Form 990

Department of the

Treasury

DLN: 93493288018070

OMB No. 1545-0047

2018

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		nue Service	<u> </u>						
			alendar year, or tax year begin C Name of organization	ning 12-01-2018 , and endin	ng 11-30	-2019	1		·
		pplicable: change	AMERICAN FARM BUREAU FEDERATI	ON					ication number
	me ch	-					36-072	5160	
	tial ret		Doing business as						
		n/terminated d return	Number and street (or B.O. boy if m	ail is not delivered to street address)	Room/suit		E Telephor	ne number	
		on pending	600 MARYLAND AVE SW NO 1000W	all is not delivered to screet address)	Room/suit	е	(202) 4	06-3600	
		,J	City or town, state or province, cour	try, and ZIP or foreign postal code			. (202)		
			WASHINGTON, DC 20024				G Gross re	eceipts \$ 37	7,584,582
			F Name and address of principa	l officer:		H(a) Is this	s a group re	turn for	
			DALE MOORE 600 MARYLAND AVE SW NO 100	O.W.			dinates?		□Yes ☑ No
			WASHINGTON, DC 20024	OW		H(b) Are a		tes	☐ Yes ☐No
[Tax	k-exen	npt status:	☐ 501(c)(3) ☑ 501(c)(5) ◄	(insert no.) 4947(a)(1) or	J 527	includ		list. (see	instructions)
J W	ebsit	e:▶ WW	/W.FB.ORG	(H(c) Group		•	•
K Forn	n of or	rganization:	✓ Corporation ☐ Trust ☐ Asso	ciation Other ►		L Year of forma	ation: 1 920	M State	of legal domicile: IL
Pa	irt I	Sumi							
	1 1	Briefly des ENHANCE	cribe the organization's mission of AND STRENGHTEN THE LIVES OF	r most significant activities: RURAL AMERICANS AND TO BUI	LD STROI	NG, PROSPER	ROUS AGRIC	CULTURAL	COMMUNITIES.
ဥ	-					,			
<u> </u>	-								
Activities & Governance		Charleth:	s box $\blacktriangleright \Box$ if the organization dis			th 250/	-f :tt -		
3			of voting members of the governing		· ·	ore man 25%	o or its net a	3	34
ø	l		of independent voting members of		e 1b) .			4	33
ies	l		nber of individuals employed in cal		-			5	127
	6	Total num	nber of volunteers (estimate if nec	essary)			•	6	200
AC	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	1,782,254
	ь	Net unrel	ated business taxable income fron	n Form 990-T, line 34				7b	17,917
						Pri	or Year		Current Year
α.	8	Contribut	ions and grants (Part VIII, line 1h)					0	65,000
Ravenue	9	Program :	service revenue (Part VIII, line 2g)	499	34,211,04				
θΛċΙ	10	Investme	nt income (Part VIII, column (A), li	ines 3, 4, and 7d)			743,	142	1,193,79
ш	11	Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)			1,479,	718	2,114,74
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line	e 12)		33,120,	359	37,584,58
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)			281,	536	1,037,22
	14	Benefits p	oaid to or for members (Part IX, co	olumn (A), line 4)				0	(
88	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines	5-10)		16,375,	454	16,736,25
us(16a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)				0	(
Expenses	b	Total fundr	aising expenses (Part IX, column (D), I	ine 25) ▶0					
Ð	17	Other exp	oenses (Part IX, column (A), lines :	11a-11d, 11f-24e)			13,779,	529	14,771,37
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			30,436,	519	32,544,856
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			2,683,	840	5,039,72
Se S						Beginning	of Current Y	'ear	End of Year
a ce		T-+-1	ata (Dant V. lina 16)				66.066	050	72.072.454
Net Assets or Fund Balances	l		ets (Part X, line 16)		•		66,066,		72,072,459
ĕĔ	l		ilities (Part X, line 26)		• •		8,183,	_	9,136,670
			s or fund balances. Subtract line 2	21 from line 20	1		57,882,	285	62,935,789
	rt II Dena		ature Block erjury, I declare that I have exami	ined this return, including accom-	panving s	schedules and	statement	s. and to	the best of my
knowl	edge	and belie	f, it is true, correct, and complete						
any k	nowle	edge.							
						202	0-10-14		
Sign		Signatu	ure of officer			Dat	е		_
Here	;	KATHLE	EEN J CULLINS CFO & TREASURER						
			r print name and title						
		Pi	rint/Type preparer's name	Preparer's signature	Da			PTIN P01226973	
Paid	t	L				self	-employed		
Pre	oare	er Fi	irm's name > JOHNSON LAMBERT LL	Firr	n's EIN 🟲 52	-1446779			
Jse	On	ıly ြ	irm's address ► 4242 SIX FORKS ROAD	SUITE 1500		Pho	ne no. (919)	719-6400	
			RALEIGH, NC 27609				•		
May +	he ID	S discuss	this return with the preparer show	un abovo? (soo instructions)				√ √	es 🗆 No

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Pa	rt III Statement	of Program Service Ac	complishments								
	Check if Sche	dule O contains a response o	r note to any line in this Part III .		🗆						
1	Briefly describe the o	organization's mission:	·								
				ASSROOTS ORGANIZATIONS TO E	NHANCE AND						
STRE	NGTHEN THE LIVES O	F RURAL AMERICANS AND TO	D BUILD STRONG PROSPEROUS A	GRICULTURAL COMMUNITIES.							
2	Did the organization	undertake any significant pro	gram services during the year wh	nich were not listed on							
	the prior Form 990 o	or 990-EZ?			☐ Yes 🗹 No						
	If "Yes," describe the	ese new services on Schedule	0.								
3	Did the organization	cease conducting, or make si	gnificant changes in how it condu	icts, any program							
	services?				🗌 Yes 🗹 No						
	If "Yes," describe these changes on Schedule O.										
4	Section 501(c)(3) an		required to report the amount o	largest program services, as meas f grants and allocations to others,							
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
	See Additional Data				· 						
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
	See Additional Data										
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
	See Additional Data										
4d	Other program servi	ces (Describe in Schedule O.)	1								
	(Expenses \$	including	grants of \$) (Revenue \$)						
4e	Total program serv	vice expenses ▶									
		·			Form 990 (2						

Par	tiv 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 2	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?	5	Yes	
6	If "Yes," complete Schedule C, Part III			
7	If "Yes," complete Schedule D, Part I 2	6		No
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No
9	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	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	
	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 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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		
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	Yes	
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
			orm 99	(2018)

rm	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
3	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	
а	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	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		
•	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
,	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
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
,	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	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	
a	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		No
•	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
,	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
3	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	
Par	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 . 165 1a **b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable . 0

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c Yes Form **990** (2018)

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 Nο Nο b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a

solicit any contributions that were not tax deductible as charitable contributions? Organizations that may receive deductible contributions under section 170(c).

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Nο If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file **7**c **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 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 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? . . . 9h **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

a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

11 Section 501(c)(12) organizations. Enter: 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 Enter the amount of reserves the organization is required to maintain by the states in 13b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? which the organization is licensed to issue qualified health plans 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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

15

Nο

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 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	·	onse to i	lines 🗸				
Se	ction A. Governing Body and Management							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34		Yes	No				
	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 33							
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .							
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8 a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)					
		\Box	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
	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					
С	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?							
а	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								
	status with respect to such arrangements?	16b						
	ction 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-A 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.							
10	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: KATHLEEN J CULLINS 600 MARYLAND AVE SW NO 1000W WASHINGTON, DC 20024 (202) 406-3600							

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees	
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
 List all 	of the organization's current off ation. Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
• List all o	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	organization's five current high d reportable compensation (Box and any related organizations.)
	of the organization's former office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000
	of the organization's former dire n, more than \$10,000 of reportab										e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	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-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										

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Part VII Section A. Officers, Direct (A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (do	(C) lo not sox, u	t che unles	neck mo	nore rson	(I Repo compe from organiza	D) ortable ensation n the ation (W-	(E) Reportable compensatior from related organizations ()	n W-	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	9-MISC)	2/1099-MISC)	organization and related organizations	
See Additional Data Table													
	<u> </u>	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1			_		
	<u> </u>		-	<u> </u>	<u> </u>	 	<u> </u>	<u> </u>			+		
	<u> </u>		-	<u> </u>	<u> </u>		<u> </u> -	<u> </u>			+		
	<u> </u>		-	 '	 	 	+				+		
			+	+-	 	+	+				+		
			+-	+	+	+	+				+		
1b Sub-Total			<u> </u>	<u></u>	<u>.</u> —	<u> </u>	<u>_</u>				\perp		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)						▶		3,6	93,178		0		698,853
Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived mor	e than \$1	00,000			
3 Did the organization list any former	fficer director	truct	k				hi	-bact com	ted	lavoo on		Yes	No
line 1a? If "Yes," complete Schedule 3			ee,	• •	Whir		Of 1115	gnesi co	ipensateu	employee on	3	Yes	_
4 For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5 Did any person listed on line 1a recei- services rendered to the organization									ion or indi	vidual for	5		No
Section B. Independent Contract			_	_	_	_	_						ING
Complete this table for your five high from the organization. Report comper											npen	sation	
· · · · · · · · · · · · · · · · · · ·	(A) and business addre		<u> </u>						Desci	(B) ription of services		(C Comper	
PEPPERMILL RESORT SPA CASINO							_			N SERVICES			639,195
2707 S VIRGINIA ST RENO, NV 89502									CONTRACTION OF THE PROPERTY OF	·· CERVACEC			-F2 470
PRODUCTION RESOURCE GROUP LLC 9590 LYNN BUFF CT STE 16								ľ	CONVENTIO	N SERVICES			552,478
LAUREL, MD 20723 GROOM LAW GROUP CHARTERED				—	—		—	E	BENEFITS C	ONSULTING			483,220
1701 PENNYSLVANIA AVE NW WASHINGTON, DC 20006													
BEACON HILL STAFFING GROUP								7	TEMPORARY	STAFFING SERVICE	ES		432,159
1120 CONNECTICUT AVE NW STE 480 WASH, DC 20036													
CROWELL & MORING LLP				_	_	_	_		LEGAL SERV	ICES			426,609
1001 PENNSYLVANIA AVE NW WASHINGTON, DC 20004 2 Total number of independent contractor	- Castuding but		itod i	+h		":ctod		who re	ived me	+ #100 00	of of		
compensation from the organization		1100 11111		.0	056	listeu	ano v	/e) will re	eceived iin	ore man proo, oo	10 01	Form 99	0 (2010)

	Check if Schedule O contains a respo	onse or note to any l	ine in this Part VIII			<u> 🗆</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns 1a			revenue		312 317
ons, Gifts, Grants Similar Amounts	b Membership dues 1b	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		<u> </u>				
ب ت ق	c Fundraising events 1c					
# E	d Related organizations 1d					
5 ∺ૄ	e Government grants (contributions) 1e					
Si.ÿ	f All other contributions, gifts, grants,					
	and similar amounts not included above	65,000				
૱	g Noncash contributions included	_				
≣ 2	in lines 1a - 1f:\$					
Contributic and Other	h Total. Add lines 1a-1f	🕨				
		Business	65,000	T		
<u>e</u>		Business		28,776 28,428,	776	-
en.	2a MEMBER DUES		900099	. ,		
ě.	b CONVENTIONS		900099	17,746 3,274,	741	1,043,005
e e	c PUBLICATIONS		541800	21,494	1,421,49	4
Ķ	d FARMSHOW PROGRAM ADS			43,025	43,02	5
3,			541800			
an.	e ———					+
Program Service Revenue	f All other program service revenue.					
₫.	gTotal. Add lines 2a-2f	34,21	1,041			
				1		
	3 Investment income (including dividends, i similar amounts)	Interest, and other	1,193,79	7		1,193,797
	4 Income from investment of tax-exempt be	ond proceeds >				
	5 Royalties		39,44	3		39,443
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	B					
	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					
	b Less: cost or					
	other basis and sales expenses					
	C Gain or (loss)					
	d Net gain or (loss)	•				
	8a Gross income from fundraising events					
<u>ə</u>	(not including \$ of					
둤	contributions reported on line 1c).					
Other Revenue	See Part IV, line 18 a					
ď	b Less: direct expenses b					
ıer	c Net income or (loss) from fundraising ev	ents 🕨				
B	9a Gross income from gaming activities. See Part IV, line 19					
_	a	}				
	b Less: direct expenses b					
	c Net income or (loss) from gaming activit	ies \blacktriangleright				
	10aGross sales of inventory, less					
	returns and allowances					
	а					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of invent	tory . •				
	Miscellaneous Revenue	Business Code				
	11aSHARED SERVICES	900099	972,50	9 972,509		
	h CUBLEAGE MICOME	900099	494,11	2		494,112
	b SUBLEASE INCOME	500099	7,11			1,57,112
	web advertising	541800	317,73	5	317,735	
	d All other revenue		290,94	5		290,945
	e Total. Add lines 11a-11d	· >				
			2,075,30	1		
	12 Total revenue. See Instructions	<u> </u>	37,584,58	2 32,676,026	1,782,254	3,061,302
						Form 990 (2018)

Part IX S	Statement of	of Functional	Expenses
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	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	_		plete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u>, , , ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,033,727			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,500			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,619,807			
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	10,468,023			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,373,332			
9	Other employee benefits	1,416,002			
10	Payroll taxes	859,091			
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	595,726			
	Accounting	101,167			
	Lobbying	5,478			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	406,653			
12	Advertising and promotion	391,942			
	Office expenses	754,390			
	Information technology	593,577			
	Royalties	·			
	Occupancy	3,560,715			
	Travel	3,235,280			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	-,,			
19	Conferences, conventions, and meetings	3,540,480			
	Interest	45,411			
	Payments to affiliates	.5,			
	Depreciation, depletion, and amortization	883,399			
	Insurance	198,605			
	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.)	150,000			
	a DUES & SUBSCRIPTIONS	318,178			
	b TAXES AND FEES	213,940			
	c TRAINING	10,624			
	d EXPENSE RECOVERIES/REVE	-101,872			
	e All other expenses	17,681			
25	Total functional expenses. Add lines 1 through 24e	32,544,856			
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).				

Cash-non-interest-bearing .

Savings and temporary cash investments . . .

Form 990 (2018)

2

32

33

34

Net

1

2

32

33

34

62,935,789

72,072,459

Form **990** (2018)

57,882,285

66,066,059

Beginning of year

20,720,097

1,377,847

Page **11**

4,921,826

22,337,786

1,609,689

1.000.000

End of year

3 3 Pledges and grants receivable, net . . . 1,778,392 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Assets 1.000.000 Notes and loans receivable, net . . 8 Inventories for sale or use . Prepaid expenses and deferred charges 1.520.198 9 **10a** Land, buildings, and equipment: cost or other

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

1.286.749 9,253,415 10a basis. Complete Part VI of Schedule D 8,148,935 Less: accumulated depreciation 10b 1,497,001 10c 1,104,480 11,068,752 12,636,451 11 11 Investments—publicly traded securities . 15,850,939 12 16,222,715 12 Investments—other securities. See Part IV, line 11 . . . 81.139 13 69.514 13 Investments—program-related. See Part IV, line 11 11,155,272 14 14 Intangible assets 15 16.422 15 Other assets. See Part IV, line 11 . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 66.066.059 16 1,102,039 17 17 Accounts payable and accrued expenses 18 18 Grants payable . . 19 Deferred revenue 1.391.905 19 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

10.868.499 14.750 72.072.459 2,184,036 1.437.120 Liabilities 2,000,000 23 0 23 Secured mortgages and notes payable to unrelated third parties 24 24

Unsecured notes and loans payable to unrelated third parties . 3.689.830 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 26 Total liabilities. Add lines 17 through 25 . 8.183.774 26 Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

5.515.514 9.136.670 complete lines 27 through 29, and lines 33 and 34.

57.882.285 27 Unrestricted net assets 27

Fund Balances 62.553.789 28 382,000 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.} Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

3a

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Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

ABOUT THE FARM BUREAU ORGANIZATION'S ACTIVITIES AND EVENTS. THE PUBLICATION DOES NOT RUN PAID ADVERTISING.

Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990 (2018)

Form 990, Part III, Line 4a: FBNEWS IS THE FLAGSHIP PUBLICATION FOR AFBF AND A SERVICE THAT THE ORGANIZATION PROVIDES TO FARM BUREAU MEMBERS AND THE AGRICULTURE INDUSTRY. THE E-NEWSLETTER EXPLAINS THE IMPACTS OF LEGISLATIVE AND REGULATORY ISSUES, PROVIDES UPDATES ON THE STATUS OF THOSE ISSUES AND DELIVERS NEWS

AMERICAN FARM BUREAU FEDERATION PROMOTES AGRICULTURE AND ADVOCATES FOR THE ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS. THROUGH PUBLIC RELATIONS, GOVERNMENT RELATIONS, LEGAL ADVOCACY, INDUSTRY RELATIONS, RURAL DEVELOPMENT AND LEADERSHIP TRAINING PROGRAMS, AFBF PROVIDES NUMEROUS SERVICES TO MEMBERS. ADVOCATES FOR ALL FARMERS AND RANCHERS. AND EOUIPS MEMBERS WITH THE SKILLS AND INFORMATION

Form 990, Part III, Line 4b:

RESOURCES NEEDED TO ADVOCATE ON THEIR OWN BEHALF.

Form 990, Part III, Line 4c:

THE AMERICAN FARM BUREAU FEDERATION IN 2013 ACQUIRED AN LLC DEDICATED TO THE PRODUCTION OF REGIONAL FARM SHOWS AND THE PUBLICATION OF TWO MAGAZINES PROMOTING AGRICULTURE. THE IDEAG BUSINESS FIT PERFECTLY WITH FARM BUREAU'S GOALS OF PROVIDING INFORMATION, NETWORKING AND

EDUCATION RESOURCES AND OPPORTUNITIES TO MEMBERS, THUS THE TAGLINE "FOR AGRICULTURE. BY AGRICULTURE."

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	formulated		a uni			ustee	′ 1	(M. 2/1000	(14/ 2/1000	monn the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VINCENT DUVALL PRESIDENT	40.00	Х		х				522,369	0	47,181
SCOTT VANDERWAL VICE PRESIDENT	2.00	Х		х				50,688	0	0
JEFF AIKEN DIRECTOR	2.00 1.00	Х						11,250	0	0
RONALD ANDERSON DIRECTOR	2.00 1.00	Х						7,050	0	0
CARL BEDNARSKI	2.00)						0	0	0

7,500

6,300

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DIRECTOR
RONALD ANDERSON
DIRECTOR
CARL BEDNARSKI
DIRECTOR

RUSSELL BOENING

DIRECTOR

RICK EBERT

DIRECTOR

CHUCK FRY

DIRECTOR

TODD FORNSTROM

DIRECTOR (FROM JAN '19)

...... DIRECTOR

RICHARD FELTS

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from related from the

	any hours	and	id a director/trustee)					organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RON GIBSON	2.00	X						300	0	0
DIRECTOR	1.00							300	0	0
RICHARD GUEBERT	2.00	Х						0		0
DIRECTOR	1.00							0	0	0
MARK HANEY	2.00	Х						16,950	0	0
			ı	1	1			10,550	U	

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DIRECTOR	1.00	
RICHARD GUEBERT	2.00	
		Х
DIRECTOR	1.00	
MARK HANEY	2.00	
		Х
DIRECTOR	1.00	
CRAIG HILL	2.00	
		Χ

and Independent Contractors

DIRECTOR

DIRECTOR

JIM HOLTE

DIRECTOR

DIRECTOR

BLAKE HURST

RUSSEL KOHLER

MIKE LAPLANT

GERALD LONG

DIRECTOR

DIRECTOR (TO DEC '18)

DIRECTOR (TO JAN '19)

......

JOHN HOBLICK

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

				-			(14, 2/4,000	(14) 2/4000	aranization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
MIKE MCCORMICK DIRECTOR	2.00	Х					10,650	0	0	
HANS MCPHERSON DIRECTOR	2.00	х					0	0	0	
RODD MOESEL DIRECTOR	1.00 2.00 1.00	х					150	0	0	
B	2.00									

0

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6,600

10,500

6,300

7,500

17,500

DIRECTOR	1.00					
RODD MOESEL	2.00	X			150	
DIRECTOR	1.00				130	
PAUL MOLESKY	2.00	×			1.300	
DIRECTOR (FROM JAN '19)	1.00	^			1,500	

and Independent Contractors

DIRECTOR

HARRY OTT

DIRECTOR

KEVIN PAAP

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

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JIMMY PARNELL

WAYNE PRYOR

SHERRY SAYLOR

2.00 STEVE NELSON

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

BRETT HOM

DALE MOORE

EXEC VP

RANDY VEACH

LARRY WOOTEN

KATHLEEN J CULLINS

.......

CFO & TREASURER (FROM MAR '19)

CHIEF FINANCIAL OFFICER (TO DEC '18)

		and	and a director/trustee/		,	(14 2 /4 2 2 2	(IV 2/4 200	overnientian and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRYAN SEARLE	2.00	Х						10,650	0	0
DIRECTOR	1.00									
DON SHAWCROFT DIRECTOR (TO JAN '19)	2.00 1.00	Х						9,450	0	0
STEFANIE SMALLHOUSE DIRECTOR (FROM JAN '19)	2.00	×						0	0	0
RYCK SUYDAM	2.00							5,250	0	0

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56,063

58,158

13,650

393,684

346,691

DIRECTOR (TO JAN '19)	1.00					
STEFANIE SMALLHOUSE	2.00					
		Х			0	
DIRECTOR (FROM JAN '19)	1.00					
RYCK SUYDAM	2.00					
		X			5,250	
DIRECTOR	1.00				-,	
DONALD TULLER	2.00					
		Х			450	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other compensation compensation person is both an officer from the from related compensation

and Independent Contractors

EXEC DIR, ACCT & ADMIN (TO AUG '19)

......

......

MARY PAT WEYBACK

DONNIE PARRISH

JULIE ANNA POTTS

DEPUTY GENERAL COUNSEL

SR. DIR, CONGRESSIONAL REL

EXEC VP & TREASURER (TO SEP '18)

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations
ELLEN STEEN GREER	40.00			.,				0.40.575		
GENERAL COUNSEL & SECRETAR	5.00			X				340,573	0	56,993
PAUL SCHLEGEL DIR, ENVIRONMENT & ENERGY	40.00 5.00				х			236,806	0	36,751
MARGARET WOLFF	40.00								_	
VP, LEAD, EDUC AND ENGAGE	5.00					X		228,862	0	100,579
MARY KAY THATCHER SR DIR, CONG. REL (TO JAN '18)	40.00 5.00					х		366,671	0	49,248

86,273

62,125

69,495

75,987

0

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DIR, ENVIRONMENT & ENERGY	5.00						
MARGARET WOLFF	40.00			Y	228.862	0	
VP, LEAD, EDUC AND ENGAGE	5.00			^	228,802		
MARY KAY THATCHER	40.00						
SR DIR, CONG. REL (TO JAN '18)	5.00			X	366,671	0	
CHRISTINA LILJA	40.00						

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250,117

237,412

217,077

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SCHEDULE C

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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493288018070

(Form 990 or 990-EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** AMERICAN FARM BUREAU FEDERATION 36-0725160 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures Page **2**

Δ.	Check if the filing organization belongs to expenses, and share of excess lob			in Part IV each a	affiliated gr	oup me	mber's name,	address, EIN,
В	Check ▶ ☐ if the filing organization checked	box A and "lir	mited control" p	rovisions apply.				
	Limits on Lobby			rred.)			a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass	roots lobbying)				
b	Total lobbying expenditures to influence a legisl	lative body (di	irect lobbying) .					
c	Total lobbying expenditures (add lines 1a and 1	b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	1c and 1d)						
f	Lobbying nontaxable amount. Enter the amount columns.							
	If the amount on line 1e, column (a) or (b)) is: The lob	bying nontaxa	able amount is:				
	Not over \$500,000	20% of th	ne amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the	excess over \$500,00	0.			
	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		•	cess over \$1,500,0				
	Over \$17,000,000							
	0701 \$17,000,000	\$1,000,0						
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)			[
h		-			ŀ			
i					l			
j	If there is an amount other than zero on either section 4911 tax for this year?	line 1h or line	1i, did the orga	anization file Forn		_		☐ Yes ☐ No
	(Some organizations that mad columns below. S	de a section See the sep	501(h) elec arate instruc	ctions for lines	ave to co s 2a thro	ugh 2		five
	Lobbying	Expenditur	es During 4-	Year Averagii	ng Perio	<u> </u>		
	Calendar year (or fiscal year beginning in)		(a) 2015	(b) 2016	(c) 20	17	(d) 2018	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots poptaxable amount							

(b)

(a)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation. 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes Nο Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 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 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information**

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, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493288018070

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Internal Revenue Service

(Form 990)

2

5

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** AMERICAN FARM BUREAU FEDERATION 36-0725160 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ _{Yes} Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on Form 990, Part IV, line 8. 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. 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: 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:

Par	3 11 11	Organizations Maintaining Col	lections of Art,	Histori	ical T	reas	ures, oi	· Other	Similar As	sets ((continued)
3	Using items	the organization's acquisition, accessio (check all that apply):	n, and other record	s, check	any of	the fo	ollowing t	hat are a	significant u	se of it	s collection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		е		Othe	er				
c		Preservation for future generations									
4	Provid Part)	de a description of the organization's col XIII.	llections and explain	n how the	ey furt	her th	e organiz	ation's e	xempt purpo	se in	
5		ng the year, did the organization solicit o s to be sold to raise funds rather than to								□ Y	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ		orm 990) Part	TV I	ine 9 o	r renorte	ed an amou	nt on	Form 990 Part
		X, line 21.			,, , ,,,,			Торого			
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?								□ Y	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table:				Aı	mount	 :
C	Begin	nning balance						1c			
d	Addit	ions during the year \ldots . \ldots . \ldots .						1 d			
е	Distri	butions during the year						1e			
f	Endin	ng balance						1f			
2a	Did th	he organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrov	v or cu	ustodial a	ccount lia	ability?	□ Y.	es 🗌 No
b		es," explain the arrangement in Part XIII								_	
Pa	rt V	Endowment Funds. Complete if									
		·	(a)Current year		rior yea				(d)Three yea		(e)Four years back
1 a	Beginn	ing of year balance									
b	Contrib	outions									
c	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admini	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curre	ent year end baland	e (line 1	g, colu	mn (a	a)) held a	s:			
а	Board	d designated or quasi-endowment ►									
b	Perm	anent endowment 🟲									
c	Temp	orarily restricted endowment ►									
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а	orgar	here endowment funds not in the posses	-	ation tha	t are h	eld ar	nd admini	istered fo	r the		Yes No
	• •	nrelated organizations			•		• •				Ba(i) Ba(ii)
b		elated organizations		on Sche	• • edule R	? .					3b
4		ribe in Part XIII the intended uses of the									
Pa	rt VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization answ	vered "Yes" on Fo								
	Descri	iption of property (a) Cost or oth (investme		st or other	- basis (other)	(c) Acc	umulated o	depreciation		(d) Book value
1 a	Land										
b	Buildin	gs									
c	Leaseh	nold improvements			5,7	77,002	2		5,145,903		631,099
d	Equipn	nent			3,2	84,078	3		2,876,017		408,061
e	Other				1	92,335	5		127,015		65,320
Tota	I. Add	lines 1a through 1e.(Column (d) must e	qual Form 990, Par	t X, colui	mn (B)	, line	10(c).)		>		1,104,480

Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganization answere	ed "Yes" on Form 990, Part IV, line 11	b.
(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		F	
(2) Closely-held equity interests	16,222,715	Г	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 16,222,715		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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	
(1)		,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes'	an Form 000 Part I)	/ line 11d Cos Farm 000 Dark V line 15	
(a) Description	on Form 990, Part I	(b) Book	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organization answer		990, Part IV, line 11e or 11f.	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book	value	
(1) Federal income taxes		1.105.500	
ACCRUED PENSION BENEFIT COST DEFERRED LEASE INCENTIVE		4,185,530 1,114,610	
DEFERRED COMPENSATION (4)		215,374	
(5)			
(6)			
(7)			
(8)			
(9)			
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 f	ootnote to the organ	5,515,514 ization's financial statements that reports the	he
organization's liability for uncertain tax positions under FIN 48 (ASC 740).			

2

b

c d

е

3

4

Schedule D (Form 990) 2018

2e

3

Page 4

b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		•	Retur	n.
L	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
1	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18.) .		5	
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
ee A	Additional Data Table					

2a

2b

2c

2d

4a

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

Page 5		chedule D (Form 990) 2018
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

AT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL ST

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FEDERATION, AND HAS CONCLUDED THAT

ATEMENTS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

DLN: 93493288018070

Open to Public Inspection

RATION					' '	ation number
	and Assistance				36-0725160	
		the grants or assistance	the grantoes' eligibility	for the grante or assistant		
					Je, and	☑ Yes ☐ No
•	_	_				
Assistance to Don than \$5,000. Part II	nestic Organizations a can be duplicated if ad-	i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	-					7 8
						nedule I (Form 990) 2018
	tintain records to sub to award the grants ganization's procedur Assistance to Don than \$5,000. Part II (b) EIN	nation on Grants and Assistance intain records to substantiate the amount of to award the grants or assistance? granization's procedures for monitoring the unitary and the stand \$5,000. Part II can be duplicated if ad (b) EIN (c) IRC section (if applicable)	intain records to substantiate the amount of the grants or assistance, to award the grants or assistance?	intain records to substantiate the amount of the grants or assistance, the grantees' eligibility to award the grants or assistance?	Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance to award the grants or assistance? . Janization's procedures for monitoring the use of grant funds in the United States. Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes' than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (b) Amount of cash grant (e) Amount of sand assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (b) Amount of cash assistance (f) Method of valuation (f) Met	Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to award the grants or assistance? Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Amount of non-cash assistance (g)

Schedule I (Form 990) 2018

(2) (3)

(4)

(5)

(6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

SCHEDULE I, PART I, LINE 2: CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS. THE PART I, LINE 2: CONTRIBUTIONS APPROVED BY THE BOARD MEET THE MISSION OF THE ORGANIZATION. SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF AGRICULTURAL PROGRAMS, THE RECIPIENTS ARE NOT REQUIRED TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS.

Page **2**

Additional Data

AFBFA

ALLIANCE

600 MARYLAND AVE SW WASHINGTON, DC 20024 US FARMERS & RANCHERS

16020 SWINGLEY RIDGE RD CHESTERFIELD, MO 63017

Software ID: Software Version:

36-6169577

27-3754267

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

165,000

150,000

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

501 (C) (3)

501 (C) (6)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

non-cash assistance

432,111 BOOK

(h) Purpose of grant

or assistance

CONTRIBUTED SERVICES

(g) Description of

GENERAL SUPPORT

GENERAL SUPPORT

(SALARIES/BENEFITS)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 37-1866303 501 (C) (4) 45.000 FARMERS FOR FREE TRADE ICONTRIBUTION FOR PO BOX 837 IUSMCA CAMPAIGN: BILLINGS, MT 59103 ANNUAL MEMBERSHIP CONTRIBUTION

GOVERNOR'S FOOD

I AND FARM

PARTNERSHIP; SPONSORSHIP OF HILL COVER 2019; SUMMIT SPONSOR 2019

40.215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AGRI-PULSE 20-0696295 110 WATERSIDE LN CAMDENTON, MO 65020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government SUPPORT

MEMBERSHIP

NATIONAL FFA FOUNDATION PO BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501 (C) (3)	15,000		GENERAL S
EDICON ELECTRIC INSTITUTE	12 0650550	E01 (C) (6)	11 500		WATERS AF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20004

IWATERS ADVOCACY EDISON ELECTRIC INSTITUTE 13-0659550 501 (C) (6) 11.5001 701 PENNSYI VANTA AVE NW I COALITION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CONGRESSIONAL SPORTS FOR 81-2118591 501 (C) (3) 10 0001 SPONSORSHIP OF THE

CONTRIBUTION

CHARITY 1727 KING ST STE 300 ALEXANDRIA, VA 22314	01 2110331	301 (6) (3)	10,000		CONGRESSIONAL BASEBALL GAME
FARMER VETERAN COALITIONANIMAL AGRICULTURE ALLIANCE	54-1384916	501 (C) (3)	10,000		SPONSORSHIP EXHIBITION FEE/MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2101 WILSON BLVD STE 810-B

ARLINGTON, VA 22201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government HIP UTION

FIELD TO MARKET 777 N CAPITOL ST NE WASHINGTON, DC 20002	90-0885216	501 (C) (3)	10,000		MEMBERSHI CONTRIBUT
NATIONAL 4-H COUNCIL	45-2572008	501 (C) (3)	10,000		SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 367

ALPHARETTA, GA 30009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) NATL ENDANGERED SPECIES 52-1763800 501 (C) (6) 10,000 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 80299 LINCOLN, NE 68501

ACT REFORM COALITION 1050 THOMAS JEFFERSON ST NW 7TH FL WASHINGTON, DC 20007					
NEBRASKA FARM BUREAU FEDERATION	47-0678893	501 (C) (5)	10,000		SPONSORSHIP OF PAC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 53-0225257 501 (C) (6) 10.000 THE AGRICULTURAL NUTRIENT ICONTRIBUTION TO THE POLICY COUNCIL IGEOSYNTEC

CONSULTING PROJECT

425 THIRD ST SW STE 950 WASHINGTON, DC 20024 84-0747227 170(C)(1) 10.000 WESTERN GOVERNORS'

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80202

SPONSOR ASSOCIATION 1600 BRADWAY STF 1700

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 53-0026940 501 (C) (6) 7.500l CENTER FOR ASSOCIATION MEMBERSHIP LEADERSHIP ICONTRIBUTION 1575 I ST NW

WASHINGTON, DC 20005

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19328	8018	070
Schedule J		C	ompensat	ion Information	00	1B No.	1545-0	0047
(Forr	m 990)	For certain Offic Complete if the ore	2018					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		i to Form 990. instructions and the latest inform	mation.		to Pub ectio	
Nar	ne of the organiza				Employer identificat			
AME	ERICAN FARM BUREA	AU FEDERATION			36-0725160			
Pa	rt I Questi	ons Regarding Compensa	ation					
	•						Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	LI Discretion	nary spending account		Personal services (e.g., maid, chaut	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	unectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	: Ia:			
3	organization's C	EO/Executive Director. Check a	II that apply. Do i	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
		-						
		ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study Approval by the board or compensa	tion committee			
	FI FOIM 990	of other organizations	[▼]	Approval by the board or compensa	idon committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
С				nsation arrangement? Dicable amounts for each item in Par		4c		No
	If tes to any t	or lines 4a-c, list the persons an	id provide the app	bilicable amounts for each item in Par	CIII.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		
b	-	anization?				5b		
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b						6b		
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye	on A, line 1a, did s," describe in Pa	the organization provide any nonfixe rt III	d 	7		
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," documents of the contract of the contra		8		
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	1990)	2018

For each individual whose compensation must be reported on 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.

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ar	oplicable column ([)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title	(A) Name and Title		kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other		(E) Total of columns	(F) Compensation in
			compensation Bonus & incentive rep		(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)
See Additional Data Table								
								_
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	\dashv			<u> </u>				<u> </u>
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	1							
	1							

Schedule 3 (Form 330) 2010	rage 3								
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									
PART I, LINE 1A	THE SPOUSE OF THE PRESIDENT TRAVELS TO AFBF MEETINGS WHERE THERE ARE SCHEDULED BUSINESS ACTIVITIES. THE SCHEDULED ACTIVITIES MAY INCLUDE: OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF, EDUCATIONAL PRESENTATIONS PRESADENCE THE INDIVIDUAL STATE FARM PUREAU ACTIVITY AND THE ACRICULTURE OF THE MOST STATE MISTING TO ACRICULTURAL PROPRIETION FACILITIES.								

ITO AGRICULTURAL PROCESSING AND MARKETING FACILITIES. CERTAIN EMPLOYEES RECEIVE TAX GROSS-UP PAYMENTS ON BONUS AND DEFERRED.

REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE AGRICULTURE OF THE HOST STATE, VISITS TO AGRICULTURAL PRODUCTION FACILITIES, PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES, VARIOUS AGRICULTURAL ACTIVITIES PROVIDED BY THE HOST FARM BUREAU OR VISITS

COMPENSATION PAYMENTS. THESE AMOUNTS ARE INCLUDED IN TAXABLE WAGES WHEN RECEIVED.

Schedule 1 (Form 990) 2018

Return Reference	Explanation
LINE 4A	MARY KAY THATCHER RECEIVED \$334,045 IN SEVERANCE BRETT HOMM RECEIVED \$100,000 IN SEVERANCE

I (Form 990) 2018

(i)

VINCENT DUVALL

CHIEF FINANCIAL OFFICER

ELLEN STEEN GREER

GENERAL COUNSEL & SECRETAR PAUL SCHLEGEL

DIR, ENVIRONMENT &

MARGARET WOLFF

VP, LEAD, EDUC AND

MARY KAY THATCHER

CHRISTINA LILJA

DONNIE PARRISH

JULIE ANNA POTTS

(TO AUG '19) MARY PAT WEYBACK

SR DIR, CONG. REL (TO JAN

EXEC DIR, ACCT & ADMIN

DEPUTY GENERAL COUNSEL

SR. DIR, CONGRESSIONAL

EXEC VP & TREASURER (TO

PRESIDENT

BRETT HOM

(TO DEC '18) DALE MOORE

EXEC VP

ENERGY

ENGAGE

'18)

REL

SEP '18)

(i) Base Compensation

518,805

285,239

335,639

326,839

225,828

222,949

32,382

232,717

230,525

210,046

340,003

Software ID: **Software Version:**

(ii)

Bonus & incentive

compensation

(iii)

Other reportable

compensation

other deferred

compensation

21,063

22,416

57,672

53,873

36,751

58,111

46,267

72,429

56,505

57,970

48,439

benefits

26,118

33,647

486

3,120

42,468

2,981

13,844

5,620

11,525

27,548

(E) Total of columns

(B)(i)-(D)

569,550

449,747

404,849

397,566

273,557

329,441

415,919

336,390

299,537

286,572

420,365

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

3,564

102,225

3,564

1,242

6,121

1,159

334,289

5,609

2,181

2,891

4,375

m 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	lighest Compensate	d Employees
A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

6,220

7,488

12,492

4,857

4,754

11,791

4,706

4,140

efile GRAPH	IC print - [O NOT PROC	ESS	As Filed Data -			DLN:	93493288018070		
SCHEDUL (Form 990 or EZ)	990-	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. Go to www.irs.gov/Form990 for the latest information.						OMB No. 1545-0047 2018 Open to Public Inspection		
Name! Betherofganization AMERICAN FARM BUREAU FEDERATION					' '	Employer identification number 36-0725160				
Return Reference		Explanation								
FORM 990, PART VI, SECTION A, LINE 6	AFBF MEMBERS ARE THE STATE FARM BUREAUS AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT ON AFBF BOARD OF DIRECTORS. THE BOARD POSITIONS ARE DETERMINED AS PROVIDED IN THE AFBF BYLAW S: THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS.									

Return Explanation
Reference

LINE 7A

FORM 990, PART VI, SECTION A, QUESTION 6
SECTION A.

Return Explanation
Reference

FORM 990, THE BOARD RETAINS THE SERVICES OF AN INDEPENDANT CPA FIRM TO PREPARE AND REVIEW THE ORGANI ZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO T SECTION B, HE BOARD. THE BOARD MEETS WITH MANAGEMENT TO REVIEW FORM 990.

Return Explanation
Reference

FORM 990,	OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST
PART VI,	DISCLOSURE STATEMENT AS A PRESCURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONF
SECTION B,	LICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.
LINE 12C	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AMERICAN FARM BUREAU FEDERATION (AFBF) MAINTAINS A GRADE STRUCTURE AND PAY FOR PERFORMANCE SYSTEM TO ADMINISTER COMPENSATION DECISIONS AND ENSURE THAT EMPLOYEES ARE PAID ACCORDING TO FAIR, EQUITABLE AND UNIFORM PRINCIPLES. THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATI ON'S BOARD OF DIRECTORS. EACH YEAR, AFBF REVIEWS ITS GRADE STRUCTURE TO DETERMINE IF THE R ANGES NEED TO BE ADJUSTED BASED ON FACTORS SUCH AS COST OF LIVING AND CHANGES IN THE INDUS TRY. AFBF WILL OFTEN CONSULT WITH A THIRD PARTY TO REVIEW THE GRADE STRUCTURE AND CONDUCT A REVIEW OF MARKET DATA. THE GRADE RANGES MAY BE SHIFTED IN ACCORDANCE WITH MARKET OR SURV EY DATA. AFBF CONDUCTS PERFORMANCE REVIEWS ANNUALLY THROUGH AN ONLINE SYSTEM UTILIZING A S TANDARD TEMPLATE APPROVED BY THE AFBF MANAGEMENT TEAM AND EXECUTIVE VICE PRESIDENT. THE TE MPLATE HAS PERFORMANCE CATEGORIES WITH SEVERAL COMPETENCIES UTILIZED TO ASSESS PERFORMANCE IN EACH AREA. SUPERVISORS COMPLETE THE REVIEWS, AND THE OVERALL PERFORMANCE RATING FOR EACH EMPLOYEE DETERMINES THEIR ANNUAL SALARY INCREASE. HUMAN RESOURCES REVIEWS EACH COMPLETE D PERFORMANCE REVIEW DOCUMENT. THE PERCENTAGE SALARY INCREASE FOR VARIOUS PERFORMANCE RATING AVERAGES IS SUBJECT TO THE APPROVAL OF THE EXECUTIVE VICE PRESIDENT AND THE OVERALL BUD GET APPROVED BY THE AFBF BOARD OF DIRECTORS. EMPLOYEES ARE NOTIFIED OF ANY INCREASE IN PAY AFTER THE OCTOBER BOARD MEETING. THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION AND IS APPROVED BY THE BOARD OF DIRECTORS.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

l	Reference	·
I	FORM 990,	ADDITIONAL PENSION CHARGES -1,566,660. RECEIVABLES ELIMINATED 139,207. EQUITY IN SUBSIDIARIES 15,000. BAD
ı	PART XI,	DEBT -11,993.
۱	LINE 9.	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

As Filed Data -

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.

OMB No. 1545-0047 2018

Employer identification number

DLN: 93493288018070

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FARM BUREAU FEDERATION

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

36-0725160 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) AFBF LEGAL ADVOCACY PROGRAM LLC AFBF LEGAL ADVOCACY DE 95,675 4,371,747 AMERICAN FARM BUREAU 600 MARYLAND AVE SW STE 1000W PROGRAM, LLC A SINGLE FEDERATION WASHINGTON, DC 20024 MEMBER LLC 65-1294705 PRODUCTION OF REGIONAL DE 4,395,794 19,719,101 AMERICAN FARM BUREAU (2) IDEAG GROUP LLC FARM SHOWS AND FEDERATION 600 MARYLAND AVE SW STE 1000W PUBLISHER OF FEED & WASHINGTON, DC 20024 GRAIN MAGAZINE 36-4767427 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) (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE ACCUMULATES & DISTRIB. ΙL 501(C)(3) LINE 12B, II AMERICAN FARM BUREAU Yes 600 MARYLAND AVE SW STE 1000W FUNDS FOR MATERIALS, **FEDERATION** PROGRAM DEV. WASHINGTON, DC 20024 36-6169577 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

Part III Identification of Related Organiz one or more related organizations tr	ations Taxable as a feated as a feated as a partnership	Partnership during the ta	Complet x year.	te if the oi	ganization	n answe	ered "Ye	s" on Form	990,	Part I\	/, line 34 b	ecaus	e it ha	d
(a) Name, address, and EIN of related organization			Primary Legal Di activity domicile cont		(d) Direct controlling entity (e) Predomina income(relat unrelated excluded fre tax under sections 51		edominant Share of me(related, nrelated, luded from ax under		(h) Disproprtiona aar allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or Pe ging o	(k) ercentage wnership
					314				Yes	No		Yes	No	
													\perp	
Part IV Identification of Related Organiz because it had one or more related or							tion ans	wered "Yes	" on Fo	orm 99	90, Part IV,	line 3	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	c) gal nicile r foreign ntry)	Direc	(d) t controlling entity	Type of (C corp, or tru	entity ! S corp,	(f) Share of total income	1 '	(g) of end-o year ssets	(h) Percentage ownership		((i) ction 512 b)(13) introlled entity?
(ANAMEDICAN FARM PURFALLYNG	DUCINECS MANAGEMENT			21450	CAN FARM	6		256 170		2.440.5		20.0/	Ye	s No
(1)AMERICAN FARM BUREAU INC 600 MARYLAND AVE STE 1000W WASHINGTON, DC 20024 36-3250406	BUSINESS MANAGEMENT	D	С	BURE	ICAN FARM AU AATION	С		256,179		3,118,5	61 100.00	00 %	Yes	

chedule R (Form 990) 2018					Pa	ige 3	
Part V Transactions With Related Organizations Complete if the organization answer	ed "Yes" on Form 990, Par	t IV, line 34, 35	b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations listed in	Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No	
f b Gift, grant, or capital contribution to related organization(s)				1 b	Yes		
c Gift, grant, or capital contribution from related organization(s)				1c		No	
d Loans or loan guarantees to or for related organization(s)				1 d		No	
e Loans or loan guarantees by related organization(s)				1e		No	
f Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s)				1 g		No	
h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				1 i		No	
${f j}$ 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		No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	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	Yes		
o Sharing of paid employees with related organization(s)				10	Yes		
p Reimbursement paid to related organization(s) for expenses				1 p		No	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes		
r Other transfer of cash or property to related organization(s)				1r		No	
${f s}$ 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	e this line, including covered r	elationships and tr	ansaction thresholds.	·			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involved			
1)AMERICAN FARM BUREAU INC	L	214,825	MAINTAINED RECORDS AT FM	V			

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		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	(k) Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).					
Return Reference		Explanation					