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DLN: 93493278000452

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011 D Employer identification number B Check if applicable AMERICAN FARM BUREAU FEDERATION 36-0725160 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (202) 406-3600 600 MARYLAND AVE SW NO 1000W Terminated **G** Gross receipts \$ 32,965,131 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? JULIE ANNA POTTS 600 MARYLAND AVE SW NO 1000W ┌ Yes ┌ No **H(b)** Are all affiliates included? WASHINGTON, DC 20024 If "No," attach a list (see instructions) H(c) Group exemption number ▶ 「 501(c)(3) **▽** Tax-exempt status 501(c) (5) **4** (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW FB ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► M State of legal domicile IL L Year of formation 1920 Part I Summary Briefly describe the organization's mission or most significant activities AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS AND TO BUILD STRONG, PROSPEROUS Activities & Governance AGRICULTURAL COMMUNITIES 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 34 4 33 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 102 6 51 Total number of volunteers (estimate if necessary) 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 444,000 Contributions and grants (Part VIII, line 1h) . 25,119,252 Program service revenue (Part VIII, line 2g) . 25,323,136 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,261,101 2,152,566 203,909 293,559 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 34,584,262 28,213,261 432,457 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 13 1,071,700 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 14,454,239 14,200,041 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 16a b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 11,796,077 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 10,109,336 18 24,996,032 27,067,818 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 9,588,230 1,145,443 Assets or de Balances **Beginning of Current End of Year** Year 51,384,218 52,576,004 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 4,644,249 4.873,220 22 Net assets or fund balances Subtract line 21 from line 20 46,739,969 47,702,784 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-10-02 Signature of officer Date Sign Here JULIE ANNA POTTS EXECUTIVE VICE PRESIDENT Type or print name and title Check if self Preparer's signature LU ANN TRAPP LU ANN TRAPP 2012-10-02 Paid Firm's name FPLANTE & MORAN PLLC Fım's EIN

Firm's address 🕨 10 S RIVERSIDE PLAZA 9TH FLOOR

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions) .

Preparer

Use Only

Phone no 🕨 (312) 207-

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKIISE OF	<u>Reduiled</u>	

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If</i> "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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \checkmark Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
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	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	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	1c		1
2a	gaming (gambling) winnings to prize winners?			
	Statements filed for the calendar year ending with or within the year covered by this			
.	return			1
D	That least one is reported on line 2a, did the organization line an required lederal employment tax returns?	2b	Yes	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b	year?	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
ь	account)?			110
	If "Yes," enter the name of the foreign country \(\brace=\) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		Νο
Ju	organization solicit any contributions that were not tax deductible?	_ G		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		İ
	services provided to the payor?			
	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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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?			İ
•	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		ı
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations Enter			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		ı
				ı
ь	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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				_

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

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 levenue Code.) The possible organization have local chapters, branches, or affiliates? The possible organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? The possible in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			No
6	Does the organization have members or stockholders?	6	Yes	
7a		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8				
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9		9		No
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	The governing body? 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.) The provided the names and addresses in Schedule O The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	
11a	 Does the organization have local chapters, branches, or affiliates?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	to conflicts?	12b	Yes	
		12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ir.
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CHRISTY LILJA 600 MARYLAND AVE SW SUITE 1000W

WASHINGTON, DC 20024 (202) 406-3732

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organ	nization nor any r	sate	d any current office	er, director, or trust	ee					
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours		(tion that a	•		II		Rep comp	(D) ortable ensation m the	(E) Reportable compensation from related		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)		compens from s organizat relat organiza	the ion and ed
See A	ddıtıonal Data Table	,												
							+					+		
												+		
							1					_		
												1		
												+		
							-					+		
							<u> </u>					_		
1b	Sub-Total							+						
С	Total from continuation sheet						P	-		2 000 240		\perp		022.200
d	Total (add lines 1b and 1c) .							•		2,889,218)	1,0	023,380
2	Total number of individuals (in \$100,000 in reportable compe	•				teu	above) WIIC	receive	iu more ma	11			
3	Did the organization list any fc on line 1a? <i>If</i> " <i>Yes," complete S</i>					ey e	mploy •	ee, o	r highes	t compens	ated employee	3	Yes	No No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or accri	ue comp	ensa	ition	fror	n any	unrel	ated org	janization c	r individual for		103	
	services rendered to the organ	ızatıon? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or sucl	n pers	son .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent o	ontra	ctors	that red	ceived more	e than			
	N	(A) ame and business ad	dress							Descr	(B) option of services		(C Comper	
1300	ANCE ABRAMS BERDO & GOODMAN LLC 19TH STREET NW SUITE 600 IINGTON, DC 20036									AFBF LEGAL	•			333,375
WALL 110 V	STREET NETWORK INC VALLSTREET YORK, NY 10005									AFBF SOFTW	ARE DEVELOPMENT		196,684	
CROV 1001	VELL & MORING LLP PENNSYLVANIA AVENUE NW IINGTON, DC 20004									AFBF LLC LEG	GAL SERVICES			167,094
												\dashv		
	Total number of independent coi \$100,000 in compensation from			ot lır	nıted	l to	those	liste	d above)	who receiv	ed more than			

Form 99		Statement of Revenu	10				Pa	ge 9
		Statement of Revent			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lin Total. Add lines 1a-1f	. 1c . 1d . 1e and 1f es 1a-1f \$	444,000	444,000			314
Program Service Revenue	b c d e	MEMBERSHIP DUES SPONSORSHIP REVENUE All other program service rev Total. Add lines 2a-2f		900099 900099	25,007,636 315,500 25,323,136			
	4 5 6a b	Investment income (includin and other similar amounts) Income from investment of tax-exe Royalties Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 247,607	(II) Personal	1,198,504 247,607			1,198,50
á a	7a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	(ı) Securities 4,138,980 4,684,020 -545,040	(II) O ther 1,499,980 878 1,499,102	954,062			954,06
Other Revenue	b c 9a b c 110a b c d e e	(not including \$ of contributions reported on I See Part IV, line 18 Less direct expenses Net income or (loss) from fun Gross income from gaming an	ine 1c) a b draising events	112,924 66,972 Business Code	45,952	45,952		
	12	Total revenue. See Instruction	ns		28,213,261	25,369,088	orm 990 (20	2,400,1

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mus				
	ll other organizations must complete column (A) but are not required to $lpha$	omplete column	s (B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,071,700			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,759,428			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	7,374,853			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,449,883			
10	Payroll taxes	615,877			
а	Fees for services (non-employees) Management				
b	Legal	1,683,640			
C	Accounting	150,490			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	388,385			
12	Advertising and promotion	438,437			
13	Office expenses	182,824			
14	Information technology				
15	Royalties				
16	Occupancy	2,899,570			
17	Travel	3,569,236			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	689,222			
23	Insurance	125,223			
24	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 O)				
a	PROGRAMS	2,024,121			
b	DUES AND SUBSCRIPTIONS	382,641			
c	FARM BUREAU NETWORK	297,561			
d	TELEPHONE	125,968			
e	EXPENSE REIMBURSEMENTS	-1,161,241			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	27,067,818			
26	Joint costs. Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,912,989	1	8,673,562
	2	Savings and temporary cash investments			4,743,375	2	2,869,220
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			195,348	4	274,186
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	mployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	nploye	rs, and			
Ş		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			403,447	9	600,831
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	9,912,883			
	b	Less accumulated depreciation	10b	4,936,468	4,726,108	10c	4,976,415
	11	Investments—publicly traded securities			20, 194, 180	11	17,861,836
	12	Investments—other securities See Part IV, line 11		9,941,286	12	14,033,035	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			3,267,485	15	3,286,919
	16	Total assets. Add lines 1 through 15 (must equal line 34)		51,384,218	16	52,576,004	
	17	Accounts payable and accrued expenses .			1,222,552	17	1,470,426
	18	Grants payable				18	_
	19	Deferred revenue			59,316	19	23,100
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,362,381	25	3,379,694
	26	Total liabilities. Add lines 17 through 25			4,644,249	26	4,873,220
·^		Organizations that follow SFAS 117, check here ► ✓ and comp	ete lin	nes 27			
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			46,739,969	27	47,702,784
Balance	28	Temporarily restricted net assets				28	
귤	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	olete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			46,739,969	33	47,702,784
	34	Total liabilities and net assets/fund balances			51,384,218	34	52,576,004

Pai	Check if Schedule O contains a response to any question in this Part XI			. 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28.2	213,26
2	Total expenses (must equal Part IX, column (A), line 25)	2			067,81
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	145,44
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		46,7	739,96
5	Other changes in net assets or fund balances (explain in Schedule O)				182,62
6	, , , , , , , , , , , , , , , , , , , ,	6		47,7	702,78
Par	• •			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
BOB STALLMAN PRESIDENT	40 00	Х		х				494,814	0	138,046	
BARRY BUSHUE VICE PRESIDENT	40 00	Х		х				28,350	0	0	
RONALD ANDERSON DIRECTOR	2 00	Х						4,500	0	0	
STEVE BACCUS DIRECTOR	2 00	Х						5,600	0	0	
KENNETH DIERSCHKE DIRECTOR	2 00	Х						7,200	0	0	
ZIPPY DUVALL DIRECTOR	2 00	Х						5,000	0	0	
TERRY GILBERT DIRECTOR	2 00	Х						13,000	0	0	
WILLIAM GILMER DIRECTOR	2 00	Х						9,700	0	0	
MARK HANEY DIRECTOR	2 00	Х						5,200	0	0	
ROBERT HANSON DIRECTOR	2 00	Х						4,000	0	0	
JOHN HOBLICK DIRECTOR	2 00	Х						6,600	0	0	
LELAND HOGAN DIRECTOR	2 00	Х						6,200	0	0	
L EDWARD JESTICE JR DIRECTOR	2 00	Х						5,400	0	0	
CHARLES KRUSE DIRECTOR	2 00	Х						6,000	0	0	
CRAIG LANG DIRECTOR	2 00	Х						3,000	0	0	
PERRY LIVINGSTON DIRECTOR	2 00	Х						4,000	0	0	
PHILIP NELSON DIRECTOR	2 00	Х						4,000	0	0	
JERRY NEWBY DIRECTOR	2 00	Х						3,800	0	0	
RICHARD NIEUWENHUIS DIRECTOR	2 00	Х						6,000	0	0	
DEAN NORTON DIRECTOR	2 00	Х						6,000	0	0	
KEITH OLSEN DIRECTOR	2 00	Х						4,200	0	0	
WAYNE PRYOR DIRECTOR	2 00	Х						3,800	0	0	
KEVIN ROGERS DIRECTOR	2 00	Х						4,000	0	0	
CARL SHAFFER DIRECTOR	2 00	Х						5,200	0	0	
MIKE SPRADLING DIRECTOR	2 00	Х						4,800	0	0	
<u>, </u>		1					•				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and I (A)	(B)		(((D)	(E)	(F)		
Name and Title	A verage hours			Position (chec that apply			compensation compensation		compensation compensation amount		npensation compensation	
	per week	Individual trustee or director	Institutional Trustee	Key employee Officei		Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
LACY UPCHURCH DIRECTOR	2 00	Х						4,800	0	O		
SCOTT VANDERWAL DIRECTOR	2 00	Х						6,400	0	0		
RANDY VEACH DIRECTOR	2 00	Х						5,800	0	0		
DON VILLWOCK DIRECTOR	2 00	Х						5,200	0	0		
DAVID WAIDE DIRECTOR	2 00	Х						3,400	0	C		
MICHAEL WHITE DIRECTOR	2 00	Х						5,800	0	C		
DAVID WINKLES DIRECTOR	2 00	Х						6,200	0	C		
WAYNE WOOD DIRECTOR	2 00	Х						4,600	0	(
LARRY WOOTEN DIRECTOR	2 00	Х						5,000	0	0		
RICHARD NEWPHER EXT VP & TREASURER	40 00			х				335,711	0	102,903		
ELLEN STEEN GEN COUNSEL & SEC	40 00			х				112,268	0	25,030		
C DAVID MAYFIELD CORPORATE SECRETARY	40 00			х				127,306	0	30,735		
JULIE ANNA POTTS EXT VP & TREASURER (EFF 10/6/11)	40 00			x				0	0	(
MARK A MASLYN EXECUTIVE DIRECTOR, PUBLIC POLICY	40 00				х			230,371	0	103,612		
ROBERT E YOUNG CHIEF ECONOMIST	40 00				х			227,634	0	102,337		
DONALD M LIPTON EXECUTIVE DIRECTOR, PUBLIC RELATIONS DEPARTMENT	40 00				х			186,950	0	85,524		
CHRISTINA S LILJA EXECUTIVE DIRECTOR, ACCOUNTING & ADMIN SERVICES	40 00				х			175,215	0	77,949		
MARY KAY THATCHER DIRECTOR, PUBLIC POLICY	40 00					Х		173,116	0	77,144		
ROSEMARIE J WATKINS DIRECTOR, PUBLIC POLICY	40 00					Х		159,924	0	71,272		
PAUL SCHEGEL DIRECTOR, PUBLIC POLICY	40 00					Х		155,484	0	64,101		
DAVID C FRANCIS DIRECTOR, INFORMATION TECHNOLOGY & COMMUNICATIONS	40 00					х		155,046	0	73,080		
RICHARD L KRAUSE SR DIRECTOR, PUBLIC POLICY	40 00					Х		152,629	0	71,647		

DLN: 93493278000452

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public **Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Na	ection 501(c)(4), (5), or (6) organi me of the organization	zations withpiete Fart III		Employer iden	tification number
AM	ERICAN FARM BUREAU FEDERATION			36-0725160	
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
)ar	t I=B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1		e tax incurred by the organization u	_		\$
2		e tax incurred by organization mana			\$
3		section 4955 tax, did it file Form 47			☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
ar	t I-C Complete if the or	ganization is exempt unde	r section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			
5	organization made payments famount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or F	Paperwork Reduction Act Notice. se	 ee the Instructions for Form 990 or 99	<u> </u> 90-EZ. <i>c</i>	Cat No 50084S	

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election		
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply				
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)				
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)				
C	Total lobbying expenditures (add lines 1a and 1	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -				
i	Subtract line 1f from line 1c If zero or less, ente	r-0-				
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	edule C (Form 990 or 990-EZ) 2010					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT f	iled Fo	orm	5768	3
		(a)		(a)		
		Yes	No	4	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	601(c	(5),	or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493278000452

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** AMERICAN FARM BUREAU FEDERATION

36-0725160 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Palt	Organizations Maintaining Co	llections of Art	, His	tori	cal Tr	<u>easu</u>	res, or C	<u> </u>	<u>r Similar Ass</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	_		_			ion	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
b	Scholarly research		e	\vdash	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	/ furthe	er the c	organızatıoı	n's ex	cempt purpose II	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organ	ızatıor			es" to Form 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbu	itions (or other ass	sets		_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		Г		Λm	ount	
c	Regioning balance						ŀ	1c	A	Ounc	
c d	Additions during the year						}	1d			
	Additions during the year						}				
e f	Distributions during the year						}	1e			
f -	Ending balance						L	1f	<u> </u>		
2a	Did the organization include an amount on Fo		e 21?						Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1						
Pa	Endowment Funds. Complete	If the organization (a)Current Year		were Prior Y			Form 990 o Years Back			(a)Eour V	ears Back
1a	Beginning of year balance	(a)Curient fear	(0)	PHOLI	real	(C)IW	o reals back	(u)	Tillee feats back	(e)rour i	ears back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as						•		
а	Board designated or quasi-endowment										
ь	Permanent endowment ►										
с За	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation t	that a	re held	d and a	dministere	d for	the		
Ju	organization by	John of the organize	acioni	ciiac a	ire ireit	a ana a	idiiiiii seere	u ioi		Yes	No
	(i) unrelated organizations								3a(i	i)	
	(ii) related organizations								3a(i	i)	
_	If "Yes" to 3a(II), are the related organizatio								3b		
Ь		a arganization's and	dowme	ent fu	nds						
4	Describe in Part XIV the intended uses of th										
4	Describe in Part XIV the intended uses of the Investments—Land, Building s				orm 9	90, Pa	art X, line	10.	T	1	
4				ee F	orm 9 Cost or s (inves	other	(b)Cost or obasis (oth	other	(c) Accumulated depreciation	(d) Bo	ook value
4 Par	t VI Investments—Land, Building			ee F	Cost or	other	(b)Cost or	other		(d) Bo	ook value
4 Par 1a l	Description of investment			ee F	Cost or	other	(b)Cost or	other		(d) Bo	ook value
4 Par 1a l	Description of investment			ee F	Cost or	other	(b)Cost or obasis (oth	other	depreciation		
1a b c	Description of investment and			ee F	Cost or	other	(b)Cost or obasis (oth	other er)	depreciation	6	3,447,667
4 Par 1a b c d	Description of investment and	s, and Equipme	nt. S	ee F	Cost or	other	(b)Cost or obasis (oth	other er)	1,984,310 852,73	6	3,447,667 157,860 1,370,888

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(Including name of security) (1)Financial derivatives		Cost of elia-o	f-year market value
(2)Closely-held equity interests	8,892,066		F
(3)Other	8,892,000		<u>'</u>
(A) FARM BUREAU BANCORP SUBORDINATED DEBT			
NOTE	1,000,000		F
(B) FB BANCORP COMMON STOCK	4,140,969		F
(-)	.,		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	14,033,035		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) Book Value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
(1) ACCRUED INTEREST ON INVESTMENTS			190,038
(2) PREPAID PENSION BENEFIT COST			3,096,881
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	<i>E</i>)		3,286,919
Part X Other Liabilities. See Form 990, Part X			3,200,919
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(=)		
DEFERRED RENT EXPENSE	1,811,126		
DEFERRED LEASE INCENTIVE	1,568,568		
	2,000,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,379,694		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,213,261
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,067,818
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,145,443
4	Net unrealized gains (losses) on investments	4	393,405
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-576,033
9	Total adjustments (net) Add lines 4 - 8	9	-182,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	962,815
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,801,707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 8,609		
e	Add lines 2a through 2d	2e	402,014
3	Subtract line 2e from line 1	3	27,399,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV) 4b 813,568		
С	Add lines 4a and 4b	4 c	813,568
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,213,261
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	25,612,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	878
3	Subtract line 2e from line 1	3	25,611,643
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,456,175
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,067,818

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FEDERATION'S APPLICATION OF GAAPUSA REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE FEDERATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS THE FEDERATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE THE FEDERATION IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR FEDERAL, STATE OR LOCAL INCOME TAXES FOR PERIODS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES - 49,220 PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST -526,813
PART XII, LINE 2D - OTHER ADJUSTMENTS		EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES 8,609
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 8,994 GAIN (LOSS) ON SALE OF PROPERTY AND EQUIPMENT -878 CONTRIBUTIONS FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 444,000 SALE OF INVENTORY - NETTED AGAINST EXPENSES 45,952 SPONSORSHIP REVENUE NETTED AGAINST EXPENES 315,500
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN (LOSS) ON SALE OF PROPERTY AND EQUIPMENT 878
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 1,094,723 SALE OF INVENTORY - NETTED AGAINST EXPENSES 45,952 SPONSORSHIP REVENUE NETTED AGAINST EXPENSES 315,500

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(Form 990)

Department of the Treasury

Schedule I

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

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

OMB No 1545-0047

DLN: 93493278000452

Inspection

Internal Revenue Service Employer identification number Name of the organization AMERICAN FARM BUREAU FEDERATION 36-0725160 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS THE CONTRIBUTIONS APPROVED BY THE BOARD MEET THE MISSION OF THE ORGANIZATION SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF AGRICULTURAL PROGRAMS, THE RECIPIENTS ARE NOT REQUIRED TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS

Return to Form

Software ID:

Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL AGRICULTURE ALLIANCEPO BOX 9522 ARLINGTON,VA 22209	54-1384916	501(C)(3)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
COUNCIL FOR AGRICULTURAL SCIENCE & TECHNOLOGY4420 WEST LINCOLN WAY AMES,IA 50014	23-7186154	501(C)(3)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

	· · · · · · · · · · · · · · · · · · ·			_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM FOUNDATION1301 WEST 22ND STREET SUITE 615 OAKBROOK,IL 60523	36-2270048	501(C)(3)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
UNITED STATES COUNCIL FOR INTERNATIONAL BUSINESS1212 AVENUE OF THE AMERICAS NEW YORK, NY 10036	13-1525134	501(C)(6)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAT'L FARM-CITY COUNCIL INCPO BOX 6825 READING,PA 19610	36-6107924	501(C)(3)	6,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
POLICY DIRECTIONS INC 818 CONNECTICUT AVENUE NW WASHINGTON, DC 20006	52-1907369		6,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINOR CROP FARMERS ALLIANCE1901 PENNSYLVANNIA AVENUE NW WASHINGTON, DC 20006	54-1608554	501(C)(6)	7,500				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
LOUISIANA ALIVE818 CONNECTICUT AVENUE NW WASHINGTON, DC 20006	20-2635587	501(C)(3)	8,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HUMANE ASSOCIATION1400 16TH STREET NW WASHINGTON, DC 20036	84-0432950	501(C)(3)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
CONGRESSIONAL SPORTSMEN'S FOUNDATION110 NORTH CAROLINA AVENUE SE WASHINGTON, DC 20003	52-1686163	501(C)(3)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDISON ELECTRIC INSTITUTE701 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	13-0659550	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
US CHAMBER OF COMMERCE1615 H STREET NW ROOM 460 WASHINGTON, DC 20062	53-0045720	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FFA FOUNDATIONPO BOX 68960 INDIANAPOLIS,IN 46268	54-6044662	501(C)(3)	44,200				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE600 MARYLAND AVENUE SW WASHINGTON, DC 20024	36-6169577	501(C)(3)	314,750				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US FARMERS & RANCHERS ALLIANCE16020 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017	27-3754267	501(C)(6)	560,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

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DLN: 93493278000452

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

AMERICAN FARM BUREAU FEDERATION 36-0725160 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes 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? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1)BOBSTALLMAN	(1) (11)	494,814 0	0	0	127,656 0	10,390 0	632,860 0	(
(2) RICHARD NEWPHER	(ı) (ıı)	335,711 0	0	0	92,521 0	10,382	438,614 0	(
(3) C DAVID MAYFIELD	(ı) (ıı)	127,306 0	0	0	26,252 0	4,483 0	158,041 0	(
(4) MARK A MASLYN	(ı) (ıı)	230,371 0	0	0	92,708 0	10,904	333,983 0	(
(5) ROBERT E YOUNG	(ı) (ıı)	227,634 0	0	0	91,618 0	10,719 0	329,971 0	(
(6) DONALD M LIPTON	(ı) (ıı)	186,950 0	0	0	75,422 0	10,102	272,474 0	(
(7) CHRISTINA S LILJA	(ı) (ıı)	175,215 0	0	0	70,751 0	7,198	253,164 0	(
(8) MARY KAY THATCHER	(ı) (ıı)	173,116 0	0	0	69,916 0	7,228	250,260 0	(
(9) ROSEMARIE J WATKINS	(ı)	159,924 0	0 0	0	63,664 0	7,608 0	231,196 0	(
(10) PAUL SCHEGEL	(ı) (ıı)	155,484 0	0	0	62,896 0	1,205	219,585 0	(
(11) DAVID C FRANCIS	(I) (II)	155,046 0	0 0	0	62,722 0	10,358 0	228,126 0	(
(12) RICHARD L KRAUSE	(I) (II)	152,629 0	0 0	0	61,760 0	9,887 0	224,276 0	(
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	,	STACY BRYAN (SPOUSE OF BOB STALLMAN, PRESIDENT) AND NANCY NEWPHER (SPOUSE OF DICK NEWPHER, EXT VICE PRESIDENT) TRAVEL TO AFBF
	1A	MEETINGS WHERE THERE ARE SCHEDULED BUSINESS ACTIVITIES THE AFBF BOARD OF DIRECTORS JUNE BOARD MEETING INCLUDED TRAVEL
		EXPENSES FOR SPOUSES/COMPANIONS FOR SCHEDULED BUSINESS ACTIVITIES THE SCHEDULED ACTIVITIES AT THE MEETINGS MAY INCLUDE
		OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF, EDUCATIONAL
		PRESENTATIONS REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE AGRICULTURE OF THE HOST STATE, VISITS TO
		AGRICULTURAL PRODUCTION FACILITIES, PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES, VARIOUS AGRICULTURAL
		ACTIVITIES PROVIDED BY HOSTING STATE FARM BUREAU, OR VISITS TO AGRICULTURAL PROCESSING AND MARKETING FACILITIES

Schedule J (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493278000452

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

FAttach to Form 990 or 990-EZ.

Name of the organization
AMERICAN FARM BUREAU FEDERATION Employer identification number 36-0725160

	<u> </u>	
ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		AFBF MEMBERS ARE THE STATE FARM BUREAU'S AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT ON AFBF BOARD OF DIRECTORS THIRTY-ONE OF THE BOARD MEMBERS OF AFBF ARE STATE FARM BUREAU PRESIDENTS THE BOARD POSITIONS ARE DETERMINED BASED ON THE FOLLOWING INTERPRETATION OF SECTION 4, ARTICLE VIII OF THE AFBF BY LAWS TOTAL MEMBERSHIP - BOARD POSITIONS UNDER 200,001 - 4 200,001 - 600,000 - 5 600,001 - 1,000,000 - 6 1,000,001 - 1,400,000 - 7 1,400,001 - 1,800,000 - 8 1,800,001 - 2,200,000 - 9 2,200,001 - 2,600,000 - 10 2,600,001 - 3,000,000 - 11 3,000,001 - 3,400,000 - 12 3,400,001 - 3,800,000 - 13 3,800,001 - 4,200,000 - 14 THE BOARD POSITIONS ARE DETERMINED BY THE 4 REGIONS NORTHEAST MIDWEST WEST SOUTH IN ADDITION TO THE 4 REGIONS AND MEMBERSHIP DETERMINING THE NUMBER OF BOARD POSITIONS FOR EACH OF THE REGIONS - THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7A		SEE RESPONSE TO PART VI, SECTION A, QUESTION 6
FORM 990, PART VI, SECTION B, LINE 11		GOVERNING BODY REVIEW OF THE FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION THE EXECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW THE FORM 990 THE AFBF BOARD OF DIRECTORS REVIEWS THE FORM 990 AT THE OCTOBER BOARD MEETING PRIOR TO FILING THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRESCURSOR TO THEIR SERVICE TO THE ORGANIZATION POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 15	PROCESS OF DETERMINING COMPENSATION - A SALARY ADMINISTRATION PROGRAM HAS BEEN DEVELOPED BY AMERICAN FARM BUREAU FEDERATION FOR THE ADMINISTRATION OF PAY DECISIONS TO ENSURE THAT EMPLOY EES COVERED BY THE PROGRAM ARE PAID ACCORDING TO FAIR, EQUITABLE AND UNIFORM PRINCIPLES THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATIONS BOARD OF DIRECTORS IN MID-OCTOBER, HUMAN RESOURCES REPARES A REPORT, BY DEPARTMENT, THAT INCLUDES THE FOLLOWING CURRENT SALARY CURRENT GRADE MIDPOINT OF GRADE % - CURRENT SALARY TO MIDPOINT COLUMNS ARE ADDED FOR THE ADDITION OF RECOMMENDED INCREASES AND FORMULAS FOR A NEW SALARY AND NEW % OF SALARY TO MIDPOINT THE SPREADSHEET IS THEN SENT TO THE EXECUTIVE VICE PRESIDENT MIDPOINT IS DETERMINED BY THE CURRENT SALARY STRUCTURE. THE RANGES ARE REVIEWED EACH YEAR AND MAY BE SHIFTED IN ACCORDANCE WITH SALARY SURVEY DATA PROVIDED EACH YEAR BY PRICEWATERHOUSECOOPERS. WE ASK FOR DATA ON EXPECTED SALARY INCREASES FOR THE NEXT YEAR AND EXPECTED SHIFTS IN SALARY GRADES. THE EXECUTIVE VICE PRESIDENT GIVES HUMAN RESOURCES AN ALLOWANCE FOR EACH DEPARTMENT'S SALARY INCREASES. THIS IS GENERALLY IN THE FORM OF A PERCENT OF CURRENT TOTAL SALARIES FOR THE DEPARTMENT. HUMAN RESOURCES INCLUDES THE NUMBER IN THE SPREADSHEET, BREAKS OUT EACH DEPARTMENT'S INFORMATION, THEN SENDS THE APPROPRIATE REPORT TO EACH DEPARTMENT MANAGER ALONG WITH INSTRUCTIONS AND DEADLINES FOR COMPLETION DEPARTMENT MANAGERS COMPLETE THE SPREADSHEET WITH THEIR RECOMMENDATIONS FOR EMPLOYEE SALARY INCREASES AND REALWRING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE WAS PROMOTED AND HAD A RECENT SALARY INCREASE). THE EXECUTIVE VICE PRESIDENT REVIEW THE NOTES MIGHT INCLUDE DRAWING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE WAS PROMOTED AND HAD A RECENT SALARY INCREASE). THE EXECUTIVE VICE PRESIDENT REVIEW THE NOTES MIGHT INCLUDE DRAWING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE SALARY HISTORY (LIKE IF AN EMPLOYEE'S COMPENSATIO
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS - FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 393,405 EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES -49,220 PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST -526,813 TOTAL TO FORM 990, PART XI, LINE 5 -182,628

DLN: 93493278000452

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

AMERICAN FARM BUREAU FEDERATION					36-0725160			
Part I Identification of Disregarded Entities (C	omplete	e if the organization	answered "Yes"	on Form 990, 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		
(1) AFBF LEGAL ADVOCACY PROGRAM LLC 600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 65-1294705		AFBF LEGAL ADVOCACY PROGRAM, LLC A SINGLE MEMBER LLC	DE	452,994	3,312,047	AMERICAN FARM BUREA 7 FEDERATION	4U	
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du			the organization	answered "Yes" o	n Form 990, Part	IV, line 34 because	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section 5: contr	g) 12(b)(1 rolled lization
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE							Yes	No
600 MARYLAND AVE SW STE 1000	FUNDS MATERI	ALS,PROGRAM DEV	IL	501(C)(3)	LINE 11A, I	AMERICAN FARM BUREAU FEDERATION	Yes	
WASHINGTON, DC 20024 36-6169577	GRANTS	S AND EDUCATION						
							<u> </u>	
For Privacy Act and Paperwork Reduction Act Notice, see the Ins	t ruct ions	s for Form 990.	Cat No 501	135Y		Schedule R (Fo	orm 990)	2010

		ole as a Partners reated as a partne		answered "\	Yes" on Form 990,	Part IV, lır	ne 34
	(c)	(-)		(h)	(i)	(j)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
Dort IV Identif	ination of Dalat	a d Oa	ani-ationa Tawa	bla an a Camana	tion on Tourst (C					Fa	000	D=t T\/

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AMERICAN FARM BUREAU INC (AFBI) 600 MARYLAND AVE SW SUITE 1000W WASHINGTON, DC20024 36-3250406	BUSINESS MANAGEMENT		AMERICAN FARM BUREAU FEDERATION	С	388,327	1,693,920	100 000 %

r Other transfer of cash or property from other organization(s)

No

chedule R (Form 990) 2010						
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N		
1 Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N		
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes			
c	Gift, grant, or capital contribution from other organization(s)	1 c		N		
d	Loans or loan guarantees to or for other organization(s)	1d		N		
e	Loans or loan guarantees by other organization(s)	1e		N		
£	Sale of assets to other organization(s)	1f	<u> </u>	 N		
	Purchase of assets from other organization(s)	1g	\vdash	N		
-		1h	\vdash	N		
	Exchange of assets	1i	<u> </u>	N		
•	Lease of facilities, equipment, or other assets to other organization(s)	 - '-	 	 		
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N		
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N		
1 1	Performance of services or membership or fundraising solicitations by other organization(s)	11		N		
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes			
n	Sharing of paid employees	1n	Yes			
			<u> </u>	<u> </u>		
0	Reimbursement paid to other organization for expenses	10	<u> </u>	N		
p	Reimbursement paid by other organization for expenses	1 p	Yes	$oxed{oxed}$		
q	O ther transfer of cash or property to other organization(s)	1q	1	N		

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	В	314,750	MAINTAINED RECORDS AT FMV
(2) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	Р	511,070	MAINTAINED RECORDS AT FMV
(3) AMERICAN FARM BUREAU INC	Р	338,734	MAINTAINED RECORDS AT FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	-
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010