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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 11-01-2011 and ending 10-31-2012		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization ARKANSAS FARM BUREAU FEDERATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 31 City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72203	D Employer identification number 71-0242776
		E Telephone number (501) 224-4400
		G Gross receipts \$ 16,208,869
	F Name and address of principal officer EWELL WELCH PO BOX 31 LITTLE ROCK, AR 72203	H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	H(c) Group exemption number ▶	
J Website: ▶ WWW.ARFB.COM		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1931
M State of legal domicile AR		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities FARM BUREAU IS AN INDEPENDENT, VOLUNTARY ORGANIZATION OF FARM AND RANCH FAMILIES UNITED FOR THE 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, AND3 PROVIDE PRODUCTS AND SERVICES WHICH IMPROVE THE QUALITY OF LIFE FOR OUR MEMBERS		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	59
	6 Total number of volunteers (estimate if necessary)	6	310
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,508,178
b Net unrelated business taxable income from Form 990-T, line 34	7b	199,462	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,270,805	3,158,367
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,708,155	2,487,033
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,063,933	6,047,082
		13,042,893	11,692,482
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	164,303	147,353
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,686,756	8,433,034
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,179,618	4,660,700
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,030,677	13,241,087
	19 Revenue less expenses Subtract line 18 from line 12	4,012,216	-1,548,605
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	40,026,698	41,049,585
	21 Total liabilities (Part X, line 26)	9,988,277	11,854,621
	22 Net assets or fund balances Subtract line 21 from line 20	30,038,421	29,194,964

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-01-31 Date		
	MIKE SOLOMON FINANCE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature MARY ELLEN VANGILDER	Date 2013-01-31	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00626271
	Firm's name (or yours if self-employed), address, and ZIP + 4 JPMS COX PLLC 11300 CANTRELL ROAD SUITE 301 LITTLE ROCK, AR 72212			EIN ▶ 20-1776739
				Phone no ▶ (501) 227-5800

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

FARM BUREAU IS AN INDEPENDENT, VOLUNTARY ORGANIZATION OF FARM AND RANCH FAMILIES UNITED FOR THE 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, AND3 PROVIDE PRODUCTS AND SERVICES WHICH IMPROVE THE QUALITY OF LIFE FOR OUR MEMBERS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 13,241,087 including grants of \$ 147,353) (Revenue \$ 3,158,367)

SAME PURPOSE AS STATED ABOVE

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 13,241,087

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	2	No
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? 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	No
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	Yes
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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? If "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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☐						
		YesNo				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1c				
1a	48					
1b	0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
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	59	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No		
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No		
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.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b				

Part VI

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.
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	1a	16	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	
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 become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
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 made 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 made 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. MIKE SOLOMON 10720 KANIS ROAD LITTLE ROCK, AR 72211 (501) 224-4400	

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, 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, or 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 organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY VEACH PRESIDENT	11 00	X		X				57,714	0	0
(2) RICH HILLMAN VICE PRESIDENT	11 00	X		X				20,339	0	0
(3) TOM JONES SECRETARY/TREASURER	11 00	X		X				19,664	0	0
(4) SUSAN ANGLIN WOMEN'S COMM CHAIR	5 00	X						4,064	0	0
(5) RICHARD ARMSTRONG DIRECTOR	5 00	X						9,114	0	0
(6) SUE BILLIOT WOMEN'S COMM VICE CHAIR	5 00	X						4,864	0	0
(7) TROY BUCK DIRECTOR	5 00	X						7,214	0	0
(8) JON CARROLL DIRECTOR	5 00	X						5,564	0	0
(9) JOE CHRISTIAN DIRECTOR	5 00	X						6,614	0	0
(10) TERRY DABBS DIRECTOR	5 00	X						10,064	0	0
(11) TODD DUTTON YF&R VICE CHAIR	5 00	X						4,064	0	0
(12) MIKE FREEZE DIRECTOR	5 00	X						8,764	0	0
(13) BRUCE JACKSON DIRECTOR	5 00	X						5,664	0	0
(14) JOHNNY LOFTIN DIRECTOR	5 00	X						9,464	0	0
(15) GENE PHARR DIRECTOR	5 00	X						8,364	0	0
(16) MATT SIMON YF&R CHAIR	5 00	X						5,714	0	0
(17) RUSTY SMITH DIRECTOR	5 00	X						9,489	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALLEN STEWART DIRECTOR	5 00	X						9,214	0	0
(19) MIKE SULLIVAN DIRECTOR	5 00	X						8,314	0	0
(20) LEO SUTTERFIELD DIRECTOR	5 00	X						6,114	0	0
(21) EWELL WELCH EXEC VICE PRESIDENT	40 00				X			164,110	142,110	74,787
(22) GARY KEATHLEY VP- OPERATIONS	40 00				X			166,414	0	50,189
(23) STEVE EDDINGTON DIRECTOR, PUB RELATIONS	40 00					X		119,912	0	39,116
(24) DON MICKEL SOFTWARE ENGINEER	40 00					X		136,544	0	38,251
(25) RODNEY BAKER DIRECTOR, GOV AFFAIRS	40 00					X		126,251	0	41,064
(26) WARREN CARTER DIR, COMM & REG AFFAIRS	40 00					X		115,798	0	39,731
(27) MIKE SOLOMON DIRECTOR, FINANCE	40 00					X		111,137	0	37,577
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,160,546	142,110	320,715

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶10

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

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FARM BUREAU BUILDING PO BOX 31 LITTLE ROCK, AR 72203	BUILDING RENTAL	490,027

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	900099	3,158,367	3,158,367			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		3,158,367				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,384,263			2,384,263	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties		3,670,002		133,575	3,536,427	
	6a	(i) Real		(ii) Personal				
		Gross rents		140,977				
		b Less rental expenses		21,727				
		c Rental income or (loss)		119,250				
	d	Net rental income or (loss)			119,250		119,250	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	4,349,368	248,062				
		b Less cost or other basis and sales expenses	4,255,284	239,376				
		c Gain or (loss)	94,084	8,686				
	d	Net gain or (loss)			102,770		102,770	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
11a	SERVICE FEES	824298	2,872,115		2,872,115			
b	MISCELLANEOUS	812900	161,891		159,414	2,477		
c	COUNTY RECORDS	641200	43,800		43,800			
d	All other revenue		-819,976		-819,976			
e	Total. Add lines 11a-11d		2,257,830					
12	Total revenue. See Instructions			11,692,482	3,158,367	2,508,178	6,025,937	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	147,353			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	641,436			
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	3,354,595			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,794,539			
9	Other employee benefits	355,071			
10	Payroll taxes	287,393			
11	Fees for services (non-employees)				
a	Management				
b	Legal	19,809			
c	Accounting	92,140			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	20,987			
12	Advertising and promotion	264,430			
13	Office expenses	748,946			
14	Information technology	99,968			
15	Royalties				
16	Occupancy	517,073			
17	Travel	470,542			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	802,630			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	403,849			
23	Insurance	91,737			
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	BOARD EXPENSES	488,058			
b	FRONT PORCH PUBLICATION	278,013			
c	EDUCATION/TRAINING	120,817			
d	MEALS & ENTERTAINMENT	105,855			
e					
f	All other expenses	135,846			
25	Total functional expenses. Add lines 1 through 24f	13,241,087			
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,098,649	1	1,945,076
	2	Savings and temporary cash investments			635,605	2	2,597,709
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			727,904	4	730,777
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			3,724,921	7	3,453,153
	8	Inventories for sale or use			32,946	8	30,451
	9	Prepaid expenses and deferred charges			846,734	9	1,057,730
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	8,593,664			
	b	Less: accumulated depreciation	10b	6,760,530	1,818,508	10c	1,833,134
	11	Investments—publicly traded securities			16,292,954	11	15,413,330
	12	Investments—other securities. See Part IV, line 11			14,693,611	12	13,835,584
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			154,866	15	152,641
16	Total assets. Add lines 1 through 15 (must equal line 34)			40,026,698	16	41,049,585	
Liabilities	17	Accounts payable and accrued expenses			634,007	17	688,679
	18	Grants payable				18	
	19	Deferred revenue			2,175,211	19	2,067,388
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			7,179,059	25	9,098,554
	26	Total liabilities. Add lines 17 through 25			9,988,277	26	11,854,621
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			29,841,867	27	28,878,543
	28	Temporarily restricted net assets			196,554	28	316,421
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			30,038,421	33	29,194,964
	34	Total liabilities and net assets/fund balances			40,026,698	34	41,049,585

Part XI

Reconciliation of Net Assets

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	11,692,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,241,087
3	Revenue less expenses Subtract line 2 from line 1	3	-1,548,605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,038,421
5	Other changes in net assets or fund balances (explain in Schedule O)	5	705,148
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,194,964

Part XII

Financial Statements and Reporting

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

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
ARKANSAS FARM BUREAU FEDERATION

Employer identification number
71-0242776

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	
	☐ Yes ☐ No	

Part II

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

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

2 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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 ▶ _____

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

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

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

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

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

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,593,664	6,760,530	1,833,134
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,833,134

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,692,482
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,241,087
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,548,605
4	Net unrealized gains (losses) on investments	4	610,727
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	158,229
8	Other (Describe in Part XIV)	8	-63,808
9	Total adjustments (net) Add lines 4 - 8	9	705,148
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-843,457

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,482,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	610,727
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	186,657
e	Add lines 2a through 2d	2e	797,384
3	Subtract line 2e from line 1	3	11,685,246
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	7,236
c	Add lines 4a and 4b	4c	7,236
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,692,482

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,607,365
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	298,948
e	Add lines 2a through 2d	2e	298,948
3	Subtract line 2e from line 1	3	10,308,417
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	2,932,670
c	Add lines 4a and 4b	4c	2,932,670
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,241,087

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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	ACCOUNTING STANDARDS REQUIRE THE FEDERATION TO EVALUATE TAX POSITIONS AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FEDERATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE UNSUSTAINABLE UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE FEDERATION HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF OCTOBER 31, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE THE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		BOOK/TAX DIFFERENCE - DEPRECIATION EXPENSE - 277,221. BOOK/TAX DIFFERENCE - GAIN ON SALE OF ASSETS 144,930. FEDERAL INCOME TAX BENEFIT 6,408. INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 62,075. TOTAL TO SCHEDULE D, PART XI, LINE 8 -63,808.
PART XII, LINE 2D - OTHER ADJUSTMENTS		BOOK/TAX DIFFERENCE ON DISPOSED ASSETS 144,930. EXPENSES NETTED WITH INCOME ON RETURN 21,727. NET ASSETS RELEASED FROM RESTRICTION 20,000.
PART XII, LINE 4B - OTHER ADJUSTMENTS		INCOME INCLUDED IN TOTAL EXPENSES PER AUDIT 7,236.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		OTHER REVENUE NETTED WITH OTHER EXPENSE ON REPORT 21,727. BOOK/TAX DEPRECIATION DIFFERENCE 277,221.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES INCLUDED IN INCOME PER RETURN 7,236. PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 2,925,434.

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) ILLINOIS RIVER WATERSHED PARTNERSHIPPO BOX 8506 FAYETTEVILLE,AR 72703	20-4046238	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(2) ARKANSAS FFA FOUNDATION301 CATHERINE PARK RD HOT SPRINGS,AR 71913	23-7079719	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(3) US FARMERS AND RANCHERS ALLIANCE 16020 SWINGLEY RIDGE RD STE 300 CHESTERFIELD,MO 63017	27-3754267	501(C)(6)	5,000				GENERAL OPERATING SUPPORT
(4) NORTHWEST ARKANSAS COUNCIL4100 CORPORATE CENTER DR STE 205 SPRINGDALE,AR 72762	71-0693739	501(C)(6)	23,000				GENERAL OPERATING SUPPORT
(5) ARKANSAS TECH UNIVERSITY FOUNDATION 3320 TECH LANE RUSSELLVILLE,AR 72801	71-0561120	501(C)(3)	10,000				JACK JONES SCHOLARSHIP
(6) UNIVERSITY OF ARKANSAS FOUNDATION 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE,AR 72701	71-6056774	501(C)(3)	5,000				STANLEY E REED MEMORIAL CHAIR
(7) UNIVERSITY OF ARKANSAS FOUNDATION 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE,AR 72701	71-6056774	501(C)(3)	7,500				ARKANSAS 4-H - GENERAL OPERATING SUPPORT

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)Amount of cash grant	(d)Amount 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
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
ARKANSAS FARM BUREAU FEDERATION

Employer identification number
71-0242776

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	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.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		
b	Any related organization?		
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		
b	Any related organization?		
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EWELL WELCH	(i)	164,110	0	0	31,079	9,264	204,453	0
	(ii)	142,110	0	0	31,079	3,365	176,554	0
(2) GARY KEATHLEY	(i)	166,414	0	0	42,297	7,892	216,603	0
	(ii)	0	0	0	0	0	0	0
(3) STEVE EDDINGTON	(i)	119,912	0	0	29,935	9,181	159,028	0
	(ii)	0	0	0	0	0	0	0
(4) DON MICKEL	(i)	136,544	0	0	31,620	6,631	174,795	0
	(ii)	0	0	0	0	0	0	0
(5) RODNEY BAKER	(i)	126,251	0	0	32,268	8,796	167,315	0
	(ii)	0	0	0	0	0	0	0
(6) WARREN CARTER	(i)	115,798	0	0	29,935	9,796	155,529	0
	(ii)	0	0	0	0	0	0	0

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
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Additional Data

Software ID:
Software Version:
EIN: 71-0242776
Name: ARKANSAS FARM BUREAU FEDERATION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE O

(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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ARKANSAS FARM BUREAU FEDERATION	Employer identification number 71-0242776
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Identifier	Return Reference	Explanation
	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 AND SIGN THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS REVIEWED ANNUALLY WITH THE BOARD AND LEGAL COUNSEL AND SIGNED ANNUALLY
	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 FULL BOARD OF DIRECTORS FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AND POLICES ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 610,727 PRIOR PERIOD ADJUSTMENTS 158,229 BOOK/TAX DIFFERENCE - DEPRECIATION EXPENSE -277,221 BOOK/TAX DIFFERENCE - GAIN ON SALE OF ASSETS 144,930 FEDERAL INCOME TAX BENEFIT 6,408 INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 62,075 TOTAL TO FORM 990, PART XI, LINE 5 705,148

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARKANSAS FARM BUREAU FEDERATION

Employer identification number
71-0242776

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ROMEO ENNIS SHORT MEMORIAL FOUNDATION PO BOX 31 LITTLE ROCK, AR 72203 71-6050688	SCHOLARSHIP	AR	501(C)(3)	PRIVATE FOUNDATION	ARKANSAS FARM BUREAU FEDERATION		No
(2) ARKANSAS FARM BUREAU SCHOLARSHIP FOUNDATION PO BOX 31 LITTLE ROCK, AR 72203 71-0888051	SCHOLARSHIP	AR	501(C)(3)	PRIVATE FOUNDATION	ARKANSAS FARM BUREAU FEDERATION		No

Part III

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

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

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) FARM BUREAU BUILDING INC PO BOX 31 LITTLE ROCK, AR 72203 71-6055307	RENTAL	AR	ARKANSAS FARM BUREAU FEDERATION	C	99,011	5,675,492	100 000 %
(2) ARKANSAS FARM BUREAU INVESTMENT CORPORATION PO BOX 31 LITTLE ROCK, AR 72203 71-6050687	INVESTMENTS	AR	ARKANSAS FARM BUREAU FEDERATION	C	5,402	163,109	100 000 %
(3) ARKANSAS CASUALTY INVESTMENT CORPORATION PO BOX 31 LITTLE ROCK, AR 72203 71-6050686	INVESTMENTS	AR	ARKANSAS FARM BUREAU FEDERATION	C	542,524	12,053,803	100 000 %

Part V

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

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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Software ID:
Software Version:
EIN: 71-0242776
Name: ARKANSAS FARM BUREAU FEDERATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) FARM BUREAU BUILDING INC	D	3,453,153	ACTUAL
(2) FARM BUREAU BUILDING INC	J	490,027	ACTUAL
(3) FARM BUREAU BUILDING INC	O	155,600	ACTUAL
(4) FARM BUREAU BUILDING INC	P	525,000	ACTUAL
(5) ARKANSAS FARM BUREAU INVESTMENT CORPORATION	A	3,924	ACTUAL
(6) ARKANSAS CASUALTY INVESTMENT CORPORATION	A	1,511,566	ACTUAL
(7) ARKANSAS CASUALTY INVESTMENT CORPORATION	P	4,175	ACTUAL
(8) ARKANSAS FARM BUREAU SCHOLARSHIP FOUNDATION	P	23,625	ACTUAL