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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MICHIGAN FARM BUREAU

Doing business as

Number and street (or P O box if mail is not delivered to street address) 7373 W SAGINAW HWY | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
LANSING, MI 48917

D Employer identification number
38-1718391

E Telephone number
(517) 323-7000

G Gross receipts $ 10,320,551

F Name and address of principal officer
DAVID D BAKER
7373 W SAGINAW HWY
LANSING, MI 48917

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MICHFB COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1919

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MICHIGAN FARM BUREAU IS A MEMBER DIRECTED AGRICULTURAL ORGANIZATION WHOSE PURPOSE IS TO REPRESENT, PROTECT, AND ENHANCE THE BUSINESS, ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF OUR MEMBERS LOCATED THROUGHOUT THE STATE OF MICHIGAN

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	137
6	Total number of volunteers (estimate if necessary)	**6**	2,731
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	372,500
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-130,859

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,735,319	8,377,498
9	Program service revenue (Part VIII, line 2g)	410,809	262,434
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,298,256	1,260,882
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	447,324	419,737
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,891,708	10,320,551
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	80,900	37,085
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,775,911	5,745,573
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,527,720	4,598,768
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,384,531	10,381,426
19	Revenue less expenses Subtract line 18 from line 12	2,507,177	-60,875

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	14,159,575	13,868,343
21	Total liabilities (Part X, line 26)	3,813,013	3,607,012
22	Net assets or fund balances Subtract line 21 from line 20	10,346,562	10,261,331

Part II Signature Block

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

Sign Here

****** | 2015-11-05
Signature of officer | Date

DAVID D BAKER TREASURER & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK E HOOPER	MARK E HOOPER	2015-11-05		P00039887

Firm's name ▶ ANDREWS HOOPER PAVLIK PLC | Firm's EIN ▶ 38-3133790
Firm's address ▶ 4295 OKEMOS RD STE 200 OKEMOS, MI 488646201 | Phone no (517) 706-0800

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MICHIGAN FARM BUREAU IS A MEMBER DIRECTED AGRICULTURAL ORGANIZATION WHOSE PURPOSE IS TO REPRESENT, PROTECT, AND ENHANCE THE BUSINESS, ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF OUR MEMBERS LOCATED THROUGHOUT THE STATE OF MICHIGAN

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 PUBLIC POLICY AND COMMODITY DIVISION IS RESPONSIBLE FOR ESTABLISHING A SYSTEMATIC PROCESS FOR DEVELOPMENT AND DISTRIBUTION OF BACKGROUND INFORMATION ON CURRENT AND EMERGING ISSUES TO ENSURE THAT QUALIFIED DELEGATES TO MFB'S STATE ANNUAL MEETING ARE MAKING INFORMED POLICY DECISIONS TOPICS INCLUDE AGRICULTURAL ECOLOGY, COMMODITY MARKETING, LOCAL AFFAIRS AND LAND USE ACTIVITIES THE PUBLIC POLICY DIVISION IS THE KEY RESOURCE IN GUIDING THE MEMBERSHIP IN DEVELOPING POLICY WHEN POLICY DECISIONS ARE ADOPTED BY THE MEMBERS, THE POLICY PROVIDES DIRECTION FOR STAFF WHEN INTERACTING WITH THE LOCAL, STATE AND NATIONAL ORGANIZATIONS DURING THE YEAR POLICY DEVELOPMENT BEGINS WITH THE APPOINTMENT BY THE 67 COUNTY FARM BUREAUS OF A POLICY DEVELOPMENT COMMITTEE IT INCLUDES REPRESENTATIVES FROM COMMUNITY ACTION GROUPS, YOUNG FARMERS, COUNTY COMMITTEES, OTHER SPECIAL COMMITTEES, AND INDIVIDUAL MEMBERS THE POLICY DEVELOPMENT COMMITTEE HAS THE RESPONSIBILITY TO STUDY, DISCUSS AND DEVELOP FARM BUREAU POLICY RECOMMENDATIONS ON LOCAL, STATE, AND NATIONAL ISSUES LOCAL, STATE AND NATIONAL POLICY RECOMMENDATIONS ARE MADE TO MEMBERS AND ARE VOTED ON AT THE COUNTY ANNUAL MEETING A 20-MEMBER STATE POLICY DEVELOPMENT COMMITTEE IS APPOINTED WITH REPRESENTATION FROM ALL AREAS OF THE STATE THIS COMMITTEE MEETS TO GATHER INFORMATION ON A WIDE RANGE OF ISSUES, REVIEW ALL OF THE COUNTY RECOMMENDATIONS, AND PRODUCES A SLATE OF PROPOSED ADDITIONS, CHANGES, AND DELETIONS TO THE POLICY AND FOR ACTION BY DELEGATES OF THE MFB ANNUAL MEETING FARM BUREAU'S POLICY DEVELOPMENT PROCESS RESULTED IN ABOUT 1,100 POLICY RECOMMENDATIONS FROM THE COUNTIES OTHER RECOMMENDATIONS INCLUDE THOSE FROM VARIOUS MFB ADVISORY COMMITTEES, FOR A TOTAL OF APPROXIMATELY 1,200 POLICY RECOMMENDATIONS CONSIDERED BY THE MFB POLICY DEVELOPMENT COMMITTEE FINAL POLICY DECISIONS ARE MADE BY THE VOTING DELEGATES FROM EACH COUNTY FARM BUREAU AT THE MFB ANNUAL MEETING

4b (Code) (Expenses $ including grants of $) (Revenue $)

THE CENTER FOR EDUCATION AND LEADERSHIP DEVELOPMENT PREPARES AND DEVELOPS AGRICULTURAL LEADERS THIS IS ACCOMPLISHED THROUGH EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAMS FOR CURRENT LOCAL AG LEADERS, STATE AND LOCAL COMMITTEES, AND MEMBERS A TARGETED PROGRAM IS FOR YOUNG FARMERS BETWEEN THE AGES OF 18 AND 35 IT OFFERS AGRICULTURAL EDUCATION, ACTION COMMITTEES, LEADERSHIP TRAINING, COMPETITIONS, AND SOCIAL EVENTS TO ENCOURAGE INVOLVEMENT AND TO DEVELOP FUTURE LEADERSHIP PROMOTION AND EDUCATION PROGRAMS FOR PUBLIC EDUCATION ABOUT THE AGRICULTURAL INDUSTRY ARE OFFERED FOR 4-H CLUBS, AND FFA CHAPTERS, SCHOOLS, AND CIVIC GROUPS

4c (Code) (Expenses $ including grants of $) (Revenue $)

THE FIELD OPERATIONS DIVISION PROVIDES MEMBERSHIP SERVICES THE REGIONAL REPRESENTATIVE'S INTERACTION IS HOW FARM BUREAU'S GRASSROOTS PROCESS PROVIDES EVERY FARM BUREAU MEMBER AN OPPORTUNITY TO PARTICIPATE AND VOICE THEIR CONCERNS REGARDING ISSUES PERTINENT TO THE AGRICULTURAL INDUSTRY PROMOTES LEADERSHIP AND DEVELOPMENT FOR COUNTY LEADERS THROUGH THE COUNTY LEADERSHIP CONFERENCE AND PRESIDENTS CONFERENCE DESIGNS, IMPLEMENTS, AND ADMINISTERS FIELD SUPPORT TO COUNTY FARM BUREAU'S

See Additional Data

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*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	93		
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	Yes	
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	137		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
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" to line 3b, 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 ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
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	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records

▶PAULA DROSTE
7373 W SAGINAW HWY
LANSING, MI 489177900 (517)679-5426

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,945,974	470,674	159,149

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 ▶ 19

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) 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 or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b	6,832,163			
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,456,894			
	e	Government grants (contributions)	1e	65,348			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,093			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		8,377,498			
Program Service Revenue			Business Code				
	2a	LEADERSHIP CONFERENCES	900099	92,612	92,612		
	b	AG LEGISLATIVE SERVICES	900099	57,154	57,154		
	c	AG PROMOTION AND EDUCATION	900099	50,132	50,132		
	d	AG ENVIRONMENTAL	900099	45,427	45,427		
	e	OTHER	900099	9,889	9,889		
	f	All other program service revenue		7,220	7,220		
	g	**Total.** Add lines 2a–2f . . . . . ▶		262,434			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,212,379			1,212,379
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		48,503			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		48,503			
	d	Net gain or (loss) . . . . . ▶			48,503	48,503	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	PRINTING & VIDEO SERVICES	900099	370,160		370,160	
	b	ANNUAL MEETING AND CONVENTION	900099	47,237	47,237		
	c	SERVICE FEE REVENUE	900099	2,340		2,340	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		419,737			
	12	**Total revenue.** See Instructions . . . . . ▶		10,320,551	358,174	372,500	1,212,379

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	37,085			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,115,813			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,353,514			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	486,357			
9 Other employee benefits	472,794			
10 Payroll taxes	317,095			
11 Fees for services (non-employees)				
a Management				
b Legal	1,108			
c Accounting	19,342			
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)	143,180			
12 Advertising and promotion	224,156			
13 Office expenses	434,955			
14 Information technology	411,414			
15 Royalties				
16 Occupancy	401,800			
17 Travel	819,311			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	989,688			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,268			
23 Insurance	48,524			
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 AFBF DUES	794,132			
b POSTAGE	92,996			
c MATERIAL	76,763			
d BAD DEBT EXPENSE	32,431			
e All other expenses	28,700			
25 **Total functional expenses.** Add lines 1 through 24e	10,381,426	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		1,396,478	2	2,699,243
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,418,312	4	1,530,767
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		273,017	9	158,575
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,183,769			
	b	Less accumulated depreciation	10b 1,736,116	615,224	10c	447,653
	11	Investments—publicly traded securities		5,200,165	11	4,173,519
	12	Investments—other securities See Part IV, line 11		5,256,379	12	4,858,586
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,159,575	16	13,868,343
Liabilities	17	Accounts payable and accrued expenses		1,601,223	17	1,331,746
	18	Grants payable			18	
	19	Deferred revenue		2,211,790	19	2,275,266
	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		3,813,013	26	3,607,012
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,346,562	27	10,261,331
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,346,562	33	10,261,331
	34	Total liabilities and net assets/fund balances		14,159,575	34	13,868,343

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,320,551
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,381,426
3	Revenue less expenses Subtract line 2 from line 1	3	-60,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,346,562
5	Net unrealized gains (losses) on investments	5	-24,356
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,261,331

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 38-1718391
Name: MICHIGAN FARM BUREAU

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

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

THE INFORMATION AND PUBLIC RELATIONS DIVISION (IPR) IS RESPONSIBLE FOR GENERAL COMMUNICATIONS WITH MEMBERS REGARDING MICHIGAN FARM BUREAU (MFB) POLICIES, PROGRAMS AND ISSUES OF IMPORTANCE IN THE AGRICULTURAL INDUSTRY THROUGH THE FOLLOWING PUBLICATIONS MFB PRODUCES AGRINOTES & NEWS AS NEEDED FOR MORE THAN 300 MICHIGAN NEWSPAPERS, TELEVISION AND RADIO STATIONS THIS PROVIDES THE LATEST BREAKING AGRICULTURAL NEWS AND INSIGHT ON HOW ISSUES MAY IMPACT MICHIGAN FARMERS IPR ALSO PROVIDES CONTENT UPDATES AND ADMINISTRATIVE SUPPORT TO THE ORGANIZATION WEBSITE, INCLUDING EDITORIAL AND VIDEO CONTENT, AS WELL PROMOTING VIA THE ORGANIZATIONS SOCIAL MEDIA PLATFORMS ON FACEBOOK, TWITTER, YOUTUBE AND INSTAGRAM AND EVENT-RELATED MOBILE APPS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE H WOOD PRESIDENT/DI	31 70 8 30	X		X				350,727	10,000	21,094
(1) CARL BEDNARSKI PRESIDENT	15 28 0 60	X		X				21,054	12,000	0
(2) ANDREW HAGENOW VICE PRESIDE	16 58 1 23	X		X				14,411	12,500	0
(3) MICHAEL C FUSILIER DIRECTOR	15 62 0 59	X						11,251	12,500	0
(4) BRIGETTE LEACH DIRECTOR	13 47 0 59	X						10,211	12,500	0
(5) BEN LACROSS DIRECTOR	14 83 0 49	X						9,631	12,000	0
(6) PATRICK MCGUIRE DIRECTOR	14 71 0 49	X						9,381	12,000	0
(7) PAUL KOEMAN DIRECTOR	9 39 0 84	X						7,241	13,880	0
(8) DOUGLAS DARLING DIRECTOR	11 93 0 59	X						8,521	12,500	0
(9) JENNIFER LEWIS DIRECTOR	10 93 0 59	X						8,451	12,500	0
(10) ALAN GARNER DIRECTOR	9 17 0 59	X						7,971	12,500	0
(11) DAVID BAHRMAN DIRECTOR	12 51 0 59	X						7,651	12,500	0
(12) MICHAEL MULDERS DIRECTOR	8 16 0 59	X						6,281	12,500	0
(13) STEPHANIE SCHAFER DIRECTOR	6 43 0 59	X						5,501	12,500	0
(14) L CHARLES MULHOLLAND DIRECTOR	10 21 0 39	X						7,179	9,000	0
(15) RENEE MCCAULEY DIRECTOR	10 29 0 10	X						6,731	0	0
(16) CALEB STEWART DIRECTOR	4 94 0 10	X						4,661	0	0
(17) MICHAEL DERUITER DIRECTOR	3 76 0 19	X						2,792	0	0
(18) ANDREW KOK SECR & GENER	27 08 12 92			X				309,816	0	37,432
(19) DAVID BAKER TREASURER	0 40 39 60			X				0	289,294	19,469
(20) SCOTT PIGGOTT CHIEF OPERAT	20 80 19 20			X				238,762	0	5,682
(21) THOMAS G WISEMAN HR DIRECTOR	4 80 35 20					X		226,134	0	8,668
(22) PATRICK BLANCHETT DIRECTOR INT	3 26 36 74					X		205,577	0	10,686
(23) DENNIS R RUDAT DIR OF INF &	20 67 19 33					X		161,294	0	18,548
(24) THOMAS L NUGENT DIRECTOR OF	6 33 33 67					X		154,465	0	18,501

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SARAH BLACK ..... DIR OF PUBL	39 50 ..... 0 50					X		150,280	0	19,069

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	20,000				
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	20,000				

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 ▶ 100 000 %
- 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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,767,759	1,403,888	363,871
e Other		416,010	332,228	83,782
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				447,653

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	4,858,586	C
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	4,858,586	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	9,357,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-24,356		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	276,574		
e	Add lines **2a** through **2d**			2e	252,218
3	Subtract line **2e** from line **1**			3	9,105,416
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,215,135		
c	Add lines **4a** and **4b**			4c	1,215,135
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,320,551

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,442,865
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	276,574		
e	Add lines **2a** through **2d**			2e	276,574
3	Subtract line **2e** from line **1**			3	9,166,291
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,215,135		
c	Add lines **4a** and **4b**			4c	1,215,135
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,381,426

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	MICHIGAN FARM BUREAU (MFB) DOES NOT HOLD ENDOWMENTS THE ENDOWMENTS ARE HELD BY MICHIGAN FOUNDATION FOR AGRICULTURE (MFA), THE SUPPORTING ORGANIZATION OF MFB THE ENDOWMENT FUNDS OF MFA SHALL BE USED FOR THE BENEFIT OF THE YOUNG FARMER, PROMOTION & EDUCATION, OR LEADERSHIP PROGRAMS SUPPORTED BY THE MFA FUNDS DISTRIBUTED FROM THE ENDOWMENT SHALL BE USED TO FURTHER DEVELOP LEADERS FOR THE AGRICULTURAL INDUSTRY AND/OR PROVIDE EDUCATION TO MICHIGAN CONSUMERS ON THE IMPACT AGRICULTURE HAS ON THEIR DAILY LIVES
SCHEDULE D, PAGE 4, PART XI, LINE 2D	COUNTY MEMBER GROWTH NET WITH MEMBERSHIP 64,500 COST REIMBURSEMENT - NET 212,074
SCHEDULE D, PAGE 4, PART XI, LINE 4B	TAXABLE REVENUE 372,500 GAIN ON SALE OF CAPITAL ASSET 48,503 AFBF DUES NET WITH MEMBERSHIP 794,132
SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST REIMBURSEMENT - NET 212,074 COUNTY MEMBER GROWTH NET WITH MEMBERSHIP 64,500
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AFBF DUES NET WITH MEMBERSHIP 794,132 GAIN ON SALE OF CAPITAL ASSET 48,503 TAXABLE REVENUE 372,500

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WAYNE H WOOD, PRESIDENT/DIRECTOR	(i)	302,818	4,500	43,409	3,190	17,904	371,821	
	(ii)			10,000			10,000	
2 ANDREW KOK, SECR & GENERAL COUNS	(i)	292,930	5,922	10,964	18,602	18,830	347,248	
	(ii)							
3 DAVID BAKER, TREASURER	(i)							
	(ii)	244,088	33,992	11,214	3,900	15,569	308,763	
4 SCOTT PIGGOTT, CHIEF OPERATING OFC	(i)	223,647	4,324	10,791	1,329	4,353	244,444	
	(ii)							
5 THOMAS G WISEMAN, HR DIRECTOR	(i)	210,822	4,472	10,840	118	8,550	234,802	
	(ii)							
6 PATRICK BLANCHETT, DIRECTOR INTER AUDIT	(i)	190,057	4,047	11,473	2,796	7,890	216,263	
	(ii)							
7 DENNIS R RUDAT, DIR OF INF & PUB REL	(i)	145,100	3,147	13,047	1,514	17,034	179,842	
	(ii)							
8 THOMAS L NUGENT, DIRECTOR OF FIELD OP	(i)	140,714	3,122	10,629	1,494	17,007	172,966	
	(ii)							
9 SARAH BLACK, DIR OF PUBLIC POLIC	(i)	137,502	3,021	9,757	2,112	16,957	169,349	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	THE PRESIDENT IS A DAIRY FARMER IN MARLETTE, MI HE IS PROVIDED A RESIDENCE LOCATED NEAR THE HEADQUARTERS OFFICE FOR THE CONVENIENCE OF THE ORGANIZATION BECAUSE THE DAILY COMMUTE IS 120 MILES ONE-WAY WE GROSS UP THE PRESIDENT'S TAXABLE COMPENSATION AND PROVIDE CASH PAYMENT FOR ESTIMATED TAX COST FOR THE USE OF THE RESIDENCE EXECUTIVE COMPENSATION PACKAGE INCLUDES A COMPANY VEHICLE WE GROSS UP EXECUTIVE TAXABLE COMPENSATION FOR PERSONAL USE OF VEHICLES AND PROVIDE CASH PAYMENT FOR ESTIMATED TAX COST FOR PERSONAL USE OF VEHICLE

Additional Data

Software ID:
Software Version:
EIN: 38-1718391
Name: MICHIGAN FARM BUREAU

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 WAYNE H WOOD, PRESIDENT/DIRECTOR	(I) (II)	302,818	4,500	43,409 10,000	3,190	17,904	371,821 10,000	
1 ANDREW KOK, SECR & GENERAL COUNS	(I) (II)	292,930	5,922	10,964	18,602	18,830	347,248	
2 DAVID BAKER, TREASURER	(I) (II)	244,088	33,992	11,214	3,900	15,569	308,763	
3 SCOTT PIGGOTT, CHIEF OPERATING OFC	(I) (II)	223,647	4,324	10,791	1,329	4,353	244,444	
4 THOMAS G WISEMAN, HR DIRECTOR	(I) (II)	210,822	4,472	10,840	118	8,550	234,802	
5 PATRICK BLANCHETT, DIRECTOR INTER AUDIT	(I) (II)	190,057	4,047	11,473	2,796	7,890	216,263	
6 DENNIS R RUDAT, DIR OF INF & PUB REL	(I) (II)	145,100	3,147	13,047	1,514	17,034	179,842	
7 THOMAS L NUGENT, DIRECTOR OF FIELD OP	(I) (II)	140,714	3,122	10,629	1,494	17,007	172,966	
8 SARAH BLACK, DIR OF PUBLIC POLIC	(I) (II)	137,502	3,021	9,757	2,112	16,957	169,349	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total	▶ $											

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TOM NUGENT	FAMILY	172,966	EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
MICHIGAN FARM BUREAU	38-1718391

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	MICHIGAN FARM BUREAU IS A MEMBER DIRECTED AGRICULTURAL ORGANIZATION WHOSE PURPOSE IS TO REPRESENT, PROTECT, AND ENHANCE THE BUSINESS, ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF OUR MEMBERS LOCATED THROUGHOUT THE STATE OF MICHIGAN

Return Reference	Explanation
FORM 990	ALL LINES LEFT BLANK ARE NOT APPLICABLE TO THE ORGANIZATION

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	POLICY DEVELOPMENT BEGINS WITH THE APPOINTMENT BY THE 67 COUNTY FARM BUREAUS OF A POLICY DEVELOPMENT COMMITTEE. IT INCLUDES REPRESENTATIVES FROM COMMUNITY ACTION GROUPS, YOUNG FARMERS, COUNTY COMMITTEES, OTHER SPECIAL COMMITTEES, AND INDIVIDUAL MEMBERS. THE POLICY DEVELOPMENT COMMITTEE HAS THE RESPONSIBILITY TO STUDY, DISCUSS AND DEVELOP FARM BUREAU POLICY RECOMMENDATIONS ON LOCAL, STATE, AND NATIONAL ISSUES. LOCAL, STATE AND NATIONAL POLICY RECOMMENDATIONS ARE MADE TO MEMBERS AND ARE VOTED ON AT THE COUNTY ANNUAL MEETING. A 20-MEMBER STATE POLICY DEVELOPMENT COMMITTEE IS APPOINTED WITH REPRESENTATION FROM ALL AREAS OF THE STATE. THIS COMMITTEE MEETS TO GATHER INFORMATION ON A WIDE RANGE OF ISSUES, REVIEW ALL OF THE COUNTY RECOMMENDATIONS, AND PRODUCES A SLATE OF PROPOSED ADDITIONS, CHANGES, AND DELETIONS TO THE POLICY AND FOR ACTION BY DELEGATES OF THE MFB ANNUAL MEETING. FARM BUREAU'S POLICY DEVELOPMENT PROCESS RESULTED IN ABOUT 1,100 POLICY RECOMMENDATIONS FROM THE COUNTIES. OTHER RECOMMENDATIONS INCLUDE THOSE FROM VARIOUS MFB ADVISORY COMMITTEES, FOR A TOTAL OF APPROXIMATELY 1,200 POLICY RECOMMENDATIONS CONSIDERED BY THE MFB POLICY DEVELOPMENT COMMITTEE. FINAL POLICY DECISIONS ARE MADE BY THE VOTING DELEGATES FROM EACH COUNTY FARM BUREAU AT THE MFB ANNUAL MEETING

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE INFORMATION AND PUBLIC RELATIONS DIVISION (IPR) IS RESPONSIBLE FOR GENERAL COMMUNICATIONS WITH MEMBERS REGARDING MICHIGAN FARM BUREAU (MFB) POLICIES, PROGRAMS AND ISSUES OF IMPORTANCE IN THE AGRICULTURAL INDUSTRY THROUGH THE FOLLOWING PUBLICATIONS MFB PRODUCES AGRINOTES & NEWS AS NEEDED FOR MORE THAN 300 MICHIGAN NEWSPAPERS, TELEVISION AND RADIO STATIONS THIS PROVIDES THE LATEST BREAKING AGRICULTURAL NEWS AND INSIGHT ON HOW ISSUES MAY IMPACT MICHIGAN FARMERS IPR ALSO PROVIDES CONTENT UPDATES AND ADMINISTRATIVE SUPPORT TO THE ORGANIZATION WEBSITE, INCLUDING EDITORIAL AND VIDEO CONTENT, AS WELL PROMOTING VIA THE ORGANIZATIONS SOCIAL MEDIA PLATFORMS ON FACEBOOK, TWITTER, YOUTUBE AND INSTAGRAM AND EVENT-RELATED MOBILE APPS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS APPROXIMATELY 200,466 MEMBERS WHO PAY ANNUAL MEMBERSHIP DUES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE ORGANIZATION ARE REPRESENTED BY A DELEGATE BODY OF MEMBERS WHO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	CHANGES IN THE ORGANIZATION'S BYLAWS MUST BE APPROVED BY THE DELEGATE BODY IN ADDITION, THE DELEGATE BODY ANNUALLY RATIFIES ALL BOARD ACTIONS AND AUTHORIZES THE PRESIDENT OF THE BOARD TO APPOINT ALL NECESSARY COMMITTEES AND COMMITTEE CHAIRS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS (BOARD) OF MICHIGAN FARM BUREAU IS THE GOVERNING BODY WHICH IS RESPONSIBLE FOR THE ANNUAL REVIEW OF THE FORM 990 RETURN PRIOR TO THE FORMS FILING, THE AUDIT COMMITTEE OF THE BOARD, CONSISTING OF 5 OF THE 17 BOARD MEMBERS REVIEWS THE ANNUAL AUDITED FINANCIAL STATEMENTS TO BE USED AS BASIS OF PREPARATION FOR THE FORM 990 RETURN THE FINAL PREPARATION AND REVIEW OF THE 990 ARE PERFORMED BY THE DIRECTOR OF FINANCIAL SERVICES, THE PUBLIC ACCOUNTING FIRM AND THE TREASURER THE AUDIT COMMITTEE AND BOARD WILL REVIEW THE COMPLETED RETURN PRIOR TO FILING AND COPIES ARE MADE AVAILABLE TO THE REMAINDER OF THE BOARD PRIOR TO FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A MOTION OF ACKNOWLEDGMENT IS MADE BY THE BOARD OF DIRECTORS (BOARD) AT THIS SAME TIME ALL OFFICERS, BOARD MEMBERS, KEY EMPLOYEES, AND DIVISION DIRECTORS MUST ANNUALLY PROVIDE A SIGNED STATEMENT LISTING ALL POTENTIAL CONFLICTS OF INTEREST WHILE ACTING IN THEIR RESPECTIVE POSITIONS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	MICHIGAN FARM BUREAU(MFB) USES A SALARY ADMINISTRATION PROGRAM DEVELOPED AND MAINTAINED BY AN OUTSIDE CONSULTANT, HEWITT ASSOCIATES ALL POSITIONS ARE EVALUATED THROUGH THE POSITION EVALUATION PLAN, COMPETITIVE SALARY INFORMATION IS OBTAINED THROUGH SALARY SURVEYS AND PLACED INTO INDIVIDUAL SALARY RANGES MERIT INCREASES ARE BASED ON 1) AN EMPLOYEE'S PERFORMANCE, 2) MERIT INCREASE GUIDELINES, AND 3)THEIR CURRENT POSITION RELATIVE TO THE SALARY RANGE MFB'S TOP MANAGEMENT EMPLOYEES ARE EVALUATED BY A FIVE PERSON EXECUTIVE COMMITTEE OF THE BOARD THE PERFORMANCE REVIEW ALONG WITH ANY SALARY ADJUSTMENTS IS THEN REVIEWED WITH THE FULL 17 MEMBER BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	MICHIGAN FARM BUREAU USES A SALARY ADMINISTRATION PROGRAM DEVELOPED AND MAINTAINED BY AN OUTSIDE CONSULTANT, HEWITT ASSOCIATES ALL POSITIONS ARE EVALUATED THROUGH THE POSITION EVALUATION PLAN, COMPETITIVE SALARY INFORMATION IS OBTAINED THROUGH SALARY SURVEYS AND PLACED INTO INDIVIDUAL SALARY RANGES MERIT INCREASES ARE BASED ON 1) AN EMPLOYEE'S PERFORMANCE, 2) MERIT INCREASE GUIDELINES, AND 3) THEIR CURRENT POSITION RELATIVE TO THE SALARY RANGE MFB'S TOP MANAGEMENT EMPLOYEES ARE EVALUATED BY A FIVE PERSON EXECUTIVE COMMITTEE OF THE BOARD THE PERFORMANCE REVIEW ALONG WITH ANY SALARY ADJUSTMENTS IS THEN REVIEWED WITH THE FULL 17 MEMBER BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE PROVIDED TO THE DELEGATE BODY AT THE MFB STATE ANNUAL MEETING

Return Reference	Explanation
FORM 990, PART XI, LINE 9	COUNTY MEMBER GROWTH NET WITH MEMBERSHIP 64,500 COST REIMBURSEMENT - NET 212,074 TAXABLE REVENUE - 372,500 GAIN ON SALE OF CAPITAL ASSET -48,503 AFBF DUES NET WITH MEMBERSHIP -794,132 COST REIMBURSEMENT - NET -212,074 COUNTY MEMBER GROWTH NET WITH MEMBERSHIP -64,500 AFBF DUES NET WITH MEMBERSHIP 794,132 GAIN ON SALE OF CAPITAL ASSET 48,503 TAXABLE REVENUE 372,500

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MI FARMLAND & COMMUNITY ALLIANCE 7373 W SAGINAW HWY LANSING, MI 48917 38-3434632	AGRIC VIAB	MI	501C3	7	MFB	Yes	
(2) MFB POLITICAL ACTION COMMITTEE 7373 W SAGINAW HWY LANSING, MI 48917 38-2548952	LEGISLATIV	MI	527		MFB	Yes	
(3) FARM BUREAU PAC (AKA SUPER PAC) 7373 W SAGINAW HWY LANSING, MI 48917 46-1116105	LEGISLATIV	MI	527		MFB	Yes	
(4) MI FOUNDATION FOR AGRICULTURE 7373 W SAGINAW HWY LANSING, MI 48917 27-0200380	MBR ASSOC	MI	501C3	11A	MFB	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1718391
Name: MICHIGAN FARM BUREAU

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
MI AG COOPERATIVE MARKETING ASSOC 7373 W SAGINAW HWY LANSING, MI 48917 38-1659786	MARKETING	MI	MFB	C CORP	58,735	359,391	55 130 %	Yes
FARM BUREAU LIFE INSURANCE CO OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-6056370	LIFE INSUR	MI	N/A					Yes
COMMUNITY SERVICE ACCEPTANCE CORP 7373 W SAGINAW HWY LANSING, MI 48917 38-1883116	INS AGENCY	MI	N/A					Yes
FARM BUREAU GENERAL INS CO OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-6056228	INSURANCE	MI	N/A					Yes
MI FARM BUREAU FINANCIAL CORP 7373 W SAGINAW HWY LANSING, MI 48917 38-2961817	HOLDING	MI	MFB	C CORP	45,387,226	627,814,102	100 000 %	Yes
FB EQUITY SALES CORP OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-3237412	INS BROKE	MI	N/A					Yes
MFB INC 7373 W SAGINAW HWY LANSING, MI 48917 38-2102277	BEN/PROMO	MI	MFB	C CORP	-397,792	5,138,191	100 000 %	Yes
FBL REAL ESTATE HOLDING LLC 7373 W SAGINAW HWY LANSING, MI 48917 27-5177082	REAL ESTAT	MI	N/A					Yes

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MI FARM BUREAU FINANCIAL CORP	F	1,500,000	COST
FARM BUREAU LIFE INSURANCE	K	648,122	COST ALLOCATION BY USAGE
MFB INC	L	566,370	COST ALLOCATION BY USAGE
MICHIGAN FOUNDATION FOR AGRICULTURE	L	42,886	COST ALLOCATION BY USAGE
FARM BUREAU LIFE INSURANCE	P	160,467	COST ALLOCATION BY USAGE
MFB INC	P	307,690	COST ALLOCATION BY USAGE
FARM BUREAU LIFE INSURANCE	Q	864,951	COST ALLOCATION BY USAGE
MFB INC	Q	413,957	COST ALLOCATION BY USAGE
MI AG COOPERATIVE MARKETING ASSOC	Q	215,057	MGMT AGREEMENT AND COST
MICHIGAN FOUNDATION FOR AGRICULTURE	C	1,376,644	QUALIFYING PROGRAM COSTS
FARM BUREAU LIFE INSURANCE	C	80,000	PROGRAM ACTIVITY COSTS