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Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

2010

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning NOV 1, 2010 and ending	OCT 31, 2011	
Bc	heck if pplicable	C Name of organization	D Employer identific	cation number
	Addres	ARKANSAS FARM BUREAU FEDERATION		
	Name change	Doing Business As	71-0	242776
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone numbei	•
	Termin- ated	F.O. BOX 31	501-	224-4400
	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	15,489,624.
	Applica	DITTUE ROCK, AR /2203	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer EWELL WELCH	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1 1	ax exe	mpt status:	527 If "No," attach a	list (see instructions)
JV	Vebsite	E: ► WWW.ARFB.COM	H(c) Group exemption	n number 🕨
K F	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1931 N	State of legal domicile: AR
		Summary		
(b)	1 E	Briefly describe the organization's mission or most significant activities FARM BUR	EAU IS AN IND	EPENDENT,
Š	7	OLUNTARY ORGANIZATION OF FARM AND RANCH FAM	ILIES UNITED	FOR THE
& Governance	2	Check this box If the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets
Ş.	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	16
Ű	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	0
Se	5 7	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	57
Activities	6 7	otal number of volunteers (estimate if necessary)	6	350
Ċ	7a1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	3,918,275.
•		Net unrelated business taxable income from Form 990 Filipe 34F MED	7b	407,272.
			Prior Year	Current Year
0	8 (Contributions and grants (Part VIII, line 1h)	0.	0.
Š	9 F	Program service revenue (Part VIII, line 2g)	3,345,575.	3,270,805.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,454,151.	2,708,155.
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and [1] 0	18,365,033.	7,063,933.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), fine 12)	24,164,759.	13,042,893.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,827.	164,303.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ş	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,625,350.	4,686,756.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĝ	b 1	otal fundraising expenses (Part IX, column (D), line 25)		
ű	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,198,001.	4,179,618.
	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,901,178.	9,030,677.
	19 F	Revenue less expenses Subtract line 18 from line 12	13,263,581.	4,012,216.
Ses			Beginning of Current Year	End of Year
sets	20 1	otal assets (Part X, line 16)	36,840,669.	40,026,698.
₹ B B	21 7	otal liabilities (Part X, line 26)	10,492,757.	9,988,277.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20	26,347,912.	30,038,421.
Į₽ŧ	art II	Signature Block		
		ties of perjury, I declare that Lhave examined this return, including accompanying schedules and sta		y knowledge and belief, it is
<u>true.</u>	, correct	, and complete. Declarated of preparer (other than officer) is based on all information of which prep	arer has any knowledge,	
€		1 / hel flahem	2/9/2	2012
Sigi	n	Signature of officer	Date	
≨jer	e	MIKE SOLOMON, FINANCE DIRECTOR		
		Type or print name and title	Date Check	DTIN
	. 1	Print/Type preparer's name MARY ELLEN VANGILDER Preparer's agenture MUSICULARY	1 1 1	PTIN PO0626271
Paic	· -		- 	
~ · · ·		Firm's name JPMS COX, PLLC	Firm's EIN	20-1116739
Use	Only	Firm's address 11300 CANTRELL ROAD SUITE 901		01 007 5000
		LITTLE ROCK, AR 72212	Phone no. 5	01-227-5800
Ma۱	/ the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	_3_	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		٠,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		\ .
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	8		<u> X</u>
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		<u> </u>
10	If "Yes," complete Schedule D, Part V	40		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
• •	as applicable			-
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	440	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	- 22	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
,	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	Į		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	<u> X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	l		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	<u> </u>
		Form	99()	(2010)

Form 990 (2010) ARKANSAS FARM BUREAU FEDERATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ.——
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	ort		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		A.
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		v	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	<u>v</u>
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		X
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	!		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1
		Form	990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule C contains a response to any question in this Part V			<u></u>
	ا ا		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	.		3.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	- I	5c		
Ųā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		\mathbf{X}_{is}
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		22/
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-55		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12 Occupance and capital contributions included on Part VIII, line 12		'	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 504(a)(42) proprietions. Enter			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a]
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	IZA		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans	j		}
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2010)

Form 990 (2010) ARKANSAS FARM BUREAU FEDERATION 71-0242776 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 **b** Enter the number of voting members included in line 1a, above, who are independent 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No." go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MIKE SOLOMON - (501)224-4400

72211 10720 KANIS ROAD, LITTLE ROCK, AR

Form 990 (2010)

statements available to the public

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Claserbe hours for related organizations (W2/1099MISC) Confidence organization (W2	(F) Estimated amount of	(E) Reportable compensation	(D) Reportable compensation	ly)	(C) Position (check all that apply)					(B) Average hours per	(A) Name and Title	
RICH HILLMAN 11.00 X X 20,339. 0.	other compensation from the organization and related organizations	1	organization	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	hours for related organizations in Schedule		
RICH HILLMAN										44.00	RANDY VEACH	
VICE PRESIDENT	0.	0.	57,714.				X	\vdash	X	11.00		
TOM JONES SECRETARY/TREASURER 11.00 X X 19,664. 0. SECRETARY/TREASURER 5.00 X 4,064. 0. RICHARD ARMSTRONG DIRECTOR 5.00 X 9,114. 0. SUE BILLIOT WOMEN'S COMM VICE CHAIR 5.00 X 4,864. 0. TROY BUCK DIRECTOR 5.00 X 7,214. 0. JON CARROLL DIRECTOR 5.00 X 5,564. 0. JOE CHRISTIAN DIRECTOR 5.00 X 6,614. 0. TERRY DABBS DIRECTOR 5.00 X 10,064. 0. TODD DUTTON YFAR VICE CHAIR 5.00 X 4,064. 0. MIKE FREEZE DIRECTOR 5.00 X 5,664. 0. BRUCE JACKSON DIRECTOR 5.00 X 5,664. 0. GRIEF PHARR DIRECTOR 5.00 X 5,664. 0. SERIEF PHARR DIRECTOR 5.00 X 5,714. 0. SERIEF PHARR DIRECTOR 5.00 X 5,714. 0. SERIEF PHARR DIRECTOR 5.00 X 5,714. 0.			00 220						, ,	11 00		
SECRETARY/TREASURER	. 0.	0.	20,339.				X	\vdash	X	11.00		
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											RUSTY SMITH	
	Form 990 (2010	0.	9,489.					Ш	<u> </u>	5.00	DIRECTOR	

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (E) (F) (A) (D) Average Position Reportable Name and title Reportable Estimated (check all that apply) hours per compensation compensation amount of week from from related other individual trustee or director (describe organizations compensation the Highest compensated employee hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization Key employee organizations Institutional t and related ın Schedule organizations Officer O) ALLEN STEWART 5.00 X 9,214 0 0. DIRECTOR MIKE SULLIVAN 5.00 X 8,314. 0 0. DIRECTOR LEO SUTTERFIELD 5.00 X 0 0. 6,114. DIRECTOR EWELL WELCH 40.00 134,390. X 156,391. 66,013. EXEC. VICE PRESIDENT GARY KEATHLEY 40.00 X 41,762. 167,405 0. VP- OPERATIONS STEVE EDDINGTON 40.00 X 116,673 0. 32,621. DIRECTOR PUB, RELATIONS DON MICKEL 0 40.00 X 123,678. 35,996. SOFTWARE ENGINEER RODNEY BAKER 34,405. 40.00 X 121,986 0 DIRECTOR, GOV, AFFAIRS WARREN CARTER 40.00 X 112,434 33,365. 0 DIR COMM & REG AFFAIRS 018,947. 134,390 244,162. 1b Sub-total 107,842. 31,184. c Total from continuation sheets to Part VII, Section A 126,789. 134,390. 275,346. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 9 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FARM BUREAU BUILDING P.O. BOX 31, LITTLE ROCK, AR 72203	BUILDING RENTAL	490,027.
2 Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	se listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

Part VII Section A. Officers, Directors, Tr (A)	(B)	iipii	уее	s, a ((<u>na r</u> C)	ngn	est	(D)	(E)	(F)
Name and title	Average hours	(cl		Pos	ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HUCK TUCKER	40.00					v		107 040		21 104
IRECTOR ORG & MEMBER PROGRAMS	40.00					X		107,842.	0.	31,184
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		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, g	С	Fundraising events	1c					
ar s	d	Related organizations	1d		1			
S,E	е	Government grants (contribu	tions) 1e					
tior r si	f	All other contributions, gifts, gran	nts, and		-			
ibe the		similar amounts not included abo	ove 1f		!			
ם	g	Noncash contributions included in tines	s 1a-1f \$]			
Q g	h	Total. Add lines 1a-1f						
				Business Code				
8	2 a	MEMBERSHIP DUES	3	900099	3,270,805.	3,270,805.		
e Š	b							
S E	c							
eve	d							
Program Service Revenue	е							
ا ته	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f		<u> </u>	3,270,805.			G.
Ì	3	Investment income (including	dividends, intere					
		other similar amounts)			2,699,107.			2699107.
	4	Income from investment of ta	x-exempt bond p					
	5	Royalties			3,144,846.		91,902.	3052944.
			(ı) Real	(ii) Personal				
	6 a			143,559.				
	b	•		26,764.				
		Rental income or (loss)		116,795.	-		446 505	
		Net rental income or (loss)		<u> </u>	116,795.		116,795.	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2091105.	337,910.				
1	D	Less cost or other basis	2102112	316,855.	1			
	_	and sales expenses Gain or (loss)		21,055.				
		Net gain or (loss)	-12,007.	1 21,055.	9,048.			0 040
1		Gross income from fundraisir	a avanta (nat		3,040.			9,048.
ے ا	Оа	including \$	of					
Other Reven		contributions reported on line						
<u>چ</u>		Part IV, line 18	•					
<u> </u>	h	Less direct expenses	a b		1			
δ		Net income or (loss) from fun		-	1	,		
		Gross income from gaming a	-		1			
		Part IV, line 19	а	1				
	b	Less direct expenses	b		1			
		Net income or (loss) from gan		•	1			
		Gross sales of inventory, less	-					
1		and allowances	а					
1	b	Less cost of goods sold	b]			
	c	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ne	Business Code				
	11 a				2,656,590.		2656590.	
	b	EQUITY IN SUBS		812900	811,656.		811,656.	
	С	MISCELLANEOUS		812900	249,085.		156,371.	92,714.
	d	All other revenue		541200	84,961.		84,961.	
		Total. Add lines 11a-11d			3,802,292.	2 2 2 2 2 2 2 2	00600==	
03200	12	Total revenue See instructions.		> _	13042893.	3,270,805.	3918275.	5853813.
12-21-	10							Form 990 (2010)

10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

b, 9b, and 10b of Part VIII.		Program service	Management and general expenses	(D) Fundraising
Grants and other assistance to governments and		expenses	gonoral expenses	expenses
organizations in the U.S. See Part IV, line 21	164,303.			
Grants and other assistance to individuals in	104,303.			-
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	630,368.			
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·	420 450			
· ' ' ' '	430,469.			···
_ ` ` ` ` `	87,586.			
24f amount exceeds 10% of line 25, column (A)			[
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	9,030,677.			
-				
98-2 (ASC 958-720). Complete this line only if the				
combined educational campaign and fundraising				
	the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) BOARD EXPENSES FRONT PORCH MEALS & ENTERTAINMENT EDUCATION/TRAINING DUES & SUBSCRIPTIONS All other expenses Total functional expenses Add lines 1 through 24f Joint costs Check here Infollowing SOP 98-2 (ASC 958-720). Complete this line ont of sts from a combinate doucational campaign and fundraising solitication	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees (Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) (Cher salaries and wages (Cher employee benefits (Cher employee benefits (Cher employee benefits (Cher employee benefits (Cher employee) (Cher employees) (Cher employees) (Cher employees) (Cher employees) (Cher expenses (Cher e	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(k) employer contributions) Other employee benefits Payroll taxes Pees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above, List miscellaneous expenses in the 241. If line 241 expenses on Schedule 0.) BOARD EXPENSES FRONT PORCH MEALS & ENTERTAINMENT EDUCATION/TRAINING All other expenses All o	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Intel 17 (1997). The state of the U.S. See Part IV, Intel 17 (1997). The state of the U.S. See Part IV, Intel 17 (1997). The state of the U.S. See Part IV, Intel 17 (1997). The state of the U.S. See Part IV, Intel 17 (1997). The state of U.S. See Part IV, Intel

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,314,666.	1	1,098,649.
	2	Savings and temporary cash investments	1,877,921.	_2	635,605.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	594,493.	4	727,904.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	<u> </u>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	3,724,921.
As	8	Inventories for sale or use	35,241.	8	32,946.
	9	Prepaid expenses and deferred charges	843,148.	9	846,734.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 8,199,140.			
	b	Less accumulated depreciation 10b 6,380,632.	2,091,245.		1,818,508.
	11	Investments - publicly traded securities	16,052,417.	11	16,292,954.
	12	Investments · other securities See Part IV, line 11	13,881,954.	_12	14,693,611.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	,
	15	Other assets. See Part IV, line 11	149,584.	15	154,866.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	36,840,669.	16	40,026,698.
	17	Accounts payable and accrued expenses	515,445.	17	634,007.
	18	Grants payable	0 000 000	18	0.455.044
	19	Deferred revenue	2,223,962.	19	2,175,211,
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
E.		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	7 752 250	24	7 170 050
	25	Other liabilities Complete Part X of Schedule D	7,753,350. 10,492,757.	25	7,179,059.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	10,434,737.	26	9,988,277.
(A		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	26,151,357.		29,841,867.
at ar	28	Temporarily restricted net assets	196,555.	27 28	196,554.
Ä	29	Permanently restricted net assets	170,333.	29	190,334.
Š	23	Organizations that do not follow SFAS 117, check here and		29	
F		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Š	33	Total net assets or fund balances	26,347,912.	33	30,038,421.
	34	Total liabilities and net assets/fund balances	36,840,669.	34	40,026,698.
	, <u> </u>		30,040,003.	_ 57	1 40,040,030

Form **990** (2010)

Form 990 (2010)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

ARKANSAS FARM BUREAU FEDERATION

Employer identification number 71 - 0.242776

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ū	for charitable purposes and not for the benefit of the donor of		*
	impermissible private benefit?	a delici davicor, or for any other purpose cor	Yes No
Pai		panization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e	· — · · · · · · · · · · · · · · · · · ·	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2 `⁻	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	
•	year▶	or to the state of the state of the state of the state of	gameanon dannig the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i	<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	•	· · ———
8	Does each conservation easement reported on line 2(d) above	•	·
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense st	•
	include, if applicable, the text of the footnote to the organizar		
	conservation easements		•
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	it and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		-
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	-	•
а	Revenues included in Form 990, Part VIII, line 1	· -	> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2010

032051 12-20-10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		<u>S FARM BUR</u>	<u>EAU</u> F	<u>'EDERA</u>	TION_			<u>71-02</u>	<u>42776</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, c	r Othe	r Simil	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a si	gnificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d	ı 🗀 L	oan or exc	hange progra	ıms				
b	Scholarly research	е	. 🗆 c	ther	-					
С	Preservation for future generations					-	-			
4	Provide a description of the organization's co	ollections and explai	n how the	ey further ti	he organizatio	on's exer	npt purp	ose in Par	: XIV	
5	During the year, did the organization solicit o			-	_					-
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	Yes" to	Form 990), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par			•						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able						
								-	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete r	f the organization ar	nswered "	Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance									_
b	Contributions									
C	Net investment earnings, gains, and losses	***								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
		%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administe	red for th	ne organı	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
þ	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm		1							
	Description of investment	(a) Cost or o	- 1		or other		cumulat	j	(d) Book	value
		basis (investi	ment)	Dasis	(other)	dep	reciation	<u> </u>		
1a	Land									
b	Buildings									
C	Leasehold improvements	<u> </u>		0 10	0 140		000 5	20	1 011	
d	Equipment	-		8,19	9,140.	6,3	<u>880,6</u>	32.	1,818	<u>508.</u>
<u>e</u>	Other		\ \ \t :	- (D) 4 3	10(-)				1 010	F 0 0

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

(9) (10) (11)

	dule D (Form 990) 2010 ARKANSAS FARM BUREAU FEDER				/1-	0242776	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited		State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	 		13,042	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			9,030	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			4,012	
4	Net unrealized gains (losses) on investments		4	<u> </u>		-49	<u>,478.</u>
5	Donated services and use of facilities		5_	<u> </u>			
6	Investment expenses		6_				
7	Prior period adjustments		7_			0.70	000
8	Other (Describe in Part XIV)		8	-			<u>, 229.</u>
9	Total adjustments (net) Add lines 4 through 8		9	}			<u>,707.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		Povenue	Dor D	04.122	3,690	<u>,509.</u>
		FIILS VVILL	i neveriue	per n		13,170	5/0
1	Total revenue, gains, and other support per audited financial statements				1	13,170	, 540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا م	-49,4	170			
a	Net unrealized gains on investments Donated services and use of facilities	2a	-43,4	10.			
b		2b					
C	Recoveries of prior year grants Other (Describe in Part XIV)	2c	177,1	33			
d	Add lines 2a through 2d	2d			0-	127	655
e	Subtract line 2e from line 1				2e_	13,042	<u>,655.</u>
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1				3_	_13,042	,093.
4	Investment expenses not included on Form 990, Part VIII, line 7b	145					
a b	Other (Describe in Part XIV)	4a 4b					,
C	Add lines 4a and 4b	40			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	13,042	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expense	s per	_		,000.
1	Total expenses and losses per audited financial statements				1	9,480	039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					3 / 100	70030
-а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2d	449,3	362			
e	Add lines 2a through 2d			, <u>, , , , , , , , , , , , , , , , , , </u>	2e	449	,362.
3	Subtract line 2e from line 1				3	9,030	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						, , , , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		_			
c	Add lines 4a and 4b				4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	9,030	
	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1a	and 4; Part IV,	lines 1	b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com	plete this p	art to provide	any ado	ditiona	Information	
			_	· .			
			-		-		
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:			_			
BO	OK/TAX DIFFERENCE ON ASSET SALES					150	<u>,369.</u>
BO	OK/TAX DIFFERENCE ON DEPRECIATION EXPENSE					-219	<u>,062.</u>
<u>FEI</u>	DERAL INCOME TAX EXPENSE					-203	<u>,536.</u>
	TAL TO GOVERNIE D. DAGE WE TIME O					0.50	000
<u>TO'</u>	FAL TO SCHEDULE D, PART XI, LINE 8					-272	<u>,229.</u>
				-			
וגק	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
<u>. M</u>	OTHER ADOUGHMENTO.				Scher	dule D (Form 9	990) 2010
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Schedule D (Form 990) 2010 ARKANSAS FARM BUREAU FEDERATION Part XIV Supplemental Information (continued)	71-0242776 Page 5
BOOK/TAX DIFFERENCE ON DISPOSED ASSETS	150,369.
RENTAL EXPENSE NETTED WITH INCOME ON RETURN	26,764.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	177,133.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
BOOK/TAX DEPRECIATION DIFFERENCE	219,062.
OTHER REVENUE NETTED WITH OTHER EXPENSE ON REPORT	26,764.
FEDERAL INCOME TAX EXPENSE	203,536.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	449,362.
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public 2010

OMB No 1545-0047

Inspection

% X GENERAL OPERATING SUPPORT 6. SENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT SUPPORT Employer identification number 71-0242776 CHESAPEAKE BAY TMDL EPA (h) Purpose of grant or assistance SENERAL OPERATING _____Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SUPPORT AYSSP EFENSE recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö ö Ö Ö ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,000. (d) Amount of 10 000 7,500 5,000 10,000 11,130cash grant FEDERATION (c) IRC section if applicable 501(C)(3) 501(C)(5) 501(C)(3) Enter total number of section 501(c)(3) and government organizations ARKANSAS FARM BUREAU N/A 71-6060767 20-4046238 36-0725160 27-3754267 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations U.S. FARMERS AND RANCHERS ALLIANCE 1 (a) Name and address of organization ARKANSAS GAME AND FISH COMMISSION STE 300 AMERICAN FARM BUREAU FEDERATION MARYLAND AVE. SW, STE 1000W -LEGAL ADVOCACY PROGRAM - 600 PARTNERSHIP - P.O. BOX 8506 16020 SWINGLEY RIDGE RD, ILLINOIS RIVER WATERSHED ARKANSAS FFA ASSOCIATION or government ARKANSAS 4-H FOUNDATION FAYETTEVILLE, AR 72703 CHESTERFIELD, MO 63017 2 NATURAL RESOURCES DR LITTLE ROCK, AR 72205 LITTLE ROCK, AR 72223 LITTLE ROCK, AR 72201 WASHINGTON, DC 20024 Name of the organization 3 CAPITOL MALL 1 FOUR-H WAY Part I Part II

Schedule I (Form 990) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule (Form 990) ARKANSAS FARM BUREAU FEDERATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	FARM BUREAU FEDE Assistance to Governments an	AU FEDERATION vernments and Organizate	ON nizations in the Ur	nited States (Sche	dule I (Form 990), Par		71-0242776 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACK G. JUSTUS ENDOWMENT FOUNDATION - E108 AFLS BLDG - FAYETTEVILLE, AR 72701	71-6056774	501(C)(3)	5,000.	0			SCHOLARSHIP FUND
STUTTGART MEMORIAL HOSPITAL SCHOLARSHIP FOUNDATION - P.O. BOX 1905 - STUTTGART, AR 72160	71-6046464	501(C)(3)	10,000,	0			SCHOLARSHIP FUND
MARYLAND FAMILY FARMERS LEGAL ADVOCACY FOUNDATION		N/A	10,000	0			HUDSON DEFENSE FUND
STANLEY REED MEMORIAL SCHOLARSHIP FOUNDATION		N/A	10,000.	0			MEMORIAL
ГНА	-						Schedule I (Form 990)

c. :

Page 2 Schedule I (Form 990) (2010) (f) Description of non-cash assistance 71-0242776 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ~21 .. ' 100 1 (20), with (d) Amount of non-cash assistance (c) Amount of cash grant ARKANSAS FARM BUREAU FEDERATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2010) 032102 01-13-11 Part III

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047 **2010**

Open to Public Inspection

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

ARKANSAS FARM BUREAU FEDERATION

71-0242776

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			Ì
	First-class or charter travel Housing allowance or residence for personal use	,		Ì
	Travel for companions Payments for business use of personal residence			Ì
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	X Compensation committee Written employment contract		·	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	;		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	_	İ	
a	·	_5a	ļ <u></u>	
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		
_	'			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of.			l
a	The organization?	6a		
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	_6b_		
7				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	,		
ρ	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		
8	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	۵		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		\vdash
3				
	Regulations section 53 4958-6(c)?	9	L	Ь——

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of V	(B) Breakdown of W·2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Netirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
	Ξ	156,391.	0.	0		10,760.		0.
1 EWELL WELCH	€	134,390.	0	0	•	5,332.		0.
	Θ	167,405.	0.	0	33,478.	8,284.	209,167.	0
2 GARY KEATHLEY	(ii)	1 1	0.	0	0	0		0
	(0)	123,678.	0	0.	28,920.	7,076.	159,674.	0
3 DON MICKEL	(ii)	• 0	0	0	• 0	0		0.
	Θ	121,986.	0	0.	25,270.	9,135.	156,391.	0
4 RODNEY BAKER	(ii)	• 0	0	0	0	0.	0	0
	Θ							
5	(ii)						:	
	(i)							
9	€							
	(i)							
7	€							
	8							
80	3		·					
	Ξ							
6	€							
	ε							
10	(E)							
	(i)							
11	(ii)							
	Ξ							
12	(i)							
	Ξ		-					
13	Ξ							
	(i)						-	
14	(ii)							
	Ξ							
15	Ξ							
	ε							
16	(E)							
							Schedule	Schedule J (Form 990) 2010

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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.

2010
Open to Public Inspection

Name of the organization

ARKANSAS FARM BUREAU FEDERATION

Employer identification number 71-0242776

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PURPOSE OF ANALYZING THEIR PROBLEMS AND FORMULATING ACTION TO ACHIEVE
EDUCATIONAL IMPROVEMENT, ECONOMIC OPPORTUNITY, SOCIAL ADVANCEMENT AND
PROMOTE THE NATIONAL WELL-BEING. FARM BUREAU IS NONPARTISAN,
NONSECTARIAN, NONGOVERNMENTAL AND NONSECRET IN CHARACTER. FARM BUREAU
STRIVES TO BE THE VOICE OF AGRICULTURAL PRODUCERS AT ALL LEVELS.
THE MISSION OF FARM BUREAU IS TO:
1. ADVOCATE THE INTERESTS OF AGRICULTURE IN THE PUBLIC ARENA;
2. DISSEMINATE INFORMATION CONCERNING THE VALUE AND IMPORTANCE OF
AGRICULTURE; AND
3. PROVIDE PRODUCTS AND SERVICES WHICH IMPROVE THE QUALITY OF LIFE FOR
OUR MEMBERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FARM BUREAU IS NONPARTISAN, NONSECTARIAN, NONGOVERNMENTAL AND NONSECRET
IN CHARACTER. FARM BUREAU STRIVES TO BE THE VOICE OF AGRICULTURAL
PRODUCERS AT ALL LEVELS.
THE MISSION OF FARM BUREAU IS TO:
1. ADVOCATE THE INTERESTS OF AGRICULTURE IN THE PUBLIC ARENA;
2. DISSEMINATE INFORMATION CONCERNING THE VALUE AND IMPORTANCE OF
AGRICULTURE; AND
3. PROVIDE PRODUCTS AND SERVICES WHICH IMPROVE THE QUALITY OF LIFE FOR

032211

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

ARKANSAS FARM BUREAU FEDERATION

Employer identification number 71-0242776

OUR MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6: THE VOTING DELEGATES FROM EACH FARM

BUREAU DISTRICT SHALL NOMINATE CANDIDATES FOR THE BOARD OF DIRECTORS AT THE

OFFICIAL NOMINATING CAUCUSES CALLED BY THE PRESIDENT. THE VOTING DELEGATES,

BY MAJORITY VOTE OF A DULY CONSTITUTED QUORUM, SHALL ELECT THE BOARD OF

DIRECTORS AS PROVIDED FOR HEREIN. THOSE PERSONS, TOGETHER WITH THE DULY

ELECTED PRESIDENT AND VICE PRESIDENT ELECTED BY THE MEMBERS, WHO SHALL HAVE

THE POWER TO VOTE, SHALL CONSTITUTE THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY VOTING DELEGATES.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAWS MAY BE ALTERED, AMENDED OR REPEALED AND NEW BYLAWS MAY BE ADOPTED BY THE VOTING DELEGATES AFTER

PRESENTATION OF THE PROPOSED CHANGES BY THE BOARD OF DIRECTORS AT ANY REGULAR OR SPECIAL MEETING OF THE VOTING DELEGATES; PROVIDED, HOWEVER, THAT NOT LESS THAN THIRTY (30) DAYS NOTICE SHALL BE GIVEN TO EACH COUNTY FARM BUREAU HOLDING MEMBERSHIP IN THE FEDERATION BEFORE THE MEETING AT SUCH CHANGE IS TO BE PROPOSED AND VOTED ON AND SUCH NOTICE SHALL INCLUDE A COPY OF THE PROPOSED CHANGES. ANY AMENDMENT OR CHANGE MUST BE APPROVED BY TWO-THIRDS OF THE VOTING DELEGATES PRESENT AT THE REGULAR OR SPECIAL MEETING WHERE SUCH AMENDMENT OR CHANGE IS TO BE CONSIDERED AND WHERE A QUORUM IS PRESENT.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FORWARDED TO THE

AUDIT COMMITTEE AS WELL AS THE PRESIDENT, EXECUTIVE VICE-PRESIDENT AND

DIRECTOR OF FINANCE PRIOR TO FILING. THE DIRECTOR OF FINANCE WILL REVIEW

032212

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization ARKANSAS FARM BUREAU FEDERATION	Employer identification number 71-0242776
AND SIGN THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REV	
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION (COMMITTEE ENGAGES
LONGNECKER & ASSOCIATES AND USES A SALARY ADMINISTRATION	PLAN DESIGNED BY
THEM. ALL SALARIES FALL WITHIN THE DESIGNATED RANGES OF	THE PLAN, ARE
APPROVED BY THE COMPENSATION COMMITTEE AND REFERRED TO THE	HE FULL BOARD OF
DIRECTORS FOR APPROVAL.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-49,478.
BOOK/TAX DIFFERENCE ON ASSET SALES	150,369.
BOOK/TAX DIFFERENCE ON DEPRECIATION EXPENSE	-219,062
FEDERAL INCOME TAX EXPENSE	-203,536
TOTAL TO FORM 990, PART XI, LINE 5	-321,707
	<u> </u>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 71-0242776

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) ARKANSAS FARM BUREAU FEDERATION Name of the organization

Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more r	elated tax-exempt

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(a)	(q)	(0)	(D)	(e)	(J)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b) controlled	(c) (c)
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	S S
ROMEO ENNIS SHORT MEMORIAL FOUNDATION -							
71-6050688, P.O. BOX 31, LITTLE ROCK, AR				PRIVATE	ARKANSAS FARM		
72203	SCHOLARSHIP	ARKANSAS	501(C)(3)	FOUNDATION	BUREAU FEDERATION		×
ARKANSAS FARM BUREAU SCHOLARSHIP FOUNDATION							
- 71-0888051, P.O. BOX 31, LITTLE ROCK, AR				PRIVATE	ARKANSAS FARM		
72203	SCHOLARSHIP	ARKANSAS	501(C)(3)	FOUNDATION	BUREAU FEDERATION		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2010

71-0242776

Page 2

Schedule R (Form 990) 2010 ARKANSAS FARM BUREAU FEDERATION

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

(K)	General or Percentage managing ownership partner?											
()	General or managing partner?	Yes No				_						_
9	Disproportion- Code V-UBI General or amount in box managing are allocations?	K-1 (Form 1065)										
(F)	Disproportion- ate allocations?	es No							•		 	
(6)	Share of Di end-of-year ate								-			
ω	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)	-				•					
(p)	Direct controlling entity											
(c)	Legal domicile (state or	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

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

organizations treated as a corporation of those during the tax year	year /						
(a)	(q)	(c)	(p)	(e)	(t)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
FARM BUREAU BUILDING INC 71-6055307			ARKANSAS FARM				
P.O. BOX 31			BUREAU				
LITTLE ROCK, AR 72203	RENTAL	AR	FEDERATION	C CORP	524,381,	5,750,685,	1008
			ARKANSAS FARM			•	
ARKANSAS FARM BUREAU INVESTMENT CORPORATION -		P4	BUREAU				
71-6050687, P.O. BOX 31, LITTLE ROCK, AR 72203	INVESTMENTS	AR	FEDERATION	C CORP	4,963.	161,283.	1008
ARKANSAS CASUALTY INVESTMENT CORPORATION - 71-6050686			ARKANSAS FARM				
P.O. BOX 31		_ 124.	BUREAU				
LITTLE ROCK AR 72203	INVESTMENTS	AR	FEDERATION	C CORP	2,245,647.	13,030,093,	100%

Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010 ARKANSAS FARM BUREAU FEDERATION

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- - c Gift, grant, or capital contribution from other organization(s) **b** Gift, grant, or capital contribution to other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Shanng of paid employees
- Reimbursement paid to other organization for expenses 0
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(d) Amount involved amount involved	3,724,921.ACTUAL	490,027.ACTUAL	462,000.ACTUAL	140,324.ACTUAL	3,924.ACTUAL	1.961.566.ACTUAL
(b) Transaction type (a-r)	D	ט	ъ	0	A	<
(a) Name of other organization	(1) FARM BUREAU BUILDING, INC.	(2) FARM BUREAU BUILDING, INC.	(3) FARM BUREAU BUILDING, INC.	(4) FARM BUREAU BUILDING, INC.	ARKANSAS FARM BUREAU INVESTMENT (6) CORPORATION	(6) ARKANSAS CASUALTY INVESTMENT CORPORATION

Schedule R (Form 990) 2010

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Schedule R (Form 990) ARKANSAS FARM BUREAU FEDERATION

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ARKANSAS CASUALTY INVESTMENT CORPORATION	Д	6,450.ACTUAL	ACTUAL
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(61)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2010 ARKANSAS FARM BUREAU FEDERATION

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

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

unat was not a related organization. See instructions regarding exclusion for certain investment partnerships	Islon for certain investment partifiers						
(a)	(q)	(2)	<u> </u>	(e)		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes		Yes	(COO)	Yes No
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						Schedule K (Form 990) 2010	01.05 (088 1