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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
MICHIGAN FARM BUREAU

Doing business as

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

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

D Employer identification number
38-1718391

E Telephone number
(517) 323-7000

G Gross receipts $ 14,499,962

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.MICHFB.COM

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

L Year of formation: 1919

M State of legal domicile: MI

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	138
6	Total number of volunteers (estimate if necessary)	**6**	1,179
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,467,361	10,426,933
9	Program service revenue (Part VIII, line 2g)	295,245	316,493
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,151,018	3,692,909
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,707	63,627
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,979,331	14,499,962
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	313,097	377,118
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,214,399	6,531,338
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,536,935	6,319,806
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,064,431	13,228,262
19	Revenue less expenses. Subtract line 18 from line 12	-85,100	1,271,700

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,196,936	22,698,162
21	Total liabilities (Part X, line 26)	4,472,338	13,519,296
22	Net assets or fund balances. Subtract line 21 from line 20	7,724,598	9,178,866

Part II Signature Block

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

Sign Here

****** 2020-11-06
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-06		P00751307

Firm's name ▶ ANDREWS HOOPER PAVLIK PLC — Firm's EIN ▶ 38-3133790

Firm's address ▶ 4295 OKEMOS RD STE 200 OKEMOS, MI 488646201 — Phone no. (517) 706-0800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

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

See Additional Data

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

See Additional Data

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

THE CENTER FOR EDUCATION AND LEADERSHIP DEVELOPMENT PREPARES AND DEVELOPS AGRICULTURAL LEADERS. THIS IS ACCOMPLISHED THROUGH EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAMS FOR CURRENT LOCAL AG LEADERS, STATE AND LOCAL COMMITTEES, AND MEMBERS. A TARGETED PROGRAM IS FOR YOUNG FARMERS BETWEEN THE AGES OF 18 AND 35. IT OFFERS AGRICULTURAL EDUCATION, ACTION COMMITTEES, LEADERSHIP TRAINING, COMPETITIONS, AND SOCIAL EVENTS TO ENCOURAGE INVOLVEMENT AND TO DEVELOP FUTURE LEADERSHIP. PROMOTION AND EDUCATION PROGRAMS FOR PUBLIC EDUCATION ABOUT THE AGRICULTURAL INDUSTRY ARE OFFERED FOR 4-H CLUBS, AND FFA CHAPTERS, SCHOOLS, AND CIVIC GROUPS. THE FARM SCIENCE LAB IS A 40 FOOT MOBILE CLASSROOM THAT TRAVELS DIRECTLY TO SCHOOLS AND IS DESIGNED TO REINFORCE GRADE-LEVEL STANDARDS WITH HANDS-ON SCIENCE EXPERIMENTS AND INCREASING STUDENTS' KNOWLEDGE OF HOW AGRICULTURE IMPACTS THEIR DAILY LIVES.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	143		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	138		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	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.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶PAULA DROSTE 7373 W SAGINAW HWY LANSING, MI 489177900 (517) 679-5426

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,944,277	544,300	497,952

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 36

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b	7,786,901			
c Fundraising events	1c				
d Related organizations	1d	2,150,858			
e Government grants (contributions)	1e	73,974			
f All other contributions, gifts, grants, and similar amounts not included above	1f	415,200			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		10,426,933			
Program Service Revenue	Business Code				
2a AG PROMOTION AND EDUCATION	900099	191,986	191,986		
b AG LEGISLATIVE SERVICES	900099	52,024	52,024		
c AG ENVIRONMENTAL	900099	32,381	32,381		
d LEADERSHIP CONFERENCES	900099	21,062	21,062		
e REGULATORY AND SAFETY	900099	3,250	3,250		
f All other program service revenue.		15,790	15,790		
g **Total.** Add lines 2a–2f	316,493				
3 Investment income (including dividends, interest, and other similar amounts)		3,653,837			3,653,837
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a 39,072				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c 39,072				
d Net gain or (loss)		39,072			39,072
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a ANNUAL MEETING AND CONVENTION	900099	60,532	60,532		
b STATE & FEDERAL TAX - FRINGE	900099	3,095	3,095		
c					
d All other revenue					
e **Total.** Add lines 11a–11d		63,627			
12 **Total revenue.** See instructions		14,499,962	380,120		3,692,909

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	377,118			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,163,914			
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	4,193,525			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	243,381			
9 Other employee benefits	546,610			
10 Payroll taxes	383,908			
11 Fees for services (non-employees):				
a Management				
b Legal	189			
c Accounting	26,993			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	186			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	380,215			
12 Advertising and promotion	779,902			
13 Office expenses	716,652			
14 Information technology	845,728			
15 Royalties				
16 Occupancy	268,044			
17 Travel	1,014,257			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,139,424			
20 Interest	6,173			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,899			
23 Insurance	45,572			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AFBF DUES	1,056,572			
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	13,228,262	0	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	56,379
	2	Savings and temporary cash investments		1,795,370	2	1,873,719
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		728,948	4	883,231
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		139,430	9	8,493,578
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,562,468			
	b	Less: accumulated depreciation	10b 1,173,058	241,712	10c	389,410
	11	Investments—publicly traded securities		8,753,886	11	10,464,255
	12	Investments—other securities. See Part IV, line 11		537,590	12	537,590
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,196,936	16	22,698,162
Liabilities	17	Accounts payable and accrued expenses		1,895,203	17	2,710,282
	18	Grants payable			18	
	19	Deferred revenue		2,574,370	19	2,533,040
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,765	25	8,275,974
	26	**Total liabilities.** Add lines 17 through 25		4,472,338	26	13,519,296
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,724,598	27	9,178,866
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		7,724,598	32	9,178,866
	33	Total liabilities and net assets/fund balances		12,196,936	33	22,698,162

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,499,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,228,262
3	Revenue less expenses. Subtract line 2 from line 1	3	1,271,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,724,598
5	Net unrealized gains (losses) on investments	5	182,568
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,178,866

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1718391

Name: MICHIGAN FARM BUREAU

Form 990 (2019)

Form 990, Part III, Line 4a:

THE PUBLIC POLICY AND COMMODITY DIVISION PROVIDES LEADERSHIP AND RESOURCES FOR THE ORGANIZATION IN THE PUBLIC POLICY, COMMODITY, AGRICULTURAL ECOLOGY AND GOVERNMENT RELATIONS ARENAS. WE ASSIST COUNTY FARM BUREAUS AND FARM BUREAU MEMBERS WITH AGRICULTURAL AND POLICY ISSUES, WITH THE DEVELOPMENT OF IDEAS INTO POLICY POSITIONS, AND WE WORK TO IMPLEMENT THOSE POLICIES VIA A VARIETY OF CHANNELS, INCLUDING MANY DIFFERENT ORGANIZATIONS , AND MANY AGENCIES OF LOCAL, STATE AND FEDERAL GOVERNMENT. OUR GRASSROOTS POLICY DEVELOPMENT PROCESS INVOLVES OVER 1,000 VOLUNTEER MEMBERS THROUGHOUT OUR STATE. THE FINAL RESULTS OF OUR GRASSROOTS POLICY PROCESS CULMINATES WITH NEW POLICIES ADOPTED BY VOTING DELEGATES AT OUR ANNUAL MEETING. OUR PROGRAMMING AND EVENTS SERVED OVER 1,000 MEMBERS THIS YEAR, PROVIDING THEM WITH NEW RESOURCES, LEADERSHIP TRAINING, AND THE MOST CURRENT INFORMATION. OUR POLICY IMPLEMENTATION EFFORTS ACHIEVE MANY SUCCESSES FOR OUR FARMERS, INCLUDING REDUCING REGULATORY BURDENS, IMPROVING INFRASTRUCTURE, AND CREATING A BUSINESS ENVIRONMENT WHERE FARMING CAN THRIVE AND BE SUCCESSFUL.

Form 990, Part III, Line 4b:

THE CENTER FOR MARKETING AND MEDIA DIVISION (CMM) IS RESPONSIBLE FOR GENERAL COMMUNICATIONS WITH MEMBERS REGARDING MICHIGAN FARM BUREAU (MFB) POLICIES, PROGRAMS AND ISSUES OF IMPORTANCE IN THE AGRICULTURAL INDUSTRY THROUGH THE FOLLOWING PUBLICATIONS: AGRINOTES & NEWS FOR MORE THAN 300 MICHIGAN-BASED MEDIA OUTLETS; MICHIGAN FARM NEWS FOR FARMER-MEMBERS ON THE LATEST BREAKING NEWS; BENEFITS ADVISOR FOR NON-FARM MEMBERS ON MEMBER SERVICES AND INSURANCE RELATED SERVICES. CMM ALSO PROVIDES CONTENT UPDATES AND ADMINISTRATIVE SUPPORT TO THE ORGANIZATION WEBSITE, INCLUDING EDITORIAL CONTENT, AS WELL PROMOTING VIA THE ORGANIZATIONS SOCIAL MEDIA PLATFORMS ON FACEBOOK, TWITTER, YOUTUBE AND INSTAGRAM AND EVENT-RELATED MOBILE APPS.

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW KOK SECR & GENER	18.48 21.52			X				373,151	0	48,205
DAVID D BAKER TREASURER &	0.69 39.31			X				0	337,500	79,234
SCOTT PIGGOTT CHIEF EXECUT	20.80 19.20			X				289,530	0	76,384
CARL BEDNARSKI PRESIDENT	29.98 10.02	X		X				234,284	10,000	35,737
THOMAS L NUGENT HR DIRECTOR	3.60 36.40					X		199,383	0	61,843
STEVEN HUMMER DIR. OF INTE	2.39 37.61					X		187,064	0	58,744
SARAH BLACK DIR. OF PUBL	40.00					X		170,359	0	54,361
ROBERT BOEHM GENERAL MANA	0.00 40.00					X		156,454	0	49,396
PAULA DROSTE DIR. FINANCI	14.78 25.22					X		168,767	0	34,048
BRIGETTE LEACH DIRECTOR	12.44 0.79	X						21,386	14,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL C FUSILIER DIRECTOR	13.58 0.79	X						15,686	14,000	0
ANDREW HAGENOW VICE PRESIDE	14.12 0.92	X		X				12,086	15,800	0
MICHAEL DERUITER DIRECTOR	11.37 0.79	X						12,886	14,000	0
STEPHANIE SCHAFER DIRECTOR	12.80 0.79	X						13,086	13,000	0
DAVID BAHRMAN DIRECTOR	9.85 0.73	X						10,206	15,000	0
JENNIFER LEWIS DIRECTOR	5.76 0.79	X						10,836	14,000	0
BEN LACROSS DIRECTOR	10.13 0.79	X						10,486	14,000	0
JEFF SANDBORN DIRECTOR	8.07 0.79	X						8,486	14,000	0
DOUGLAS DARLING DIRECTOR	7.81 0.79	X						8,236	14,000	0
LARRY WALTON DIRECTOR	8.84 0.79	X						9,183	13,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MULDERS DIRECTOR	5.96 0.99	X						6,436	14,000	0
TRAVIS FAHLEY DIRECTOR	5.13 0.79	X						5,636	14,000	0
PATRICK MCGUIRE DIRECTOR	4.53 0.79	X						5,036	14,000	0
SHARON KOKX DIRECTOR	6.99 0.04	X						7,383	0	0
ADAM DIETRICH DIRECTOR	6.63 0.10	X						7,086	0	0
JULIE STEPHENSON DIRECTOR	0.21 0.00	X						1,145	0	0
LEONA DANIELS DIRECTOR	0.02	X						0	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	783,171	574,883	428,829	139,720	20,000
b Contributions	504,242	579,580	252,208	428,216	119,720
c Net investment earnings, gains, and losses					
d Grants or scholarships	598,904	371,292	106,154	139,107	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	688,509	783,171	574,883	428,829	139,720

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ 2.900 %

c Temporarily restricted endowment ▶ 97.100 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,141,382	794,836	346,546
e Other		421,086	378,222	42,864
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				389,410

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

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

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' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(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 answered 'Yes' on Form 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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,275,974

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,586,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	182,568		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	182,568
3	Subtract line **2e** from line **1**			3	13,404,132
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	186		
b	Other (Describe in Part XIII.)	4b	1,095,644		
c	Add lines **4a** and **4b**			4c	1,095,830
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	14,499,962

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	12,132,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	12,132,432
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	186		
b	Other (Describe in Part XIII.)	4b	1,095,644		
c	Add lines **4a** and **4b**			4c	1,095,830
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	13,228,262

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	MICHIGAN FARM BUREAU DOES NOT HOLD ENDOWMENTS. THE ENDOWMENTS ARE HELD BY MICHIGAN FOUNDAT ION FOR AGRICULTURE (MFA), THE SUPPORTING ORGANIZATION OF MFB. THE PERMANENT ENDOWMENT FUN DS OF MFA SHALL BE USED FOR THE BENEFIT OF THE YOUNG FARMER, PROMOTION & EDUCATION, OR LEA DERSHIP PROGRAMS SUPPORTED BY MFA. FUNDS DISTRIBUTED FROM THE ENDOWMENT SHALL BE USED TO F URTHER DEVELOP LEADERS FOR THE AGRICULTURAL INDUSTRY AND/OR PROVIDE EDUCATION TO MICHIGAN CONSUMERS ON THE IMPACT AGRICULTURE HAS ON THEIR DAILY LIVES. THE TEMPORARILY RESTRICTED N ET ASSETS WERE DONATED WITH THE RESTRICTED PURPOSE TO FUND THE MOBILE SCIENCE LAB PROJECT. IN 2018 THE AGENT CHARITABLE FUND WAS CREATED WITH THE PURPOSE TO GRANT MONIES TO PROVIDE FOOD, BUILD AGRICULTURE AWARENESS, EDUCATE AND HELP CITIZENS THROUGHOUT THE STATE.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	GAIN ON SALE OF VEHICLE/CAPITAL ASSET 39,072 AFBF DUES EXPENSE NET WITH MEMBERSHIP 1,056,572

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DUES PAID AFBF 1,056,572 GAIN ON SALE OF VEHICLE/CAPITAL ASSET 39,072

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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 *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 24

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(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.

Return Reference	**Explanation**
SCHEDULE I, PAGE 1, PART I, LINE 2	TARGETED GRANT RECIPIENTS ARE REQUESTED TO SUBMIT GRANT PROPOSALS. ELIGIBILITY OF PROPOSAL IS DETERMINED, AND HALF THE APPROVED GRANT AMOUNT IS AWARDED TO THE RECIPIENT. UPON COMPLETION OF THE GRANT PERIOD, RECIPIENTS SUBMIT DATES AND ACTIVITIES PERFORMED, EXPENSE DETAIL, AND NUMBER OF PARTICIPANTS. ACTIVITY AND DOCUMENTATION ARE REVIEWED FOR ELIGIBILITY AND EXPENSE SUBSTANTIATION. UPON APPROVAL REMAINING AMOUNTS DUE TO OR FROM RECIPIENTS ARE PAID OR COLLECTED. GRANT DOCUMENTATION IS KEPT IN ACCORDANCE WITH THE ORGANIZATION'S DOCUMENT RETENTION AND DESTRUCTION STANDARDS.

Additional Data

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

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
ANTRIM COUNTY FARM BUREAU 1201 BRIDGE ST CHARLEVOIX, MI 49720	38-1374788	501C5	8,067				COUNTY GRANT PROGRAM
ARENAC COUNTY FARM BUREAU 441 S MAIN ST STANDISH, MI 48658	38-1532877	501C5	5,247				COUNTY GRAND PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
BERRIEN COUNTY FARM BUREAU 8383 EDGEWOOD RD PO BOX 228 BERRIEN SPRINGS, MI 491039004	38-1373520	501C5	8,765				COUNTY GRANT PROGRAM
BRANCH COUNTY FARM BUREAU 431 E CHICAGO ST COLDWATER, MI 49036	38-1360725	501C5	5,894				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
CHIPPEWA COUNTY FARM BUREAU 1610 ASHMUN ST SAULT STE MARIE, MI 49783	38-6092151	501C5	6,134				COUNTY GRANT PROGRAM
CLARE COUNTY FARM BUREAU 1101 N MCEWAN ST CLARE, MI 48617	38-1642647	501C5	7,448				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
CLINTON COUNTY FARM BUREAU 1501 GLASTONBURY DR SUITE B ST JOHNS, MI 48879	38-1315865	501C5	7,392				COUNTY GRANT PROGRAM
MICHIGAN FFA FOUNDATION 446 WEST CIRCLE DRIVE EAST LANSING, MI 48824	38-6005984	501C3	13,110				AGRISCIENCE EDUC.

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
GENESEE COUNTY FARM BUREAU PO BOX 379 SWARTZ CREEK, MI 48473	38-1375283	501C5	5,355				COUNTY GRANT PROGRAM
GRATIOT COUNTY FARM BUREAU 225 E CENTER ST ITHACA, MI 488471437	38-1360742	501C5	8,290				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
GREATER LANSING FOOD BANK 919 FILLEY ST LANSING, MI 48906	38-2424756	501C3	5,453				PRVIDE MLS TO HUNGRY
IRON RANGE 1001 CARPENTER AVE IRON MOUNTAIN, MI 49801	23-7019052	501C5	5,212				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
LAPEER COUNTY FARM BUREAU 1658 MAYFIELD RD LAPEER, MI 48446	38-1364297	501C5	5,067				
LIVINGSTON COUNTY FARM BUREAU 1004 S MICHIGAN AVE SUITE 101 HOWELL, MI 48843	38-1378530	501C5	6,718				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
MASON COUNTY FARM BUREAU 106 S MAIN ST SCOTTVILLE, MI 494541221	38-6095298	501C5	7,827				COUNTY GRANT PROGRAM
MECOSTA COUNTY FARM BUREAU 826 N STATE ST BIG RAPIDS, MI 49307	38-1379659	501C5	7,011				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
MENOMINEE COUNTY FARM BUREAU 1001 CARPENTER AVE IRON MOUNTAIN, MI 49801	38-6090306	501C5	6,424				COUNTY GRANT PROGRAM
MISSAUKEE COUNTY FARM BUREAU 9052 E 13TH ST CADILLAC, MI 49601	38-1498167	501C5	6,388				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
MONROE COUNTY FARM BUREAU 8300 IDA WEST RD PO BOX A IDA, MI 48140	38-1388257	501C5	7,665				COUNTY GRANT PROGRAM
OAKLAND COUNTY FARM BUREAU 103 N SAGINAW ST HOLLY, MI 48442	38-1428363	501C5	8,818				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
OGEMAW COUNTY FARM BUREAU 426 W HOUGHTON AVE WEST BRANCH, MI 48661	38-1511562	501C5	5,712				COUNTY GRANT PROGRAM
OSCEOLA COUNTY FARM BUREAU 850 S CHESTNUT AVE REED CITY, MI 49677	38-6089490	501C5	8,301				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
PRESQUE ISLE COUNTY FARM BUREAU 1201 BRIDGE ST CHARLEVOIX, MI 49720	38-1495370	501C5	6,888				COUNTY GRANT PROGRAM
SAGINAW COUNTY FARM BUREAU 3400 SHATTUCK RD SAGINAW, MI 48603	38-1378552	501C5	5,681				COUNTY GRANT PROGRAM

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JOSEPH COUNTY FARM BUREAU 202 W WEST ST STURGIS, MI 49091	38-1384789	501C5	7,479				COUNTY GRANT PROGRAM
USDA NASS 3001 COOLIDGE RD EAST LANSING, MI 48823		GOV	60,000				FRUIT SURVEY

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

(a) Name and address of organization or government	**(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 non-cash assistance	**(h)** Purpose of grant or assistance
WASHTENAW COUNTY FARM BUREAU 5095 ANN ARBOR SALINE RD ANN ARBOR, MI 48103	38-1364510	501C5	5,683				COUNTY GRANT PROGRAM

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANDREW KOK SECR & GENERAL COUNS	(i)	352,481	6,465	14,205	25,047	23,158	421,356	
	(ii)							
2 DAVID D BAKER TREASURER & CFO	(i)							
	(ii)	301,892	20,573	15,035	59,879	19,355	416,734	
3 SCOTT PIGGOTT CHIEF EXECUTIVE OFF	(i)	277,850	4,987	6,693	53,226	23,158	365,914	
	(ii)							
4 CARL BEDNARSKI PRESIDENT	(i)	186,940	3,426	43,918	13,621	22,116	270,021	
	(ii)			10,000			10,000	
5 THOMAS L NUGENT HR DIRECTOR	(i)	183,134	3,315	12,934	39,739	22,104	261,226	
	(ii)							
6 STEVEN HUMMER DIR. OF INTERNAL AUD	(i)	173,051	3,200	10,813	36,881	21,863	245,808	
	(ii)							
7 SARAH BLACK DIR. OF PUBLIC POLIC	(i)	157,933	3,027	9,399	32,683	21,678	224,720	
	(ii)							
8 ROBERT BOEHM GENERAL MANAGER	(i)	153,590	2,864		31,661	17,735	205,850	
	(ii)							
9 PAULA DROSTE DIR. FINANCIAL SVCS	(i)	153,309	2,903	12,555	12,467	21,581	202,815	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	THE PRESIDENT IS A SUGAR BEET FARMER IN CARO, MI. HE IS PROVIDED A RESIDENCE LOCATED NEAR THE HEADQUARTERS OFFICE FOR THE CONVENIENCE OF THE ORGANIZATION BECAUSE THE DAILY COMMUTE IS 106 MILES ONE-WAY. WE GROSS UP THE PRESIDENT'S TAXABLE COMPENSATION AND PROVIDE CASH PAYMENT FOR ESTIMATED TAX COST FOR THE USE OF THE RESIDENCE. EXECUTIVE COMPENSATION PACKAGE INCLUDES A COMPANY VEHICLE. WE GROSS UP EXECUTIVE TAXABLE COMPENSATION FOR PERSONAL USE OF VEHICLES AND PROVIDE CASH PAYMENT FOR ESTIMATED TAX COST FOR PERSONAL USE OF VEHICLE.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE PUBLIC POLICY AND COMMODITY DIVISION PROVIDES LEADERSHIP AND RESOURCES FOR THE ORGANIZ ATION IN THE PUBLIC POLICY, COMMODITY, AGRICULTURAL ECOLOGY AND GOVERNMENT RELATIONS ARENA S. WE ASSIST COUNTY FARM BUREAUS AND FARM BUREAU MEMBERS WITH AGRICULTURAL AND POLICY ISSU ES, WITH THE DEVELOPMENT OF IDEAS INTO POLICY POSITIONS, AND WE WORK TO IMPLEMENT THOSE PO LICIES VIA A VARIETY OF CHANNELS, INCLUDING MANY DIFFERENT ORGANIZATIONS , AND MANY AGENCI ES OF LOCAL, STATE AND FEDERAL GOVERNMENT. OUR GRASSROOTS POLICY DEVELOPMENT PROCESS INVOL VES OVER 1,000 VOLUNTEER MEMBERS THROUGHOUT OUR STATE. THE FINAL RESULTS OF OUR GRASSROOTS POLICY PROCESS CULMINATES WITH NEW POLICIES ADOPTED BY VOTING DELEGATES AT OUR ANNUAL MEE TING. OUR PROGRAMMING AND EVENTS SERVED OVER 1,000 MEMBERS THIS YEAR, PROVIDING THEM WITH NEW RESOURCES, LEADERSHIP TRAINING, AND THE MOST CURRENT INFORMATION. OUR POLICY IMPLEMENT ATION EFFORTS ACHIEVE MANY SUCCESSES FOR OUR FARMERS, INCLUDING REDUCING REGULATORY BURDEN S, IMPROVING INFRASTRUCTURE, AND CREATING A BUSINESS ENVIRONMENT WHERE FARMING CAN THRIVE AND BE SUCCESSFUL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	THE CENTER FOR MARKETING AND MEDIA DIVISION (CMM) IS RESPONSIBLE FOR GENERAL COMMUNICATION S WITH MEMBERS REGARDING MICHIGAN FARM BUREAU (MFB) POLICIES, PROGRAMS AND ISSUES OF IMPOR TANCE IN THE AGRICULTURAL INDUSTRY THROUGH THE FOLLOWING PUBLICATIONS: AGRINOTES & NEWS FO R MORE THAN 300 MICHIGAN-BASED MEDIA OUTLETS; MICHIGAN FARM NEWS FOR FARMER-MEMBERS ON THE LATEST BREAKING NEWS; BENEFITS ADVISOR FOR NON-FARM MEMBERS ON MEMBER SERVICES AND INSURA NCE RELATED SERVICES. CMM ALSO PROVIDES CONTENT UPDATES AND ADMINISTRATIVE SUPPORT TO THE ORGANIZATION WEBSITE, INCLUDING EDITORIAL CONTENT, AS WELL PROMOTING VIA THE ORGANIZATIONS SOCIAL MEDIA PLATFORMS ON FACEBOOK, TWITTER, YOUTUBE AND INSTAGRAM AND EVENT-RELATED MOBI LE APPS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE CENTER FOR EDUCATION AND LEADERSHIP DEVELOPMENT PREPARES AND DEVELOPS AGRICULTURAL LEADERS. THIS IS ACCOMPLISHED THROUGH EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAMS FOR CURRENT LOCAL AG LEADERS, STATE AND LOCAL COMMITTEES, AND MEMBERS. A TARGETED PROGRAM IS FOR YOUNG FARMERS BETWEEN THE AGES OF 18 AND 35. IT OFFERS AGRICULTURAL EDUCATION, ACTION COMMITTEES, LEADERSHIP TRAINING, COMPETITIONS, AND SOCIAL EVENTS TO ENCOURAGE INVOLVEMENT AND TO DEVELOP FUTURE LEADERSHIP. PROMOTION AND EDUCATION PROGRAMS FOR PUBLIC EDUCATION ABOUT THE AGRICULTURAL INDUSTRY ARE OFFERED FOR 4-H CLUBS, AND FFA CHAPTERS, SCHOOLS, AND CIVIC GROUPS. THE FARM SCIENCE LAB IS A 40 FOOT MOBILE CLASSROOM THAT TRAVELS DIRECTLY TO SCHOOLS AND IS DESIGNED TO REINFORCE GRADE-LEVEL STANDARDS WITH HANDS-ON SCIENCE EXPERIMENTS AND INCREASING STUDENTS' KNOWLEDGE OF HOW AGRICULTURE IMPACTS THEIR DAILY LIVES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS APPROXIMATELY 223,826 MEMBERS WHO PAY ANNUAL MEMBERSHIP DUES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	CHANGES IN THE ORGANIZATION'S BYLAWS MUST BE APPROVED BY THE DELEGATE BODY. IN ADDITION, T HE DELEGATE BODY ANNUALLY RATIFIES ALL BOARD ACTIONS AND AUTHORIZES THE PRESIDENT OF THE B OARD TO APPOINT ALL NECESSARY COMMITTEES AND COMMITTEE CHAIRS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	MICHIGAN FARM BUREAU (MFB) USES A SALARY ADMINISTRATION PROGRAM DEVELOPED AND MAINTAINED B Y AN OUTSIDE CONSULTANT, HEWITT ASSOCIATES. ALL POSITIONS ARE EVALUATED THROUGH THE POSITI ON EVALUATION PLAN; COMPETITIVE SALARY INFORMATION IS OBTAINED THROUGH SALARY SURVEYS AND PLACED INTO INDIVIDUAL SALARY RANGES. MERIT INCREASES ARE BASED ON: 1) AN EMPLOYEE'S PERFO RMANCE; 2) MERIT INCREASE GUIDELINES, AND 3)THEIR CURRENT POSITION RELATIVE TO THE SALARY RANGE. MFB'S OFFICERS, INCLUDING ITS PRESIDENT, GENERAL COUNSEL/SECRETARY, AND TREASURER A RE EVALUATED, ANNUALLY, BY A FIVE PERSON EXECUTIVE COMMITTEE OF THE BOARD. THE PERFORMANCE REVIEW, ALONG WITH ANY SALARY ADJUSTMENTS IS THEN REVIEWED WITH THE FULL 17 MEMBER BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON SALE OF VEHICLE/CAPITAL ASSET -39,072 AFBF DUES EXPENSE NET WITH MEMBERSHIP -1,056 ,572 DUES PAID AFBF 1,056,572 GAIN ON SALE OF VEHICLE/CAPITAL ASSET 39,072

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MICHIGAN FARM BUREAU

Employer identification number
38-1718391

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)MFB POLITICAL ACTION COMMITTEE 7373 W SAGINAW HWY LANSING, MI 48917 38-2548952	LEGISLATIV	MI	527		MFB	Yes	
(2)FARM BUREAU PAC (AKA SUPER PAC) 7373 W SAGINAW HWY LANSING, MI 48917 46-1116105	LEGISLATIV	MI	527		MFB	Yes	
(3)MI FOUNDATION FOR AGRICULTURE 7373 W SAGINAW HWY LANSING, MI 48917 27-0200380	MBR ASSOC	MI	501C3	12A	MFB	Yes	

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

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

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

See Additional Data Table

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MI AG COOPERATIVE MARKETING ASSOC 7373 W SAGINAW HWY LANSING, MI 48917 38-1659786	MARKETING	MI	N/A					Yes	
FARM BUREAU LIFE INSURANCE CO OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-6056370	LIFE INSUR	MI	N/A					Yes	
COMMUNITY SERVICE ACCEPTANCE CORP 7373 W SAGINAW HWY LANSING, MI 48917 38-1883116	INS AGENCY	MI	N/A					Yes	
FARM BUREAU GENERAL INS CO OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-6056228	INSURANCE	MI	N/A					Yes	
MI FARM BUREAU FINANCIAL CORP 7373 W SAGINAW HWY LANSING, MI 48917 38-2961817	HOLDING	MI	N/A					Yes	
FB EQUITY SALES CORP OF MI 7373 W SAGINAW HWY LANSING, MI 48917 38-3237412	INS. BROKE	MI	N/A					Yes	
MFB INC 7373 W SAGINAW HWY LANSING, MI 48917 38-2102277	BEN/PROMO	MI	N/A					Yes	
FBL REAL ESTATE HOLDING LLC 7373 W SAGINAW HWY LANSING, MI 48917 27-5177082	REAL ESTAT	MI	N/A					Yes	
GREAT LAKES AG LABOR SERVICES LLC 7373 W SAGINAW HWY LANSING, MI 48917 47-3106365	LABOR SRVC	MI	N/A					Yes	
FB PARTNERS GROUP PREMIUM FINANCING 7373 W SAGINAW HWY LANSING, MI 48917 47-3883244	FINANCE	MI	N/A					Yes	
LEADERS LIFE INSURANCE COMPANY 1350 S BOULDER SUITE 900 TULSA, OK 74119 73-1333608	LIFE INSUR	OK	N/A					Yes	
BROKER CENTRIC ALLIANCE INC 1350 S BOULDER SUITE 900 TULSA, OK 74119 27-3936255	BROKERAGE	OK	N/A					Yes	
LIC CORPORATION 1350 S BOULDER SUITE 900 TULSA, OK 74119 27-3936255	HOLDING CO	OK	N/A					Yes	
CINCINNATI EQUITABLE COMPANIES INC 525 VINE ST SUITE 1925 CINCINNATI, OH 45202	HOLDING CO	OH	N/A					Yes	
CINCINNATI EQUITABLE LIFE INSURANCE COMPANY 525 VINE ST SUITE 1925 CINCINNATI, OH 45202	INSURANCE	OH	N/A					Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CINCINNATI EQUITABLE INSURANCE COMPANY 525 VINE ST SUITE 1925 CINCINNATI, OH 45202	INSURANCE	OH	N/A					Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MICHIGAN FARM BUREAU FINANCIAL CORP	F	3,000,000	COST
COMMUNITY SERVICE ACCEPTANCE CORP	F	400,000	COST
FARM BUREAU LIFE INSURANCE	K	515,521	COST ALLOCATION BY USAGE
MICHIGAN FOUNDATION FOR AGRICULTURE	L	209,156	COST ALLOCATION BY USAGE
COMMUNITY SERVICE ACCEPTANCE CORP	L	112,400	COST ALLOCATION BY USAGE
MFB INC	P	1,023,850	COST ALLOCATION BY USAGE
FARM BUREAU LIFE INSURANCE	Q	1,858,489	COST ALLOCATION BY USAGE
MFB INC	Q	986,789	COST ALLOCATION BY USAGE
MICHIGAN AG COOP MARKETING ASSOC	Q	118,879	MANAGEMENT AGREEMENT/COST
GREAT LAKES AG LABOR SVCS	Q	200,000	COST
MICHIGAN FOUNDATION FOR AGRICULTURE	C	1,876,058	PROGRAM ACTIVITY COSTS
MI FARM BUREAU LIFE INSURANCE	C	274,800	PROGRAM ACTIVITY COSTS