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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

WORK FOR THE SOLUTION OF AGRICULTURAL PROBLEMS IN ARIZONA

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

THE ORGANIZATION HAS AS ITS PURPOSE TO REPRESENT, PROTECT AND ADVANCE THE EDUCATIONAL AND OVERALL INTERESTS OF THOSE ENGAGED IN AGRICULTURE IN THE STATE OF ARIZONA PRESENTLY THERE ARE APPROXIMATELY 22,140 MEMBERS THE ORGANIZATION HAS TWO PRINTED PUBLICATIONS

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

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 . . . . .                                                                                                                                                                         |     | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . .                                                                                                                                                                                                           |     | 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                                                                                                                                | Yes |    |
| 4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       |     |    |
| 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                                                                                         | Yes |    |
| 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                                                              |     | 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                                                                                                      |     | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                   |     | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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                       |     | 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                                                                                                               |     | 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                                                                                                                                                                                 | 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                                                                                                               |     | No |
| 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                                                                                                               |     | 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                                                                                                                                |     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                               |     | No |
| 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                                                                      |     | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                                  |     | 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 and XII is optional                                                                                     |     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        |     | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             |     | 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, Parts I and IV . . . . . |     | 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 United States? If "Yes," complete Schedule F, Parts II and IV                                                                                              |     | 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 United States? If "Yes," complete Schedule F, Parts III and IV . . . .                                                                                          |     | 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) . . . . .                                                                                            |     | 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 . . . . .                                                                                                                           |     | 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 . . . . .                                                                                                                                                     |     | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             |     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                        |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                         | 21  |     | No |
| 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, line 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 lines 24b through 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, 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 |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> 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

☐

|     |                                                                                                                                                                                                                                                                              |     |    |  |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--|-----|----|
|     |                                                                                                                                                                                                                                                                              | Yes | No |  |     |    |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | 1a  | 40 |  |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | 1b  | 0  |  |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | 1c  |    |  | No  |    |
| 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  | 15 |  |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | 2b  |    |  |     |    |
| 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, securities account, or other financial account)?                                   | 4a  |    |  |     | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>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 as charitable contributions?                                                                      | 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   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |  |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              | 7a  |    |  |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | 7b  |    |  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?                                                                                                                                         | 7c  |    |  |     |    |
| d   | If "Yes," indicate the number of Forms 8822 filed during the year.                                                                                                                                                                                                           | 7d  |    |  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | 7e  |    |  |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | 7f  |    |  |     |    |
| g   | 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   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |  |     |    |
| 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  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | 13a |    |  |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | 13b |    |  |     |    |
| c   | Enter the 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                                                                                                                                 | 29  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                     |     |     |
| 1b                                                                                                                                                                                                               | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 28  |     |
| 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 |
| 7b                                                                                                                                                                                                               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| 8a                                                                                                                                                                                                               | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| 8b                                                                                                                                                                                                               | 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 | No  |
| 10b                                                                                | 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 |     |
| 11a                                                                                | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |
| 11b                                                                                | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |     |     |
| 12a                                                                                | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a | Yes |
| 12b                                                                                | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | 12b | Yes |
| 12c                                                                                | 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?                                                                         |     |     |
| 15a                                                                                | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a | Yes |
| 15b                                                                                | 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  |
| 16b                                                                                | 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                                                                                                                                                                                                                                                                                                                                     | AZ                                                                                        |
| 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |                                                                                           |
| 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 during the tax year                                                                                                                                                                                                              |                                                                                           |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                                                                                                                                                                                                                                                                   | ARIZONA FARM BUREAU FEDERATION 325 SOUTH HIGLEY ROAD SUITE 210 GILBERT, AZ (480) 635-3600 |

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- 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 organization compensated any current officer, director, or trustee

[illegible]

## Part VII

| (A)<br>Name and Title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total . . . . .</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A . . . . .</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c) . . . . .</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 321,715                                                              |                                                                           | 80,757                                                                                        |

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: 2

|   |                                                                                                                                                                                                                                               | Yes | No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3   | 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> . . . . . | 4   | 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> . . . . .                       | 5   | 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)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

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 ►

Part VIII

Statement of Revenue

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

|                                                        |     |                                                                                                                                   | (A)           | (B)                                | (C)                        | (D)                                                       |
|--------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|----------------------------|-----------------------------------------------------------|
| Total revenue                                          |     |                                                                                                                                   | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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                                                                                              | 61,000        |                                    |                            |                                                           |
|                                                        | f   | All other contributions, gifts, grants, and similar amounts not included above 1f                                                 | 88,169        |                                    |                            |                                                           |
|                                                        | g   | Noncash contributions included in lines 1a-1f \$                                                                                  |               |                                    |                            |                                                           |
|                                                        | h   | Total. Add lines 1a-1f . . . . .                                                                                                  | 149,169       |                                    |                            |                                                           |
| Program Service Revenue                                | 2a  | MEMBERSHIP DUES & ASSESSMENTS                                                                                                     | 683,307       |                                    |                            | 683,307                                                   |
|                                                        | b   | STATE FUND - SAFETY BONUS                                                                                                         | 188,233       | 188,233                            |                            |                                                           |
|                                                        | c   | STATE FUND SERVICE REVENUE                                                                                                        | 84,378        |                                    | 84,378                     |                                                           |
|                                                        | d   | BUILDING MANAGEMENT FEE                                                                                                           | 18,000        | 18,000                             |                            |                                                           |
|                                                        | e   | MISCELLANEOUS REVENUE                                                                                                             | 2,137         |                                    |                            | 2,137                                                     |
|                                                        | f   | All other program service revenue                                                                                                 |               |                                    |                            |                                                           |
|                                                        | g   | Total. Add lines 2a-2f . . . . .                                                                                                  | 976,055       |                                    |                            |                                                           |
| Other Revenue                                          | 3   | Investment income (including dividends, interest, and other similar amounts) . . . . .                                            | 162,162       |                                    |                            | 162,162                                                   |
|                                                        | 4   | Income from investment of tax-exempt bond proceeds . . . . .                                                                      |               |                                    |                            |                                                           |
|                                                        | 5   | Royalties . . . . .                                                                                                               |               |                                    |                            |                                                           |
|                                                        | 6a  | Gross rents                                                                                                                       |               |                                    |                            |                                                           |
|                                                        | b   | Less rental expenses                                                                                                              |               |                                    |                            |                                                           |
|                                                        | c   | Rental income or (loss)                                                                                                           |               |                                    |                            |                                                           |
|                                                        | d   | Net rental income or (loss) . . . . .                                                                                             | 60,208        |                                    |                            | 60,208                                                    |
|                                                        | 7a  | Gross amount from sales of assets other than inventory                                                                            |               |                                    |                            |                                                           |
|                                                        | b   | Less cost or other basis and sales expenses                                                                                       |               |                                    |                            |                                                           |
|                                                        | c   | Gain or (loss)                                                                                                                    |               |                                    |                            |                                                           |
|                                                        | d   | Net gain or (loss) . . . . .                                                                                                      | 18,585        | -1,111                             |                            | 19,696                                                    |
|                                                        | 8a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . |               |                                    |                            |                                                           |
|                                                        | b   | Less direct expenses . . . . .                                                                                                    |               |                                    |                            |                                                           |
|                                                        | c   | Net income or (loss) from fundraising events . . . . .                                                                            |               |                                    |                            |                                                           |
|                                                        | 9a  | Gross income from gaming activities See Part IV, line 19 . . . . .                                                                |               |                                    |                            |                                                           |
|                                                        | b   | Less direct expenses . . . . .                                                                                                    |               |                                    |                            |                                                           |
|                                                        | c   | Net income or (loss) from gaming activities . . . . .                                                                             |               |                                    |                            |                                                           |
|                                                        | 10a | Gross sales of inventory, less returns and allowances . . . . .                                                                   |               |                                    |                            |                                                           |
|                                                        | b   | Less cost of goods sold . . . . .                                                                                                 |               |                                    |                            |                                                           |
|                                                        | c   | Net income or (loss) from sales of inventory . . . . .                                                                            |               |                                    |                            |                                                           |
|                                                        |     | Miscellaneous Revenue                                                                                                             |               |                                    |                            |                                                           |
|                                                        | 11a | ROYALTIES                                                                                                                         | 840,559       |                                    |                            | 840,559                                                   |
|                                                        | b   | ARIZONA FARM BUREAU NEWS                                                                                                          | 39,591        |                                    | 39,591                     |                                                           |
|                                                        | c   |                                                                                                                                   |               |                                    |                            |                                                           |
|                                                        | d   | All other revenue . . . . .                                                                                                       |               |                                    |                            |                                                           |
|                                                        | e   | Total. Add lines 11a-11d . . . . .                                                                                                | 880,150       |                                    |                            |                                                           |
|                                                        | 12  | Total revenue. See Instructions . . . . .                                                                                         | 2,246,329     | 205,122                            | 123,969                    | 1,768,069                                                 |

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).

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                |                       |                                 |                                        |                             |
| 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.                                                                                                                                                               | 139,677               |                                 |                                        |                             |
| 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.                                                                                                                                                                                                               | 660,312               |                                 |                                        |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 146,943               |                                 |                                        |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 123,575               |                                 |                                        |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 66,248                |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 15,106                |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 96,571                |                                 |                                        |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 63,875                |                                 |                                        |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 34,399                |                                 |                                        |                             |
| 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.                                                                                                                                                                                              | 25,412                |                                 |                                        |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 8,516                 |                                 |                                        |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| a                                                                              | DIRECTORS FEES                                                                                                                                                                                                                          | 191,919               |                                 |                                        |                             |
| b                                                                              | OUTSIDE SERVICES                                                                                                                                                                                                                        | 148,500               |                                 |                                        |                             |
| c                                                                              | COMMITTEE EXPENSES                                                                                                                                                                                                                      | 99,792                |                                 |                                        |                             |
| d                                                                              | AWARDS & PROMOTIONS                                                                                                                                                                                                                     | 67,290                |                                 |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      | 263,407               |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 2,151,542             | 0                               | 0                                      | 0                           |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |           | (A)               |           | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------|-----------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |           | Beginning of year |           | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                          |     |           | 118,726           | 1         | 306,224     |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                             |     |           | 6,528,539         | 2         | 6,485,171   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                 |     |           |                   | 3         |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |           | 107,096           | 4         | 110,659     |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                 |     |           |                   | 5         |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |     |           |                   | 6         |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                    |     |           | 406,825           | 7         | 396,517     |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                        |     |           |                   | 8         |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                              |     |           | 47,566            | 9         | 25,697      |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 1,241,090 | 1,033,148         | 10c       | 1,065,240   |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                      | 10b | 175,850   |                   |           |             |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                             |     |           | 198,716           | 11        | 253,272     |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                  |     |           |                   | 12        |             |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |     |           |                   | 13        |             |
|                             | 14                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                  |     |           |                   | 14        |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                  |     |           | 41,764            | 15        | 6,549       |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                              |     | 8,482,380 | 16                | 8,649,329 |             |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                              |     |           | 236,190           | 17        | 254,235     |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                     |     |           |                   | 18        |             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                   |     |           | 437,518           | 19        | 454,596     |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                        |     |           |                   | 20        |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                               |     |           |                   | 21        |             |
|                             | 22                                                                                                                                                  | Loans and other 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 . . . . .                                                                                                                                               |     |           |                   | 25        |             |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                         |     |           | 673,708           | 26        | 708,831     |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |     |           |                   |           |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |           | 7,793,279         | 27        | 7,924,035   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |           | 15,393            | 28        | 16,463      |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |           |                   | 29        |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .                                                                                                                                                                                                                                                                                  |     |           | 7,808,672         | 33        | 7,940,498   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                     |     |           | 8,482,380         | 34        | 8,649,329   |

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  | 2,246,329 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 2,151,542 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 94,787    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 7,808,672 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  |           |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |           |
| 7  | Investment expenses . . . . .                                                                                 | 7  |           |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | 37,039    |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,940,498 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | No |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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 |
| 3b | 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                                                                                                                                                                                                     |     |    |

Additional Data

Software ID:

Software Version:

EIN: 86-0086885

Name: ARIZONA FARM BUREAU FEDERATION

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                      |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JIM KLINKER<br>SECRETARY             | 40 00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 138,143                                                              | 0                                                                         | 45,775                                                                                        |
| KEVIN ROGERS<br>PRESIDENT            | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 51,642                                                               | 0                                                                         | 0                                                                                             |
| TIM DUNN<br>VICE PRESIDE             | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 750                                                                  | 0                                                                         | 0                                                                                             |
| STEPHANIE SMALLHOUSE<br>2ND VICE PRE | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 750                                                                  | 0                                                                         | 0                                                                                             |
| MARK CLARIDGE<br>FORMER BOARD        | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 750                                                                  | 0                                                                         | 0                                                                                             |
| MIKE GROSS<br>FORMER BOARD           | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 750                                                                  | 0                                                                         | 0                                                                                             |
| JIM PARKS<br>BOARD MEMBER            | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 750                                                                  | 0                                                                         | 0                                                                                             |
| JOHN BOELTS<br>FORMER BOARD          | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| LINDA MERRELL<br>BOARD MEMBER        | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| SHARLA MORTIMER<br>BOARD MEMBER      | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| SHERRY SAYLOR<br>BOARD MEMBER        | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| JOHN HART<br>BOARD MEMBER            | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| LANCE KNIGHT<br>BOARD MEMBER         | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 600                                                                  | 0                                                                         | 0                                                                                             |
| JONATHAN DINSMORE<br>BOARD MEMBER    | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 450                                                                  | 0                                                                         | 0                                                                                             |
| BOB FLAKE<br>FORMER BOARD            | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 450                                                                  | 0                                                                         | 0                                                                                             |
| DONALD MERRELL<br>BOARD MEMBER       | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 450                                                                  | 0                                                                         | 0                                                                                             |
| GARY MORTIMER<br>FORMER BOARD        | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 450                                                                  | 0                                                                         | 0                                                                                             |
| DAN PACHECO<br>FORMER BOARD          | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 450                                                                  | 0                                                                         | 0                                                                                             |
| JAMES BOYLE<br>FORMER BOARD          | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 300                                                                  | 0                                                                         | 0                                                                                             |
| ADAM HATLEY<br>FORMER BOARD          | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 300                                                                  | 0                                                                         | 0                                                                                             |
| BILL KERR<br>BOARD MEMBER            | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 300                                                                  | 0                                                                         | 0                                                                                             |
| DEWAYNE JUSTICE<br>EXEC MEMBER       | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 150                                                                  | 0                                                                         | 0                                                                                             |
| RICHIE KENNEDY<br>BOARD MEMBER       | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 150                                                                  | 0                                                                         | 0                                                                                             |
| ALAN SETTZ<br>FORMER BOARD           | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 150                                                                  | 0                                                                         | 0                                                                                             |
| AVA ALCAIDA<br>BOARD MEMBER          | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JIM GOLDMAN<br>BOARD MEMBER                                                                                                                   | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR SHANE BURGESS<br>BOARD MEMBER                                                                                                              | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CLAYTON BUTTLE<br>BOARD MEMBER                                                                                                                | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| RICHARD EVANS JR<br>BOARD MEMBER                                                                                                              | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| GERALD FLAKE<br>BOARD MEMBER                                                                                                                  | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MARK FREEMAN<br>BOARD MEMBER                                                                                                                  | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JOE KING<br>BOARD MEMBER                                                                                                                      | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| STEPHEN KLUMP<br>BOARD MEMBER                                                                                                                 | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JAY LARSON<br>BOARD MEMBER                                                                                                                    | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MARK LOGHRY<br>BOARD MEMBER                                                                                                                   | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CLAY OVERSON<br>BOARD MEMBER                                                                                                                  | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JASON PERRY<br>BOARD MEMBER                                                                                                                   | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| KACIE TOMERLIN<br>BOARD MEMBER                                                                                                                | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JOSEPH SIGG<br>GOVT RELATI                                                                                                                    | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 120,980                                                              | 0                                                                         | 34,982                                                                                        |

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.

OMB No 1545-0047

2012

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), then

- 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 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>ARIZONA FARM BUREAU FEDERATION | Employer identification number<br><br>86-0086885 |
|------------------------------------------------------------|--------------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                          |      |        |
|---|----------------------------------------------------------------------------------------------------------|------|--------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV |      |        |
| 2 | Political expenditures                                                                                   | ▶ \$ | 18,146 |
| 3 | Volunteer hours                                                                                          |      |        |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |                                                                                         |      |                                                          |
|----|-----------------------------------------------------------------------------------------|------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ |                                                          |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |                                                          |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |      |                                                          |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                     |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$ | 18,146                                                              |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$ |                                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ | 18,146                                                              |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |      |                                                                     |

| (a) Name                      | (b) Address                              | (c) EIN    | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|-------------------------------|------------------------------------------|------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1) VERITAS LLC               | 343 W ROOSEVELT<br>PHOENIX, AZ 85003     | 26-1332553 | 2,600                                                               |                                                                                                                                            |
| (2) COLEMAN DAHM & ASSOCIATES | 4715 N 32ND ST 107<br>PHOENIX, AZ 85008  | 45-3134806 | 8,000                                                               |                                                                                                                                            |
| (3) RELIANT CONSULTING LLC    | 1225 N 36TH ST 1041<br>PHOENIX, AZ 85008 | 45-3134806 | 3,465                                                               |                                                                                                                                            |
| (4) SHERPA PUBLIC AFFAIRS LLC | 8411 N 11TH AVE<br>PHOENIX, AZ 85021     | 45-4049715 | 4,081                                                               |                                                                                                                                            |
|                               |                                          |            |                                                                     |                                                                                                                                            |
|                               |                                          |            |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | 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 |  |  |
| 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                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | Amount |
| 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 |     |    |        |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e                                                                                                                         | 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                                                                                                                         | Other activities?                                                                                                                                                                                                            |     |    |        |
| j                                                                                                                         | Total. Add 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?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                   |     |    |
|---|---------------------------------------------------------------------------------------------------|-----|----|
|   |                                                                                                   | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1   | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2   | No |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3   | No |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                                                                                                            |    |         |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  | 683,307 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |         |
| a | Current year                                                                                                                                                                                                                               | 2a |         |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |         |
| c | 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference             | Explanation                                                                                                                                                                                                |
|------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | SCHEDULE C, PART I-A, LINE 1 | GENERAL FUNDS ARE USED TO PAY INDEPENDENT EXPENDITURES TO THIRD PARTY COMPANIES WHO SEND MAILINGS ON BEHALF OF CANDIDATES. THE CANDIDATES DO NOT HAVE ANY CONTROL OR INFLUENCE ON HOW THE FUNDS ARE SPENT. |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions.

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ARIZONA FARM BUREAU FEDERATION | Employer identification number<br>86-0086885 |
|------------------------------------------------------------|----------------------------------------------|

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the 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, and not on a historic structure listed in the National Register |

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | 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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

Describe in Part XIII 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                                                                                          |                                      | 1,009,114                       |                              | 1,009,114      |
| b Buildings                                                                                      |                                      |                                 |                              |                |
| c Leasehold improvements                                                                         |                                      |                                 |                              |                |
| d Equipment                                                                                      |                                      | 185,026                         | 128,899                      | 56,127         |
| e Other                                                                                          |                                      | 46,950                          | 46,951                       | -1             |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 1,065,240      |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |                                                                                                         |           |           |  |
|----------|---------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |  |
| <b>a</b> | Net unrealized gains on investments . . . . .                                                           | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             |           | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |                                                                                                          |           |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
ARIZONA FARM BUREAU FEDERATION

Employer identification number  
86-0086885

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1a</div> <div>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</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |    |
| <div>b</div> <div>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 of the expenses described above? If "No," complete Part III to explain</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b  |    |
| <div>2</div> <div>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?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2   |    |
| <div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                          |     |    |
| <div>4</div> <div>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</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a  | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b  | No |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4c  | No |
| <div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <div>5</div> <div>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</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div>a</div> <div>The organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a  |    |
| <div>b</div> <div>Any related organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5b  |    |
| <div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div>6</div> <div>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</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <div>a</div> <div>The organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6a  |    |
| <div>b</div> <div>Any related organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6b  |    |
| <div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div>7</div> <div>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</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7   |    |
| <div>8</div> <div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8   |    |
| <div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9   |    |

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                        |             | (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 as deferred in prior Form 990 |
|-------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                                           |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| (1)JIM KLINKER<br>SECRETARY               | (i)<br>(ii) | 123,100                                            | 15,043                              |                                     | 28,796                                         | 16,979                  | 183,918                         |                                                         |
| (2)JOSEPH SIGG<br>GOV'T RELATION<br>DIREC | (i)<br>(ii) | 108,518                                            | 12,462                              |                                     | 24,099                                         | 10,883                  | 155,962                         |                                                         |

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

2012

Open to Public  
Inspection

Name of the organization  
ARIZONA FARM BUREAU FEDERATION

Employer identification number  
86-0086885

| Identifier                                                  | Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS | FORM 990, PAGE 1, PART I, LINE 6    | VOLUNTEERS PROVIDE LEADERSHIP FOR EACH COUNTY OFFICE, ALL PROGRAMS, AND THEY ALSO COMPRISE OUR STATE BOARD THE ORGANIZATION IS CONTROLLED BY VOLUNTEERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CLASSES OF MEMBERS OR STOCKHOLDERS                          | FORM 990, PAGE 6, PART VI, LINE 6   | WE HAVE 2 TYPES OF MEMBERS, AGRICULTURAL MEMBERS (AG) WHICH ARE DEFINED AS PERSONS INVOLVED WITH PRODUCTION AGRICULTURE AND ASSOCIATE MEMBERS (NA) WHICH ARE PEOPLE WHO ARE NOT DIRECTLY INVOLVED IN PRODUCTION AGRICULTURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ELECTION OF MEMBERS AND THEIR RIGHTS                        | FORM 990, PAGE 6, PART VI, LINE 7A  | THE BOARD IS MADE UP OF 4 OFFICERS, 2 COMMITTEE CHAIRS AND DIRECTORS, ALL OF WHOM MUST BE CURRENT AG MEMBERS THREE OFFICERS, THE PRESIDENT, VICE PRESIDENT AND SECOND VICE PRESIDENT ARE ELECTED FOR 2 YEAR TERMS BY THE DELEGATE BODY (AS DESCRIBED BELOW) THE LAST OFFICER SEAT, THE SECRETARY, IS ALWAYS THE CHIEF EXECUTIVE OFFICER AS DICTATED BY THE BYLAWS THE TWO COMMITTEE SEATS CONSIST OF ONE SEAT FOR THE CHAIR OF THE YOUNG FARMERS AND RANCHERS COMMITTEE (YFR) AND ONE SEAT FOR THE CHAIR OF THE WOMEN'S LEADERSHIP COMMITTEE (WLC) THE WLC CHAIR IS ELECTED FOR 2 YEAR TERMS BY THE DELEGATE BODY (AS DESCRIBED BELOW) THE YFR CHAIR IS APPOINTED ANNUALLY BY THE BOARD OF DIRECTORS THE REMAINING DIRECTORS ARE MADE UP OF REPRESENTATIVES FROM EACH OF THE 13 COUNTY FARM BUREAUS THE NUMBER OF THE REMAINING DIRECTOR SEATS IS DETERMINED BY THE NUMBER OF AG MEMBERS IN EACH COUNTY EACH COUNTY WILL HAVE A MINIMUM OF 1 SEAT AND A MAXIMUM OF 4 SEATS ANNUALLY, THE 13 COUNTY FARM BUREAUS NOMINATE INDIVIDUALS TO SERVE ON THE STATE BOARD EACH COUNTY FARM BUREAU THEN ELECTS DELEGATES TO THE STATE ANNUAL MEETING, THE NUMBER OF DELEGATES IS ALSO BASED ON THE NUMBER OF AG MEMBERSHIPS IN THEIR RESPECTIVE COUNTIES AT THE AZFB ANNUAL MEETING EACH NOVEMBER, THE DELEGATES RATIFY ALL OF THE NOMINATIONS MADE BY THE COUNTY FARM BUREAUS, ELECT THE OFFICERS AS NOTED ABOVE, ELECT THE WLC CHAIR AS NOTED ABOVE, AND SEATS THE STATE BOARD OF DIRECTORS NON-VOTING, EX-OFFICIO MEMBERS CAN BE APPOINTED BY THE PRESIDENT OR SEATED BY THE DELEGATE BODY TO ADVISE THE BOARD ON ISSUES ROUTINELY DISCUSSED BY THE BOARD |
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990              | FORM 990, PAGE 6, PART VI, LINE 11B | ELLEN MIRALDI, THE AZFB'S OUTSIDE ACCOUNTANT REVIEWS THE FORM 990 WITH JIM KLINKER, THE AZFB CAO THEY HIT THE HIGHLIGHTS WITH THE EXECUTIVE COMMITTEE AND THE EXECUTIVE COMMITTEE APPROVES TAX RETURN FOR FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ENFORCEMENT OF CONFLICTS POLICY                             | FORM 990, PAGE 6, PART VI, LINE 12C | EACH YEAR AT THE NOVEMBER BOARD MEETING THE BOARD OF DIRECTORS REVIEWS AND DISCUSSES THE POLICY ALL BOARD MEMBERS AT THAT TIME SIGN A STATEMENT THAT THEY HAVE READ THE POLICY AND HAVE NO CONFLICT, OR THEY MUST DETAIL ANY CONFLICT THEY HAVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| COMPENSATION PROCESS FOR TOP OFFICIAL                       | FORM 990, PAGE 6, PART VI, LINE 15A | A SALARY COMMITTEE REVIEWS STAFF SALARIES ANNUALLY THE COMMITTEE IS MADE UP OF BOARD OFFICERS ALSO, A BUDGET COMMITTEE REVIEWS THE BOARD PER DIEMS ANNUALLY AND ANY CHANGES MUST BE APPROVED BY THE EXECUTIVE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| COMPENSATION PROCESS FOR OFFICERS                           | FORM 990, PAGE 6, PART VI, LINE 15B | A SALARY COMMITTEE REVIEWS STAFF SALARIES ANNUALLY THE COMMITTEE IS MADE UP OF BOARD OFFICERS ALSO, A BUDGET COMMITTEE REVIEWS THE BOARD PER DIEMS ANNUALLY AND ANY CHANGES MUST BE APPROVED BY THE EXECUTIVE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION                  | FORM 990, PAGE 6, PART VI, LINE 19  | DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT AZFB.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| OTHER EXPENSES                                              | FORM 990, PART IX, LINE 24E         | COMPUTER EXPENSE 66,199 0 0 MEMBERSHIP BILLING 62,808 0 0 EDUCATIONAL VIDEOS 36,892 0 0 AUTO EXPENSE 30,176 0 0 TELEPHONE 20,864 0 0 MISCELLANEOUS 20,425 0 0 SAFETY PROGRAM 15,000 0 0 DESIGN AND LAY OUT 4,259 0 0 INVESTMENT FEES 3,958 0 0 WORKERS COMP INSURANCE 2,826 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| OTHER CHANGES IN NET ASSETS EXPLANATION                     | FORM 990, PART XI, LINE 9           | NET UNREALIZED GAINS ON INVESTMENTS 36,510 PROVISION FOR INCOME TAXES 529                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2012**

Attachment  
Sequence No **179**

Name(s) shown on return  
ARIZONA FARM BUREAU FEDERATION

Business or activity to which this form relates  
INDIRECT DEPRECIATION

**Identifying number**  
  
86-0086885

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|   |                                                                                                                                      |   |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Maximum amount (see instructions)                                                                                                    | 1 | 500,000   |
| 2 | Total cost of section 179 property placed in service (see instructions)                                                              | 2 |           |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions)                                             | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-                                                       | 4 |           |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |           |

| 6  | (a) Description of property                                                                                       | (b) Cost (business use only) | (c) Elected cost |  |
|----|-------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| 6  |                                                                                                                   |                              |                  |  |
| 7  | Listed property Enter the amount from line 29                                                                     | 7                            |                  |  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                               | 8                            |                  |  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8                                                         | 9                            |                  |  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562                                             | 10                           |                  |  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                           |                  |  |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              | 12                           |                  |  |
| 13 | Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12                                        | 13                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

|    |                                                                                                                                             |    |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |        |
| 15 | Property subject to section 168(f)(1) election                                                                                              | 15 |        |
| 16 | Other depreciation (including ACRS)                                                                                                         | 16 | 25,412 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

|    |                                                                                                                                   |    |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012                                                  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

Part IV Summary (see instructions)

|    |                                                                                                                                                                                                          |    |        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property Enter amount from line 28                                                                                                                                                                | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 25,412 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                  | 23 |        |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                            |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                               |                                            |                            |                                                              |                        | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |
| (a)<br>Type of property (list vehicles first)                                                                                                                              | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention                                                                       | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                               |                                            |                            |                                                              |                        | 25                                                                                              |                                |                                 |
| 26 Property used more than 50% in a qualified business use                                                                                                                 |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |
| 27 Property used 50% or less in a qualified business use                                                                                                                   |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1                                                                                        |                               |                                            |                            |                                                              |                        | 28                                                                                              |                                |                                 |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1                                                                                                     |                               |                                            |                            |                                                              |                        |                                                                                                 | 29                             |                                 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|                                                                                                    |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|----------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 31 Total commuting miles driven during the year                                                    |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal(noncommuting) miles driven                                                 |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year Add lines 30 through 32                                      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 34 Was the vehicle available for personal use during off-duty hours?                               | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?                       |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use?                                                  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

|                                                                                                                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?                                                       |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )                                                                                                                    |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles                                                                                                         |     |    |

Part VI Amortization

|                                                                                     |                                 |                           |                     |                                          |                                   |
|-------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                         | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2012 tax year (see instructions)   |                                 |                           |                     |                                          |                                   |
|                                                                                     |                                 |                           |                     |                                          |                                   |
| 43 Amortization of costs that began before your 2012 tax year                       |                                 |                           |                     | 43                                       |                                   |
| 44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report |                                 |                           |                     | 44                                       |                                   |

|                                                               |                                                                                                                     |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Form <b>8824</b>                                              | Like-Kind Exchanges<br><br>(and section 1043 conflict-of-interest sales)<br><br>▶ <b>Attach to your tax return.</b> | OMB No 1545-1190                                        |
|                                                               |                                                                                                                     | <b>2012</b><br><br>Attachment<br>Sequence No <b>109</b> |
| Name(s) shown on tax return<br>ARIZONA FARM BUREAU FEDERATION |                                                                                                                     | <b>Identifying number</b><br><br>86-0086885             |

Part I

Information on the Like-Kind Exchange

**Note:** *If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.*

|          |                                                                                                                                                                                                                                                                                                         |                   |            |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|
| <b>1</b> | Description of like-kind property given up                                                                                                                                                                                                                                                              | 2006 DAKOTA TRUCK |            |
| <b>2</b> | Description of like-kind property received                                                                                                                                                                                                                                                              | FORD F150         |            |
| <b>3</b> | Date like-kind property given up was originally acquired (month, day, year)                                                                                                                                                                                                                             | <b>3</b>          | 01-26-2006 |
| <b>4</b> | Date you actually transferred your property to other party (month, day, year)                                                                                                                                                                                                                           | <b>4</b>          | 10-02-2012 |
| <b>5</b> | Date like-kind property you received was identified by written notice to another party (month, day, year)<br>See instructions for 45-day written identification requirement                                                                                                                             | <b>5</b>          | 10-02-2012 |
| <b>6</b> | Date you actually received the like-kind property from other party (month, day, year) See instructions                                                                                                                                                                                                  | <b>6</b>          | 10-02-2012 |
| <b>7</b> | Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions If "Yes," complete Part II If "No," go to Part III <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> |                   |            |

Part II

Related Party Exchange Information

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| <b>8</b>                                                                                                                                                                                                                                                                                                                                                                               | Name of related party                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Relationship to you | Related party's identifying number |
| Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                               | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                     |                                    |
| <b>10</b>                                                                                                                                                                                                                                                                                                                                                                              | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                 |                     |                                    |
| <i>If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is <b>not</b> the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 <b>unless</b> one of the exceptions on line 11 applies.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
| <b>11</b>                                                                                                                                                                                                                                                                                                                                                                              | If one of the exceptions below applies to the disposition, check the applicable box                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                    |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> The disposition was after the death of either of the related parties                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                    |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange                                                                                                                                                                                                                                                                                                                                                 |                     |                                    |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes If this box is checked, attach an explanation (see instructions)                                                                                                                                                                                                                                      |                     |                                    |

|                                                                                                 |                             |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| Name(s) shown on tax return Do not enter name and social security number if shown on other side | Your social security number |
|-------------------------------------------------------------------------------------------------|-----------------------------|

Part III

Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

**Caution:** If you transferred **and** received **(a)** more than one group of like-kind properties or **(b)** cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

**Note:** Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

|    |                                                                                                                                                                                             |    |  |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--------|
| 12 | Fair market value (FMV) of other property given up . . . . .                                                                                                                                | 12 |  |        |
| 13 | Adjusted basis of other property given up . . . . .                                                                                                                                         | 13 |  |        |
| 14 | Gain or (loss) recognized on other property given up Subtract line 13 from line 12 Report the gain or (loss) in the same manner as if the exchange had been a sale . . . . .                | 14 |  |        |
|    | <b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> in the instructions.                                                     |    |  |        |
| 15 | Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions) . . . . . | 15 |  |        |
| 16 | FMV of like-kind property you received . . . . .                                                                                                                                            | 16 |  | 33,200 |
| 17 | Add lines 15 and 16 . . . . .                                                                                                                                                               | 17 |  | 33,200 |
| 18 | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15 (see instructions) . . . . .                       | 18 |  | 30,682 |
| 19 | <b>Realized gain or (loss).</b> Subtract line 18 from line 17 . . . . .                                                                                                                     | 19 |  | 2,518  |
| 20 | Enter the smaller of line 15 or line 19, but not less than zero . . . . .                                                                                                                   | 20 |  |        |
| 21 | Ordinary income under recapture rules Enter here and on Form 4797, line 16 (see instructions) . . . .                                                                                       | 21 |  |        |
| 22 | Subtract line 21 from line 20 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions) . . . . .   | 22 |  |        |
| 23 | <b>Recognized gain.</b> Add lines 21 and 22 . . . . .                                                                                                                                       | 23 |  |        |
| 24 | Deferred gain or (loss) Subtract line 23 from line 19 If a related party exchange, see instructions . .                                                                                     | 24 |  | 2,518  |
| 25 | <b>Basis of like-kind property received.</b> Subtract line 15 from the sum of lines 18 and 23 . . . . .                                                                                     | 25 |  | 30,682 |

Part IV

Deferral of Gain From Section 1043 Conflict-of-Interest Sales

**Note:** This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

|    |                                                                                                                                                                                      |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 26 | Enter the number from the upper right corner of your certificate of divestiture ( <b>Do not</b> attach a copy of your certificate Keep the certificate with your records ) . . . . . |    |  |
| 27 | Description of divested property ➤                                                                                                                                                   |    |  |
| 28 | Description of replacement property ➤                                                                                                                                                |    |  |
| 29 | Date divested property was sold (month, day, year) . . . . .                                                                                                                         | 29 |  |
| 30 | Sales price of divested property (see instructions) . . . . .                                                                                                                        | 30 |  |
| 31 | Basis of divested property . . . . .                                                                                                                                                 | 31 |  |
| 32 | <b>Realized gain.</b> Subtract line 31 from line 30 . . . . .                                                                                                                        | 32 |  |
| 33 | Cost of replacement property purchased within 60 days after date of sale                                                                                                             | 33 |  |
| 34 | Subtract line 33 from line 30 If zero or less, enter -0- . . . . .                                                                                                                   | 34 |  |
| 35 | Ordinary income under recapture rules Enter here and on Form 4797, line 10 (see instructions) . . .                                                                                  | 35 |  |
| 36 | Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter here and on Schedule D or Form 4797 (see instructions) . . . . .                                   | 36 |  |
| 37 | <b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32 . . . . .                                                                                                     | 37 |  |
| 38 | <b>Basis of replacement property.</b> Subtract line 37 from line 33 . . . . .                                                                                                        | 38 |  |

|                                                               |                                                                                                                     |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Form <b>8824</b>                                              | Like-Kind Exchanges<br><br>(and section 1043 conflict-of-interest sales)<br><br>► <b>Attach to your tax return.</b> | OMB No 1545-1190                                        |
|                                                               |                                                                                                                     | <b>2012</b><br><br>Attachment<br>Sequence No <b>109</b> |
| Name(s) shown on tax return<br>ARIZONA FARM BUREAU FEDERATION |                                                                                                                     | <b>Identifying number</b><br><br>86-0086885             |

Part I

Information on the Like-Kind Exchange

**Note:** *If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.*

|   |                                                                                                                                                                                                                                                                                                         |                       |            |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|
| 1 | Description of like-kind property given up                                                                                                                                                                                                                                                              | 2008 CHEVY 1500 TRUCK |            |
| 2 | Description of like-kind property received                                                                                                                                                                                                                                                              | FORD F150             |            |
| 3 | Date like-kind property given up was originally acquired (month, day, year)                                                                                                                                                                                                                             | 3                     | 09-29-2008 |
| 4 | Date you actually transferred your property to other party (month, day, year)                                                                                                                                                                                                                           | 4                     | 10-02-2012 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year)<br>See instructions for 45-day written identification requirement                                                                                                                             | 5                     | 10-02-2012 |
| 6 | Date you actually received the like-kind property from other party (month, day, year) See instructions                                                                                                                                                                                                  | 6                     | 10-02-2012 |
| 7 | Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions If "Yes," complete Part II If "No," go to Part III <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> |                       |            |

Part II

Related Party Exchange Information

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| 8                                                                                                                                                                                                                                                                                                                                                                                      | Name of related party                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Relationship to you | Related party's identifying number |
| Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
| 9                                                                                                                                                                                                                                                                                                                                                                                      | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                     |                                    |
| 10                                                                                                                                                                                                                                                                                                                                                                                     | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                 |                     |                                    |
| <i>If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is <b>not</b> the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 <b>unless</b> one of the exceptions on line 11 applies.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                    |
| 11                                                                                                                                                                                                                                                                                                                                                                                     | If one of the exceptions below applies to the disposition, check the applicable box                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                    |
| a                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> The disposition was after the death of either of the related parties                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                    |
| b                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange                                                                                                                                                                                                                                                                                                                                                 |                     |                                    |
| c                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes If this box is checked, attach an explanation (see instructions)                                                                                                                                                                                                                                      |                     |                                    |

|                                                                                                 |                             |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| Name(s) shown on tax return Do not enter name and social security number if shown on other side | Your social security number |
|-------------------------------------------------------------------------------------------------|-----------------------------|

Part III

Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

**Caution:** If you transferred **and** received **(a)** more than one group of like-kind properties or **(b)** cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

**Note:** Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

|    |                                                                                                                                                                                             |    |  |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--------|
| 12 | Fair market value (FMV) of other property given up . . . . .                                                                                                                                | 12 |  |        |
| 13 | Adjusted basis of other property given up . . . . .                                                                                                                                         | 13 |  |        |
| 14 | Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale . . . . .              | 14 |  |        |
|    | <b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> in the instructions.                                                     |    |  |        |
| 15 | Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions) . . . . . | 15 |  |        |
| 16 | FMV of like-kind property you received . . . . .                                                                                                                                            | 16 |  | 33,200 |
| 17 | Add lines 15 and 16 . . . . .                                                                                                                                                               | 17 |  | 33,200 |
| 18 | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15 (see instructions) . . . . .                       | 18 |  | 31,831 |
| 19 | <b>Realized gain or (loss).</b> Subtract line 18 from line 17 . . . . .                                                                                                                     | 19 |  | 1,369  |
| 20 | Enter the smaller of line 15 or line 19, but not less than zero . . . . .                                                                                                                   | 20 |  |        |
| 21 | Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) . . . . .                                                                                    | 21 |  |        |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions) . . . . . | 22 |  |        |
| 23 | <b>Recognized gain.</b> Add lines 21 and 22 . . . . .                                                                                                                                       | 23 |  |        |
| 24 | Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions . . . . .                                                                             | 24 |  | 1,369  |
| 25 | <b>Basis of like-kind property received.</b> Subtract line 15 from the sum of lines 18 and 23 . . . . .                                                                                     | 25 |  | 31,831 |

Part IV

Deferral of Gain From Section 1043 Conflict-of-Interest Sales

**Note:** This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

|    |                                                                                                                                                                                      |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 26 | Enter the number from the upper right corner of your certificate of divestiture ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records) . . . . . |    |  |
| 27 | Description of divested property ➡                                                                                                                                                   |    |  |
| 28 | Description of replacement property ➡                                                                                                                                                |    |  |
| 29 | Date divested property was sold (month, day, year) . . . . .                                                                                                                         | 29 |  |
| 30 | Sales price of divested property (see instructions) . . . . .                                                                                                                        | 30 |  |
| 31 | Basis of divested property . . . . .                                                                                                                                                 | 31 |  |
| 32 | <b>Realized gain.</b> Subtract line 31 from line 30 . . . . .                                                                                                                        | 32 |  |
| 33 | Cost of replacement property purchased within 60 days after date of sale                                                                                                             | 33 |  |
| 34 | Subtract line 33 from line 30. If zero or less, enter -0- . . . . .                                                                                                                  | 34 |  |
| 35 | Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) . . . . .                                                                             | 35 |  |
| 36 | Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797 (see instructions) . . . . .                                 | 36 |  |
| 37 | <b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32 . . . . .                                                                                                     | 37 |  |
| 38 | <b>Basis of replacement property.</b> Subtract line 37 from line 33 . . . . .                                                                                                        | 38 |  |

**TY 2012 GeneralDependencySmall****Name:** ARIZONA FARM BUREAU FEDERATION**EIN:** 86-0086885**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction****Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: SEPTEMBER 30, 2013 86-0086885 ARIZONA FARM BUREAU FEDERATION 325 SOUTH HIGLEY RD. GILBERT, AZ 85296 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.