, Part I, Line 16 - 0 | ther Exp | enses  |
|----------------------------------|----------|--------|
| Description                      |          | Amount |
| Expenses                         |          |        |
| Travel                           | \$       | 7,168  |
| Meeting Expense                  | \$       | 232    |
| Office Supplies                  | \$       | 2,587  |
| Telephone                        | \$       | 2,072  |
| Postage                          | \$       | 165    |
| Printing & Copying               | \$       | 539    |
| Corporate Annual Report          | \$       | 40     |
| Miscellaneous                    | \$       | 76     |
| Dues & Subscriptions             | \$       | 10,843 |
| IT Services-Other                | \$       | 108    |
| Meals                            | \$       | 435    |
| Advertising                      | \$       | 33     |
| Professional Fees                | \$       | 200    |
| To                               | tal \$   | 24,498 |

Form 990-EZ, Part III - Primary Exempt Purpose Dedicated to providing services to farmers/ranchers and their rural communities in order to help keep the agricultural community viable. This is accomplished through education, advocacy and protection.

Form 990-EZ, Part III, Line 28 - First Achievement America needs an agriculture that supports healthy rural communities, Name of the organization

Kansas Farm Bureau Legal Foundation

Employer identification number 48-1243473

protects the environment, and promotes a safe, diverse, and stable food supply. To achieve these goals, America needs a healthy family farm-based system of agriculture. Targeted, top-notch legal information and advocacy are indispensable in the struggle to defend family-based agriculture and secure social and economic justice for farmers.

Kansas Farm Bureau Legal Foundation was established to develop substantive, credible materials designed to address cutting-edge legal issues in courtrooms, and with attorneys, local government officials and the media. In 2010, the Foundation published 24 articles in the Kansas Farm Bureau Leader Letter that is disseminated to over 36,000 individuals. These articles include topics, such as: Credit Score; H-2A Visas; Pesticide Management; Liens; Safety Regulations; Transmission Line Easement; and Year End Tax Tips.

In addition, the Foundation has succeeded as an advocate and educator by speaking to audiences across the State of Kansas on topical issues surrounding agriculture. For instance, staff spoke at 40 different events averaging 60 participants at each event for a total of 2,400 individuals. Topics included: oil and gas; wind energy; agricultural law update; agri-tourism; hay and forage liability; farm and hunting leases; contracts; grain elevator failures; urban sprawl; annexation; fence laws; zoning regulations, nuisance; Clean Air Act, Clean Water Act; and Endangered Species Act to name a few.

Further, the Foundation leads the effort by producing timely papers that impact the economic and legal viability of agriculture. Issues include:

Name of the organization

Kansas Farm Bureau Legal Foundation

Employer identification number 48-1243473

Transmission Line Easement Checklist; Grain Elevator Failure and the Impact on Farmers; and Wind Energy Leases Checklist.

Finally, the Foundation works with such organizations such as the Kansas Bar Association and hosts Agricultural Law Seminars for attorneys from around the State of Kansas. The hope is to educate rural, private practitioners and urban attorneys, along with policy-makers, business leaders, and academics with timely court cases, regulations and laws that impact agriculture.

Form 990-EZ, Part IV - Additional Information

Steve Baccus - 40 hours minimum per week devoted to related organization Edie Dahlsten - 20 hours per week devoted to related organization Charles Arthur, III -40 hours min. per week devoted to related organization Carol Sherley-Days - 40 hours min. per week devoted to related organization Jeffery Grossenbacher - 15 hours per week devoted to related organization George Pretz - 15 hours per week devoted to related organization Richard Felts - 15 hours per week devoted to related organization Robert Voegele - 15 hours per week devoted to related organization Craig Stephenson - 15 hours per week devoted to related organization Jerry McReynolds - 15 hours per week devoted to related organization Keith Miller - 15 hours per week devoted to related organization John Stegman - 15 hours per week devoted to related organization Joseph Jury - 15 hours per week devoted to related organization Linda Franklin - 15 hours per week devoted to related organization Helen Norris - 15 hours per week devoted to related organization James Sipes - 15 hours per week devoted to related organization

| - 000                |                         | Special Even          | ts Schedule |            | 2040                |
|----------------------|-------------------------|-----------------------|-------------|------------|---------------------|
| Form <b>990</b>      | For calendar year 2010, | or tax vear beginning | , and e     | nding      | 2010                |
| Name                 |                         | <u> </u>              | •           | Employer I | dentification Numbe |
| Kansas Farm          | Bureau Legal            | Foundation            |             | 48-124     | 13473               |
| -                    | (A)                     | (B)                   | (C)         | Others     | Total               |
| Gross receipts       | 17,150                  | 239                   | 0           | 0          | 17,389              |
| Less contributions   | $\frac{3,750}{}$        | 0                     |             |            | 3,750               |
| Gross revenue        | 13,400                  | 239                   |             |            | 13,639              |
| Less direct expenses | 12,902                  | 20                    |             | 0          | 12,922              |
| Net income (loss)    | 498                     | 219                   | 0           | 0          | 717                 |
|                      |                         |                       |             |            |                     |
| Description (A)      | Golf Tourna             | ment                  |             |            |                     |
| (B)                  | Pook Calon              |                       |             |            |                     |

| Description | (A)    | GOII Tournament |
|-------------|--------|-----------------|
|             | (B)    | Book Sales      |
|             | ` '    |                 |
|             | (C)    |                 |
|             | Others |                 |
|             | Others |                 |
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|  | Farm Bureau Legal  | Foundation 8   | -12434/3   |                         |   | Page 2                                   |
|--|--|--|--|-------------------------|---|--|
|  | . (see the instructions for Part II )  |  | D-411  |                         |   |  |
| Check if the organia   | zation used Schedule O to respor   | nd to any question in tr   | TIS PART II  (A) Beginning of year               | . 1                     | (B) (                                       | End of year                              |
| Cash, savings, and investments   |  | -  | (A) Beginning or year                            | 0 22                    | (6)   | ild of year                              |
| Land and buildings   |  |  |  | 0 23                    |   |  |
| Other assets (describe in Schedu   | ule O)   |  | -  | 0 24                    |   |  |
| Total assets   | .,   |  |  | 0 25                    |   |  |
| Total liabilities (describe in Sche  | edule O)   |  |  | 0 26                    |   | 0  |
| Net assets or fund balances (lir   | ne 27 of column (B) must agree with I  | line 21)   |  | 0 27                    |   | 0  |
|  | ogram Service Accomplishn  |  | tions for Part III <u>,)</u>                     | $\Box$                  | Exp   | penses                                   |
|  | zation used Schedule O to respor   | nd to any question in the  | nis Part III                                     | <del>-</del> '          |   | for section                              |
| hat is the organization's primary ex   | kempt purpose?   |  |  | 50                      | 1(c)(3) a                                   | ind 501(c)(4)                            |
| <del></del>  |  | <del>-</del>   | <del></del>                                      | _                       | -   | ons and section                          |
|  | ring out the organization's exempt pur   |  |  |                         |   | trusts, optional                         |
|  | f persons benefited, or other relevant   | intermation for each prog  | ram title  | for                     | others                                      |  |
|  |  |  |  | 1                       |   |  |
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| (Grants\$  | ) If this amount includes foreign qu   | rants check here   | ▶ [  | 7   28a                 |   |  |
| (Graine)   | y in this amount includes foreign gr   | ranto, cricco nere   |  |                         |   |  |
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| (Grants\$  | ) If this amount includes foreign gi   | rants, check here  | <b>•</b>   | 31a                     |   |  |
| (Grants\$  Total program service expense   | ) If this amount includes foreign gres (add lines 28a through 31a)   |  | uf not gamponest                                 | 32                      | thouse                                      | tructions for Dor                        |
| (Grants\$ 2 Total program service expense Part IV List of Officers, Dire   | ) If this amount includes foreign gies (add lines 28a through 31a) actors, Trustees, and Key Employee  | s. List each one even  |  | 32                      | the ins                                     | tructions for Par                        |
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| (Grants\$  Part IV List of Officers, Dire Check If the organi  | ) If this amount includes foreign gres (add lines 28a through 31a) ectors, Trustees, and Key Employee ization used Schedule O to response and address  | es. List each one even nd to any question in the (a) Title and average hours per week devoted to position  | nis Part IV<br>(c) Compensation<br>(If not paid, | 32 ed (see (d) Contribu | utions to efit plans 8                      | (e) Expense account and                  |
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