COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

"At Risk: American Jobs, Agriculture, Health and Species–the Costs of Federal Regulatory Dysfunction May 3, 2011

For Individuals:

- 1. Name: Barry Ray Bushue
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Barry Ray Bushue
- 2. Name of Organization(s) You are Representing at the Hearing:

Oregon Farm Bureau Federation, American Farm Bureau Federation

- 3. Business Address: OFBF 3415 Commercial St. SE., Salem OR 97302 AFBF 600 Maryland Ave SW. Suite 1000W. Washington DC 20024
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Name/Organization:

Barry Ray Bushue. Oregon Farm Bureau Federation, American Farm Bureau Federation

Title/Date of Hearing:

"At Risk: American Jobs, Agriculture, Health and Species..the Costs of Federal Regulatory Dysfunction." May 3, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

President, Oregon Farm Bureau Federation. Vice-President, American Farm Bureau Federation

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Full time farmer. Own and operate Bushue Farming Co., Inc. and Bushue's Family Farm Market. Actively engaged for the last 20 years on issues impacting agriculture at the state and national level, especially water quality and pesticides. Served on AFBF Food Quality Protection Act Task Force. Served at the invitation of Oregon's Governor on a committee that advised the Oregon Department of Agriculture on the development of Oregon's Pesticide Use Reporting System. Continue to work with other agriculture groups, the Oregon Department of Agriculture and Oregon's Legislature to develop and protect good public policy on the use and availability of crop protection products and the protection and enhancement of Oregon's water quality and quantity. Served on the Local Advisory Committee that developed the Agriculture as part of Senate Bill 1010.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

Conservation Security Program. Administered by NRCS as part of USDA

2007\$3673.002008\$2808.002009\$1944.002010\$1078.002011\$509.00

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. N/A

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization_Barry Bushue, Oregon Farm Bureau, American Farm Bureau Federation______ Title/Date of Hearing_____

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President, Oregon Farm Bureau Vice President, American Farm Bureau Federation

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

- 1. AFBF v. EPA, No. 1:11-cv-00067-SHR, Middle District of Pennsylvania
 - a. EPA-issued Total Maximum Daily Load for the Chesapeake Bay watershed
 - b. Clean Water Act & Administrative Procedures Act
- 2. The Fertilizer Institute v. EPA, No. 03:10-cv-00503, Northern District of Florida
 - a. EPA-issued numeric nutrient standards for Florida lakes and streams
 - b. Clean Water Act
- 3. National Pork Producers Council v. EPA, No. 08-61093, Fifth Circuit
 - a. 2008 Concentrated Animal Feeding Operations Regulation
 - b. Clean Water Act
- 4. AFBF v. United States Army Corps of Engineers, 10 -00489, Southern District of Florida
 - a. National guidance relating to treatment of Prior Converted Croplands as Waters of the U.S.
 - b. Administrative Procedures Act
- 5. <u>Coalition for Responsible Regulation, et al. v. EPA</u>, No. 10-1109 and consolidated cases, D.C. Circuit
 - a. EPA-issued regulation of Greenhouse Gas Emissions
 - b. Clean Air Act
- 6. Florida Wildlife Federation v. Johnson, No. 04:08-cv-00324, Northern District of Florida
 - a. Cross-claim on EPA authority to issue numeric nutrient standards
 - b. Clean Water Act

7. North Carolina Growers Association v. Solis, No. 10-200, Middle District of North Carolina

- a. Department of Labor H-2A Agricultural Guestworker regulations
- b. Regulatory Flexibility Act

8. AFBF v. EPA, No. 07-60620, Fifth Circuit

- a. EPA CAFO "deadlines" regulation
- b. Clean Water Act

9. AFBF v. EPA, No. 06-1410 (and consolidated cases), D.C. Circuit

- a. EPA National Ambient Air Quality Standards for PM₁₀
- b. Clean Air Act

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

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May the IRS discuss this return with the preparer shown above? (see instructions)..... BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

Form 8868	Appli
(Rev April 2009)	

Department of the Treasury Internal Revenue Service

ication for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box......

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part Mathematic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only >

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

	Name of Exempt Organization		Employer identification number				
Type or							
print	OREGON FARM BUREAU FI	93-0242330					
File by the due date for	Number, street, and room or suite number.	If a P.O. box, see instructions.					
filing your return. See	3415 COMMERCIAL STRE						
instructions.	City, town or post office, state, and ZIP cod						
	SALEM, OR 97302		•				
Check type of	f return to be filed (file a separat	e application for each return):					
X Form 990			rm 4720				
Form 990)-BL		rm 5227				
Form 990			rm 6069				
Form 990)-PF		rm 8870				
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Telephone	No. ► 503-399-1701	FAX No. ► 503-399-8082					
		or place of business in the United States, check this box					
		anization's four digit Group Exemption Number (GEN)					
check thi	s box ► If it is for part of t	he group, check this box. ► and attach a list with the na	If this is for the whole group,				
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		ns for a corporation required to file Form 990-T) extension of	time				
		the exempt organization return for the organization named a					
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▶ □	calendar year 20 or						
► X	tax year beginning $11/01$, 20 _09_, and ending _10/31, 20 _10					
11							
2 If this t	ax year is for less than 12 months	s, check reason: Initial return Final return	Change in accounting period				
3a If this a	application is for Form 990-BL, 99	0-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit							
c Balanc deposit See ins	e Due. Subtract line 3b from line with FTD coupon or, if required, structions	3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3 c \$ 0.				
Caution. If y payment inst	ou are going to make an electron tructions.	ic fund withdrawal with this Form 8868, see Form 8453-EO a	nd Form 8879-EO for				
BAA For Pr	vacy Act and Paperwork Reduct	on Act Notice, see instructions.	Form 8868 (Rev. 4-2009)				

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Forn	n 990 (2009) OREGON FARM BUREAU FEDERATION	93-0242330	Page 2
Pai			
1	Briefly describe the organization's mission: THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES FARM HOME, AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBE BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS	R COUNTY FARM	<u>M,</u>
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If 'Yes,' describe these changes on Schedule O.	vices? Yes X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	s by expenses. Section 501 (c d allocations to others, the to)(3))tal
4a	a (Code:) (Expenses \$ including grants of \$) (THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES FARM HOME AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBER BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS	CONCERNING THE FAR COUNTY FARM)
41	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ►)	

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Form 990 (2009) OREGON FARM BUREAU FEDERATION

Pa	rt 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		х
2		2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete</i> <i>Schedule D, Part IV</i>	9		х
10		10		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VII, IX, or</i> X as applicable	11	х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
•	• 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.			
•	• 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			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• 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? If <i>Yes</i> , <i>' complete Schedule D, Part X</i>			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
127	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
	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		X
	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

93-0242330

Page 3

Form 990 (2009) OREGON FARM BUREAU FEDERATION

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	-	x
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
1	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	÷.,	•
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		<u>X</u>
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		<u> </u>
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		<u>X</u> .
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	9 90 (2009)

93-0242330

Page 4

Form 990 (2009) OREGON FARM BUREAU FEDERATION	93-0242330	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 7		
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?		c X	2012/02/
2 a 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 17		
2b If at least one is reported on line 2a, did the organization file all required federal employment		b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this retu			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by 3	a X	
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i> .		ьX	
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fir	or other authority over, a. hancial account)?	a	x
b If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Accounts.	Foreign Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	·	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?		с	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	d did the organization	a	x
b If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ntributions or gifts were not	ь	
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 pa provided to the payor?	artly for goods and services	a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.		b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh			
Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	' C	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	is on a personal	e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?7	'g	<u> </u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		'n	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had be determined by a sponsoring organization, had be determined by a sponsoring organization.	g organizations. Did the ave excess business		
holdings at any time during the year?		· ·	And the second
a Did the organization make any taxable distributions under section 4966?		a	atan tan 19
b Did the organization make any distribution to a donor, donor advisor, or related person?		b	
10 Section 501(c)(7) organizations. Enter:			
	10a		
	10b		
11 Section 501(c)(12) organizations. Enter:	· · ·		
	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		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	industrial and a second s	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
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Form 990 (2009)

Form 990 (2009) OREGON FARM BUREAU FEDERATION

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body			
	b Enter the number of voting members that are independent			
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	- 10- - 10- 	X
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	÷	Х
4	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
, 7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x	
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	a tangan di katang di
	b Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		Х
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	Х	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b	x	-
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE.SCHEDULE.Q	12c	x	
13 Does the organization have a written whistleblower policy?	13	Х	
14. Does the organization have a written document retention and destruction policy?	14	Х	
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	X	
b Other officers of key employees of the organization SEE . SCHEDULE . O	15b	X	
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		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Section C. Disclosures			
17 List the states with which a copy of this Form 990 is required to be filed ► OR			

18	Section 6104 requires an organization to make its For	ms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public
	inspection. Indicate how you make these available. Ch	neck all that apply.
	Own website X Another's website	X Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CANDACE SEAL 3415 COMMERCIAL STREET SE, SUITE 117 SALEM OR 97302 503-399-1701

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of 'key employees.'

• 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) Average	(c)						(D)	(E)	(F)	
Name and Title			osition (check all that apply)					Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
BARRY BUSHUE											
PRESIDENT	20	X		Х				36,000.	0.	0.	
TRACEY LISKEY											
1ST VICE PRES	1	X		Х				0.	0.	0.	
PEGGY BROWNE											
2ND VICE PRES	1	X		Х				0.	0.	0.	
BARBARA IVERSON											
3RD VICE PRES	1	X		Х				0.	0.	0.	
ROBERTA VALLADAO											
4TH VICE PRES	1	X		Х				0.	0.	0.	
LARRY LEAR											
REGION 1	1	Х						0.	0.	O.	
EUGÈNE HAWES											
REGION 2		Х						0.	0.	0.	
JEFF THOMAS											
REGION 3	1	Х						0.	0.	0.	
LYNDON KERNS											
REGION 4	1	Х		ſ		· ·		0.	.0.	0	
WADE FLEGEL											
REGION 5	1	X			ŀ			0.	0.	0.	
LONNIE WRIGHT				•							
REGION 6	1	· X						0.	0.	0	
PETE POSTLEWAIT											
REGION 7	1	X	·					0.	0.	0	
DALE BUCK											
REGION 8	1	X			1		· .	0.	0.	0	
DEAN FREEBORN											
REGION 9	1	X				1		0.	Ο.	0	
DAN THACKABERRY			1								
REGION 10	1	X						0.	0.	0	
BILL RYAN			1				1				
REGION 11	1	X						0.	· 0.	0	
SHARON WATERMAN			1								
REGION 12	1	X					ĺ	0.	0.	0.	
RAA				0107		10/00				Earm 000 (2000	

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Form **990** (2009)

93-0242330

Form 990 (2009) OREGON FARM BUREAU FEDEF									93-024233	0 Page 8
Part VII Section A. Officers, Directors, Tru	stees, I	Key	En	pla	oye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated
	per weel		Institutional trustee	Officer	Key	Highest compensate employee	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the
		recto	utio	<u>ă</u>	employee	est o	ner	(11-211055-11100)	(11-2/1055-14130)	organization and related
		l i	nalt		loye	Comp				organizations
		stee	rust		ä	Dens				
			e			ated				
					ļ		ļ			
DAN ANDERSEN	_									
REGION 13	1	X			ļ			0.	0.	0.
K.C. VANNATTA	_									
REGION 14	1	X							0.	0.
BRUCE_CHAPIN										
REGION 15	1	X		-				0.	0.	0.
RICK EPP	_						ļ			
REGION 16	1.	X						0.	0.	0.
MIKE HATHAWAY	_									
YOUNG FARMERS	1	X						0.	0.	0.
LARRY CURTIS										
EX OFFICIO	1	X						0.	0.	0.
DAVID DILLON	_									
EXECUTIVE DIREC	39			X				105,068.	0.	18,224.
CANDACE SEAL	_ ·									
TREASURER	31			X				58,943.	0.	19,123.
	_									
										1
	_									
										•
	-									
	-									
	_									
1b Total			<u></u>					200,011.	0.	37,347.
2 Total number of individuals (including but not limit	ed to tho	se li	sted	abo	ove)	who	o reo	ceived more than	\$100,000 in reporta	ble compensation
from the organization <a> 1										
										Yes No
3 Did the organization list any former officer, directo	r or trust	tee, I	key	emp	loye	ee, d	or hi	ghest compensate	ed employee	
on line Ta? If 'Yes,' complete Schedule J for such	individua	al								3 X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportable than \$15		npe	nsat // יv	tion	and	oth	er compensation f	rom	
individual					es 1 ••••		ріец 	<i>e Schedule J Idi</i> s	<i>ucn</i>	4 X
5 Did any person listed on line 1a receive or accrue	compone	ation	a fra	m		unro	lata	d organization for	oom issoo	BARRY REPORT OF THE PARTY OF THE PARTY
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	compens chedule .	J for	SUC	h pe	ersoi	unre n			services	5 X
Section B. Independent Contractors										• · · · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest compensation	ated inde	penc	lent	con	ntrac	ctors	tha	t received more th	an \$100,000 of	
compensation from the organization.										
(A) Name and business addre								(B)		(C)
	SS							Description o	f Services	Compensation
										-
						•				
·										
2 Total number of independent and the factor	- h	11				· · ·			- 	Statistical and the state of the
2 Total number of independent contractors (including \$100,000 in componentian from the graphization		umit	ted	io th	iose	e liste	ed a	nove) who receive	ed more than	
\$100,000 in compensation from the organization >	· U								TEALOR AND	

Form 990 (2009) OREGON FARM BUREAU FEDERATION

93-0242330

Page 9

Pai	t VIII Statement of Revenue			· · ·	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a 1a b Membership dues. 1b c Fundraising events. 1c				
TIONS, GIF	d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and 1				
	similar amounts not included above				
E REVENUE	Business Code 2a MEMBERSHIP DUES & ASSESSMENTS b ENDORSEMENT FEES	<u>1,378,327.</u> 374,070.	<u>1,378,327.</u> 374,070.		
PROGRAM SERVICE REVENUE	c ADMIN & CONTRACT SERVICES d ADVERTISING INCOME e MEMBER EXP REIMBURSEMENT	150,815. 69,625. 64,440.	150,815.	69,625.	64,440.
PROGF	 f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and 	<u>11,407.</u> 2,048,684.	11,407.		
	other similar amounts)► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties►	217,508.			217,508.
	(i) Real (ii) Personal 6a Gross Rents 110,808. b Less: rental expenses. 134,610. c Rental income or (loss) -23,802.				
	d Net rental income or (loss)	-23,802.			-23,802.
	b Less: cost or other basis and sales expenses 1,316,214. c Gain or (loss) 74,348. d Net gain or (loss) ►	74,348.			74,348.
EVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
OTHER REVENUE	See Part IV, line 18a b Less: direct expensesb c Net income or (loss) from fundraising events	÷			
	 9a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb 				
	c Net income or (loss) from gaming activities► 10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
	11a	·			
	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	2,316,738.	1,914,619.	69,625.	332,494.

Form 990 (2009)

OREGON FARM BUREAU FEDERATION Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	237,358.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	648,726.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	53,736.			
10	Payroll taxes	67,832.			
11	Fees for services (non-employees)				
	Management				
	Legal	184,566.			
	Accounting				
	Lobbying.			· · · · · · · · · · · · · · · · · · ·	
	Prof fundraising svcs. See Part IV, In 17			18 A 11 A 12 A 14	
	Investment management fees				
ç	Other	22,481.			
	Advertising and promotion				
13	Office expenses	14,469.			
14	Information technology				
15	Royalties				
.16	Occupancy				
17	Travel	60,074.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,925.			
20	Interest	0.05 0.00			
21	Payments to affiliates	235,832.		·	
22	Depreciation, depletion, and amortization	63,395.			
23 24	Insurance Other expenses. Itemize expenses not	32,475.		La seconda de	
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
a	INFORMATION & PUBLIC RELATIONS	160,968.			
I	PROGRAM AWARDS & COUNCIL	55,158.			
	GOVERNMENT AFFAIRS	50,230.			
(POSTAGE AND SHIPPING	47,557.			
(PRINTING AND PUBLICATIONS	40,700.			
1	All other expenses	128,955.	· · · · · · · · · · · · · · · · · · ·		
_25	Total functional expenses. Add lines 1 through 24f	2,326,126.			
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
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Form 990 (2009) OREGON FARM BUREAU FEDERATION Part X Balance Sheet

93-0242330

Page 11

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			91,657.	1	70,900.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			36,870.	4	35,695.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part				5	
	6	Receivables from other disqualified persons (as defin					
۸		and persons described in section 4958(c)(3)(B). Com				6	
ŝ	7	Notes and loans receivable, net			34,500.	7	34,500.
A S S E T S	8	Inventories for sale or use				8	
ś		Prepaid expenses and deferred charges			2,600.	9	5,225.
	10 a	Land, buildings, and equipment: cost or other basis.	10a	2,467,780.			
		Complete Part VI of Schedule D					
•	b	Less: accumulated depreciation	10b	817,146.	1,701,278.	1 0 c	1,650,634.
	11	Investments – publicly-traded securities			5,389,270.	11	6,394,871.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.		· · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			913,414.	15	525,575.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		8,169,589.	16	8,717,400.
	17	Accounts payable and accrued expenses				17	95,805.
	18	Grants payable				18	•
	19	Deferred revenue		••••••••••••	332,765.	19	249,462.
Ī	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability. Complete Part I				21	
I I T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	sons. Co	omplete Part II			
I E S		of Schedule L				22	·
s	23	Secured mortgages and notes payable to unrelated the				_23	
	24	Unsecured notes and loans payable to unrelated third				24	·
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			438,198.	26	345,267.
NET		Organizations that follow SFAS 117, check here ►	X and	complete lines			
	07	27 through 29 and lines 33 and 34.					
ANNET	27 28	Unrestricted net assets		· · <i>·</i> · · · · · · · · · · · · · · · ·	7,731,391.	27	8,372,133.
Š	_20 29	Temporarily restricted net assets		28			
0 R	29	Permanently restricted net assets		· · · · ·	And the local section of the section	29	
		Organizations that do not follow SFAS 117, check he	re 🕨	and complete			
FUZD	20	lines 30 through 34.					
	30 21	Capital stock or trust principal, or current funds.				30	
Ā	31 22	Paid-in or capital surplus, or land, building, and equip				31	
Ā	32	Retained earnings, endowment, accumulated income,				32	
BALAZOWN	33 24	Total net assets or fund balances.			7,731,391.	33	8,372,133.
5	34	Total liabilities and net assets/fund balances			8,169,589.	34	8,717,400.

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Form 990 (2009)

Form 990 (2009) OREGON FARM BUREAU FEDERATION	93-0242330	Pa	ige 12
Part XI Financial Statements and Reporting			
		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		Х
b Were the organization's financial statements audited by an independent accountant?	2h	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both:	e issued on a		·
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Audit Act and OMB Circular A-133?,	n the Single 3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit		

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Form 990 (2009)

	HEDULE D					OMB No	. 1545-0047		
(Fo	orm 990)		Supplemental Financial Statements ► Complete if the organization answered 'Yes,' to Form 990,)09		
Depa	rtment of the Treasury nal Revenue Service	Complete	Part IV, lines 6, 7, 8, 9, 10, 11, or 12.	Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ch to Form 990. ► See separate instructions					
-	of the organization	* Au	ach to Porni 990. P See Separate Instructi	ons	Employer id	Inspec lentification r			
OR	EGON FARM BU	REAU FEDERATION							
			·		93-024				
Pa	the organizati	ions Maintaining Dono zation answered 'Yes' t	r Advised Funds or Other Similar F o Form 990, Part IV, line 6.	unds or Acco	ounts Co	omplete	if		
1	Total number at a	end of year	(a) Donor advised funds	(b) F	unds and o	other acco	unts		
2		putions to (during year)		· · · ·	•				
3		from (during year)					1		
4		at end of year					· · · · ·		
5	funds are the orga	anization's property, subject	nor advisors in writing that the assets held i to the organization's exclusive legal control	?		Yes	No		
. 6	Did the organizati used only for cha purpose conferrin	ion inform all grantees, dono ritable purposes and not for a impermissible private bene	rs, and donor advisors in writing that grant the benefit of the donor or donor advisor or efit??	funds may be for any other	[Yes	No		
Pa	rt II Conservat	ion Easements Comple	ete if the organization answered 'Ye	s' to Form 99	0 Part I				
1			y the organization (check all that apply).		0,1 01(1	<u>v; into ;</u>	<u> </u>		
	Preservation	of land for public use (e.g., r	ecreation or pleasure)	on of an historica	ally importa	ant land a	rea		
		natural habitat	Preservatio	on of certified his	storic struc	ture			
2		of open space through 2d if the organizati	on held a qualified conservation contribution						
-	last day of the tax	(year.			a conserva	tion easer	nent on the		
	Total number of a	opponietion accomente	·····		Held at th	e End of t	he Year		
			ments						
			fied historic structure included in (a)						
			n (c) acquired after 8/17/06						
3	Number of conser	vation easements modified,	transferred, released, extinguished, or term	inated by the org	ganization	during the	tax		
	year ►								
4			onservation easement is located ►	<u> </u>					
5	Does the organiza and enforcement	ation have a written policy re of the conservation easemer	garding the periodic monitoring, inspection, it holds?	handling of viola	ations,	Yes	No		
6	Staff and voluntee during the year	er hours devoted to monitoring	ng, inspecting, and enforcing conservation e	easements		105			
7	Amount of expense	ses incurred in monitoring, ir	nspecting, and enforcing conservation easer	nents			-		
	during the year			\$			-		
8	170(h)(4)(B)(i) an	d 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of			Yes	No		
9	conservation ease	ble, the text of the footnote f	conservation easements in its revenue and ex to the organization's financial statements th	at describes the	organizatio	on's accou	nd Inting for		
Pai	t III Organizat Complete	ions Maintaining Colle if the organization answ	ctions of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, Iii	or Other Sim	ilar Ass	ets			
	the text of the foo	r similar assets held for publit Inote to its financial stateme	SFAS 116, not to report in its revenue stat lic exhibition, education, or research in furth ents that describes these items.	erance of public	service, p	rovide, in	Part XIV,		
ł	amounts relating	to these items:	SFAS 116, to report in its revenue statemet lic exhibition, education, or research in furth				istorical following		
	(i) Revenues inc	luded in Form 990, Part VIII,	line 1	• • • • • • • • • • • • • • • • • • • •	►\$_				
2	in the organization amounts required	to be reported under SFAS	rt, historical treasures, or other similar asse 116 relating to these items:	ts for financial g	ain, provid	le the follo	wing		
i i I	Assets include included inc	u in Form 990, Part VIII, line 1 Form 990, Part X	1	• • • • • • • • • • • • • • • • • • • •	►\$	-			
				· · · · · · · · · · · · · · · · · · ·	•ిఫ_				

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

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 OREGO Part III Organizations Maintai					or Other :	93-024 Similar Ass		ontínu	Page 2 Ied)
3 Using the organization's acquisition items (check all that apply):									
a Public exhibition			d 🗌 Loan	or exchange programs					
b Scholarly research			e Other						
c 🗌 Preservation for future genera	ations					·			
4 Provide a description of the organ Part XIV.									
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or ather than to	r receive be mair	donations of ar tained as part o	t, historical treasures, of the organization's co	or other since of the other since of the other series of the other	milar	Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangen unt on For	nents (m 990,	Complete if o Part X, line	rganization answe	ered 'Yes	' to Form 99	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	an, or oth	ner intermediary	for contributions or ot	ther assets	not	Yes	Γ	No
b If 'Yes,' explain the arrangement								· L	
			10 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	5		,	Amoun	t	
c Beginning balance				·	1c				
d Additions during the year					1d				· · · · · ·
e Distributions during the year					1e				
f Ending balance									
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?				Yes	Γ	No
b If 'Yes,' explain the arrangement									
Part V Endowment Funds Cor			ation answer	ed 'Yes' to Form 9	90, Part	IV, line 10.			
· · · · ·	(a) Current	t year	(b) Prior year	(c) Two years bad	ck (d) T	hree years back	(e)	our year	s back
1a Beginning of year balance									
b Contributions			•						
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance , [
2 Provide the estimated percentage	of the year	end bala	nce held as:						Salah II. I hawaya
a Board designated or quasi-endow	ment ►		%						
b Permanent endowment	8							,	
c Term endowment	%				•				
3a Are there endowment funds not ir organization by:								Yes	No
(i) unrelated organizations							3a(i)		
(ii). related organizations	· · · · · · · · · · · · · · · · · · ·		••••••		•••••••		3a(ii)		
b If 'Yes' to 3a(ii), are the related o						•••••	3b		
4 Describe in Part XIV the intended					(line 10				
Part VI Investments-Land, Bu Description of investment					1		<u> </u>		<u> </u>
1a Land			or other basis vestment)	(b) Cost or other basis (other)	(C) Acc Depr	umulated eciation	(d) E	Book Va	alue
b Buildings.			252 606			715 272		<u> </u>	212
c Leasehold improvements		Z	,353,686.			715,373.	1	, 638,	,313.
d Equipment			114,094.	· · · · · · · · · · · · · · · · · · ·		101,773.		10	201
e Other			±±=,024.			101,773.		,	,321.
Total. Add lines 1a through 1e (Column		ual Form	n 990 Part X c	olumn (B) line 10(a)	<u></u>		1	650	,634.
BAA	<u> </u>	1991 1 011							034.

Schedule D (Form 990) 2009

990) 2009	OREGON	FARM	BUREAU	FEDERATION	

Schedule D (Form 990) 2009 OREGON FARM BURN		93-02	42330 Page 3
Part VII Investments-Other Securities See	Form 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
Financial derivatives	•••		
Closely-held equity interests	••••		
Other			
			· · · · · · · · · · · · · · · · · · ·
	[
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (Se	e Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	· · ·	Cost or end-of-year ma	rket value
			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			······
			·. ·· ·· ·· ·· ··
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		······································	
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	•		
Part IX Other Assets (See Form 990, Part	X, line 15)		
	Description		(b) Book value
CASH HELD IN INVESTMENT ACCOUNT			309,985.
CD'S HELD IN INVESTMENT ACCOUNT	· · · · · · · · · · · · · · · · · · ·		197,128.
INTEREST RECEIVABLE	·	•	18,462.
· · · · · · · · · · · · · · · · · · ·			
	· · · · ·		
		·····	•
Total. (Column (b) must equal Form 990, Part X, col.(E	3) line 15)		525,575
Part X Other Liabilities (See Form 990, Part X		·····	5267676
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
	· · · · · · · · · · · · · · · · · · ·		
	· · ·		
·			
	· · ·		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

2. FIN 48 Footnote. In Part XIV, 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.

►

	dule D (Form 990) 2009 OREGON FARM BUREAU FEDERATION		93	3-02423	30	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to F					
1	Total revenue (Form 990, Part VIII,column (A), line 12)				2,316,	738.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2,326,	126.
. 3	Excess or (deficit) for the year. Subtract line 2 from line 1				-9,	388.
4	Net unrealized gains (losses) on investments				650,	130.
5	Donated services and use of facilities					
6	Investment expenses			[
7	Prior period adjustments					
8	Other (Describe in Part XIV)					
9	Total adjustments (net). Add lines 4 through 8				650,	130.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3					742.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per R	eturn	· .	
1	Total revenue, gains, and other support per audited financial statements			1	3,101,	478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_ / /	
2	Net unrealized gains on investments.	2a	650,130.			
	Donated services and use of facilities					-
	Recoveries of prior year grants					
	Other (Describe in Part XIV).					
	Add lines 2a through 2d.			2e	650	130.
3	Subtract line 2e from line 1			3	2,451,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				2,431,	540.
	Investments expenses not included on Form 990, Part VIII, line 7b	12				
ŀ	Other (Describe in Part XIV)SEE. PART XIV.	4b	-134,610.			
	Add lines 4a and 4b					610
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).				-134,	
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	nte Witl	Expenses per	Poturn	2,316,	138.
1	Total expenses and losses per audited financial statements				2 460	726
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••	•••••••		2,460,	130.
	Donated services and use of facilities	2a				
	Prior year adjustments.					
	Other losses					
	Other (Describe in Part XIV) SEE . PART. XIV.		104 (10			
			134,610.			
3	Add lines 2a through 2d .			2e		610.
	Subtract line 2e from line 1		••••••••••••••••	3	2,326,	126.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investments expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIV)	Law Income				
	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.). XIV Supplemental Information	<u></u>	<u></u>	5	2,326,	126.
Fdi						
iine 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa ; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a nation.	art III, line and 4b. Al	s 1a and 4; Part IV so complete this pa	, lines 1b art to prov	and 2b; Part ide any addit	V, ional
					·	
			_,		·	
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Schedule D (Form 990) 2009				
Part XIV Supplemental	Informat	ion (co	ontinued)	

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93-0242330 Page 5

SCHEDULE D, PART XII, LINE 48 GROSS TEMANT RENTAL EXPENSES		OF	EGON FARM BUR	REAU FEDERATION	· · · · · · · · · · · · · · · · · · ·	93-0242330
GROSS TENANT RENTAL EXPENSES \$ -134,610. TOTAL \$ -134,610. SCHEDULE D, PART XIII, LINE 2D -134,610. OTHER EXPENSES AND LOSSES PER AUDITED F/S	SCHEDULE D. PAR	RT XIL LINF 4B		· .		
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S						
	GROSS TENANT RE	ENTAL EXPENSES		······	<u>\$</u> TOTAL <u>\$</u>	-134,610. -134,610.
				· · · · · · · · · · · · · · · · · · ·		
RENTAL EXPENSES PART VIII LINE 6B $\frac{5}{134,610}$.	SCHEDULE D, PAR OTHER EXPENSES	RT XIII, LINE 2D S AND LOSSES PI	ER AUDITED F/S			
	RENTAL EXPENSES	S PART VIII LIN	NE 6B		<u>\$</u> TOTAL <u>\$</u>	134,610.
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	Organizations and	anizations and Unrelated Partnerships	erships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Name of the organization	 Complete it the organization answered tes to Form 390, Fart IV, intes 33, 34, 39, 30, 01 37. Attach to Form 990. See separate instructions. 	Form 990, Part IV, intes separate instructions.	: 33, 34, 39, 30, 01 37.	Employer identification number	Open to Fublic Inspection ication number
OREGON FARM BUREAU FEDERATION				93-0242330	30
Part I Identification of Disregarded Entities (Complete if the	Ð	organization answered 'Yes' to Form	990, Part IV, line	33.)	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	$1 \smile 1$	Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	d 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(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
OREGON AGRICULTURAL EDUCATION FOUNDATION 3415 COMMERCIAL STREET SE, STE 117					
	AGRICULTURAL EDUCATION	OR	501 (C) 3		N/A
OREGON AGRICULTURAL LEGAL FOUNDATION 3415 COMMERCIAL STREET SE, STE 117					
SALEM, OR 97302 93-1132845	AGRICULTURAL LEGAL SERVICES	OR	501 (C) 3		N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	istructions for Form 990.	TEE	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

Schedule R (Form 990) 2009	OREGON FARM BUREAU		FEDERATION					6	93-0242330	Page 2
Part III because it had one or more related organizations	Identification of Related Organizations Taxable a because it had one or more related organizations	nizations ated orga	Taxable a	is a Partnership (Complete if the organization treated as a partnership during the tax year.)	olete if the orga ip during the ta	inization answ ix year.)	answered 'Yes'	to Form 9	to Form 990, Part IV, line 34	ne 34
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign		(E) Predominant income (related, unrelated, excluded from fax inder	Share of total income	ome Share of end-of-year assets		(H) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(J) General or managing partner?
		country)		sections 512-514)				Yes No	(Form 1065)	Yes No
						-				•
		-								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
		,								
Part IV Identification of Related Organizations Taxable a line 34 because it had one or more related organi	dentification of Related Organizations Taxable a ine 34 because it had one or more related organi	rizations nore relat	Taxable as a C ed organizatior	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	ust (Complete i prporation or tru	t the organization the	tion answ∈ tax year.)	ered 'Yes'	to Form 990, F	art IV,
(A) Name, address, and EIN of related organization	A) N of related organiz	zation	(B) Primary Activity	/ Legal domicile Direct (state or foreign controlling entity country)	Direct Direct controlling entity (0	Type of entity Scorp, S	(F) Share of total income		(G) Share of end-of-year assets	r Percentage ownership
OREGON FARM BUREAU PAC 3415 COMMERCIAL STREET S	<u></u>		-							
SALEM, OR 97302		 	POLICITAL	OR	N/A	C CORP		0.	0	
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			1 1							
			-1						-	
BAA				TEEA5002L 02/0	02/05/10				Schedule R (Form 990) (2009)	n 990) (2009)

Schedule R (Form 990) 2009 OREGON FARM BUREAU FEDERATION	93-0242330 Page :
Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35,	or 36.)
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes No
During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a X 7 h Y
c Gift. grant, or capital contribution from other organization(s)	
d Loans or loan guarantees to or for other organization(s).	×
e Loans or loan guarantees by other organization(s)	1e X
f Sale of assets to other organization(s).	
h Exchange of assets	
Lease of facilities, equipment, or other assets to other organization(s)	1i X
Lease of facilities equipment or other assets from other organization(s)	1i X
k Performance of services or membership or fundraising solicitations for other organization(s).	X
Performance of services or membership or fundraising solicitations by other organization(s)	
m Sharing of facilities, equipment, mailing lists, or other assets	1m X 1n X
o Reimbursement paid to other organization for expenses	10 X
q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) r Other transfer of cash or property from other organization(s).	1r X
s for information on who must complete this line, including covered relationships	
(B) Name of other organization type (a-r)	on Amount involved
(1) OREGON AGRICULTURAL EDUCATION FOUNDATION	34,500
(2) OREGON AGRICULTURAL EDUCATION FOUNDATION K	. 12, 697
(3) OREGON AGRICULTURAL EDUCATION FOUNDATION	804.
(4) OREGON AGRICULTURAL EDUCATION FOUNDATION	8,600
(5) OREGON AGRICULTURAL EDUCATION FOUNDATION	3,026.
иотвелитот теорг теорг	

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)	ership (Complet	e if the organiza	tion answer	ed 'Yes' to Form 9	90, Part IV	, line 37.)		ר ה ל
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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ship through which trian inding exclusion for c	the organization concertain investment pa	ducted more th rtnerships.	an five percent of its a	ctivities (me	asured by total asset o	or gross	
Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No		Yes	No
			•					
	-							
		•						
	•							
						·		
						-		
	-						- -	
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Page 4

93-0242330

Schedule R (Form 990) 2009 OREGON FARM BUREAU FEDERATION

Part V Continuation of Transactions With Related Organizati	Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	n 990), Part V, line 2)		
	(A) Name of other organization		(B) Transaction type (a-r)	(C) Amount involved
OREGON FARM BUREAU PAC			К	24,568.
		•		
			-	
BAA	TEEA5105L 07/06/09		Schedul	Schedule R-1 (Form 990) 2009

SCHEDULE O	Supplemental Information to Form 990		OMB No. 1545-0047
(Form 990)			2009
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or to provide any additional information. Attach to Form 990.	on	Open to Public Inspection
Name of the organization		Employer identific	ation number
OREGON FARM BU	REAU FEDERATION	93-024233	80
FORM 990, PA	RT VI, LINE 11 - FORM 990 REVIEW PROCESS		
DRAFT_990_E	-MAILED_TO_BOARD_OF_DIRECTORS_BUDGET_COMMITTEE_FOR_P	PPROVAL_P	RIOR TO
FINALIZING_	THE RETURN.	· --	
FORM 990, PA	RT VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM		
ANNUAL SIGN	ED FORM SPECIFYING CONFLICTS OF INTEREST IS REQUIRED	OF ALL D	IRECTORS AND
OFFICERS	BOARD MEMBERS HAVING CONFLICT OF INTEREST WILL RECUS	E THEMSEL	VES_FROM
RELATED_MAT	TERS. NO CONFLICTS HAVE BEEN NOTED.		
FORM 990, PA	RT VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFIC	ERS & KEY EMPLOYEES
INDEPENDENT	BOARD OF DIRECTORS REVIEWS COMPENSATION FOR MANAGEM	ENT, OFFI	CERS, AND
KEY EMPLOYE	ES ANNUALLY, WITH ATTENTION GIVEN TO COMPARABLE POSI	TIONS. B	OARD
APPROVES MA	NAGEMENT, OFFICERS, AND KEY EMPLOYEE COMPENSATION.	_	
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV		
GOVERNING D	OCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MAD	E AVAILAB	LE_UPON
REASONABLE	REQUEST AT THE OFFICES OF THE ORGANIZATION. FORM 99	0 IS AVAI	LABLE ON
GUIDESTAR.			
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
OREGON FARM BUREAU FEDERATION	93-0242330
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	orm 990-T	Ex	empt Organization B				x Retur	n	L	OMB N	lo. 1545-0687
F	orm 330-1	For c	and proxy tax u) (and proxy tax u) alendar year 2009 or other tax y	year b	eginning $11/0$			2009,		2	009
Depa	rtment of the Treasury al Revenue Service (77)		and ending $10/$			10			-	Open to Pu	blic Inspection for
	and the second		► See sepa	arate i	nstructions.		91 A				blic Inspection for rganizations Only
Α	Check box if address changed		ODECON FADM DUDEAU						D Ei (E	nployer ide mployees'	ntification number trust, see or Block D.)
	Exempt under section	Print	OREGON FARM BUREAU 3415 COMMERCIAL STR				•				
	X 501(C)(5)	or Type	SALEM, OR 97302		#11/			ł		3-024	
	408(e) 220(e 408A 530(a	,							cc	des (See in	siness activity nstructions for
	529(a)									ock E.) .10000	
С	Book value of all assets at end of year	F Grou	p exemption number (See instr	uction	s for Block E)	►			L	.10000	· · · · · · · · · · · · · · · · · · ·
			k organization type X				(c) trust	40	1(a)	trust	Other trust
H			y unrelated business activity.		y				r (d)		other trust
►	PUBLICATION-AD	VERTISI	NG								
I	During the tax year, wa	as the corpo	pration a subsidiary in an affilia	ted gr	oup or a parent-	subsidi	ary controlle	ed grou	?q	. ► 🗍	Yes X No
			fying number of the parent corp	poratio	on ►						· · · ·
	The books are in care of					T	elephone nur	nber 🕨	50	3-399	-1701
	t I Unrelated T		Business Income		(A) Incom	e	(B) Ex	oenses		•	(C) Net
	Gross receipts or sal										
	Less returns and allowance				·						
			line 7)	2							
3			n line 1c	3 4a							······································
			7) (attach Form 4797)	4a 4b					n de de las		
				40 4c					n dia Generation		
	Income (loss) from p	artnerships	and S corporations	40							
	(attach statement)		••••••••••••	5							*
6			• • • • • • • • • • • • • • • • • • • •	6							
7			(Schedule E)	7							
0	organizations (Sched	ule F)	d rents from controlled	8							
9			, (9), or (17) organization (Sch G)	9							
10			e (Schedule I)	10							
11	Advertising income (Schedule J)		11	69,	625.		97,4	15.		-27,790.
12	Other income (See in	structions;	attach schedule.)								
		· · · · · · · · · · · · · · · · · · ·		12							
			2	13		625.	<u> </u>	97,4	15.		-27,790.
Par	(Except for	NOT LAKE	en Elsewhere (See instructions, deductions must be	direc	s for limitation	is on I with	deduction	IS.) atod k	auci	aocc in	como)
14.			ors, and trustees (Schedule K).								come.)
15									<u>14</u> 15		
16			•••••••						15 16		······
17			• • • • • • • • • • • • • • • • • • • •						17		
18			· · · · · · · · · · · · · · · · · · ·						18		
19			•••••••••••••••••••••••••••••••••••••••						19		
20			structions for limitation rules.)						20		
21											
22			hedule A and elsewhere on ret						22 b		• •
23	Depletion		······		••••••				23		
24	Contributions to defe	rred compe	nsation plans				• • • • • • • • • • • • • •	· · · · · [24		
25	Employee benefit pro	grams	•••••••		· · · · · · · · · · · · · · · · · · ·			····[25		
26			dule I)						26		
27 28	Lexcess readership co	sts (Sched	ule J)	• • • • • •	·····	. <i>.</i>	•••••••	····-	27		
28 29			ıle) hrough 28						28 29		<u> </u>
30			me before net operating loss de						29 30		-27,790.
31			nited to the amount on line 30).						31		
32	Unrelated business ta	axable inco	me before specific deduction. S	Subtra	ct line 31 from lir	ne 30, .		[32		-27,790.
33	Specific deduction (C	enerally \$1	,000, but see line 33 instruction	ns for	exceptions)			[33		
34	Unrelated business t	axable inco	ome. Subtract line 33 from line	32. lf	line 33 is greate	r than	line 32, ente	er	24		-27 700
			Deduction Act Nation and incl		<u></u>				34		-27,790.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

TEEA0205L 01/08/10

Form 990-T (2009)

Form	88	68
(Rev Ar	oril 2009	3)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only > X

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Time or	Name of Exempt Organization	Employer identification number
Type or print	OREGON FARM BUREAU FEDERATION	
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions.	93-0242330
due date for filing your return. See		
return. See instructions.	3415 COMMERCIAL STREET #117 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SALEM, OR 97302	
Checkture		
Form 99	of return to be filed (file a separate application for each return):	
Form 99		
Form 99		
Form 99	0-PF Form 1041-A Form 88	70
The heat		
	s are in the care of . CANDACE SEAL	
T - 1		
	e No. ► 503-399-1701 FAX No. ► 503-399-8082	
	ganization does not have an office or place of business in the United States, check this box	
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	is box . ▶ 🔲 . If it is for part of the group, check this box . ▶ 🗌 and attach a list with the names :	and EINs of all members
	nsion will cover.	
	est an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	9/15, 20 <u>11</u> , to file the exempt organization return for the organization named above.	
The ex	tension is for the organization's return for:	
	calendar year 20 or	
×X	tax year beginning $11/01$, 20 09, and ending $10/31$, 20 10.	
2 If this	tax year is for less than 12 months, check reason:	Change in accounting period
3a If this nonret	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any undable credits. See instructions	. 3a\$ 0.
made.	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments Include any prior year overpayment allowed as a credit.	. 3b \$ 0.
c Balan depos	c e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
	structions	. 3c \$ 0.
Caution. If payment ins	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo structions.	rm 8879-EO for
BAA For P	rivacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)

		REGON FARM BUREA	U FEDERATION				-0242330	Page 2
	III Tax Com							
35	Organizations Tax	cable as Corporations. S	ee instructions for tax c	omputation.				
	Controlled group n	nembers (sections 1561	and 1563) check here 🕨	· 🗍 . See ins	tructions and	·		
a	Enter your share c	of the \$50,000, \$25,000,	and \$9.925.000 taxable	income bracke	ets (in that or	der):		
	(1) \$	(2)		3) \$				
h		's share of: (1) Additiona	V		<u>रि</u>			
~		ax (not more than \$100,						
								0
		amount on line 34					35 c	0.
50		Trust Rates. See instruc						
	on line 34 from:	Tax rate schedule o					36	
		tructions					37	
38	Alternative minimu	um tax	· · · · · · · · · · · · · · · · · · ·				38	
39	Total. Add lines 37	7 and 38 to line 35c or 36	5, whichever applies				39	0.
Part	IV Tax and F	ayments			<u> </u>			
		(corporations attach Forr	n 1118: trusts attach Fo	rm 1116)	40 a			
		instructions)						
		credit. Attach Form 3800						
						· · · · · · · · · · · · · · · · · · ·		
		ar minimum tax (attach F						
e	Total credits. Add	lines 40a through 40d	• • • • • • • • • • • • • • • • • • • •	•••••••••••••	• • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	40 e	0.
41	Subtract line 40e f	rom line 39	· · · · · · · · · · · · · · · · · · ·		·····	• • • • • • • • • • • • • • • • • • • •	41	0.
42	Other taxes. Check	k if from: 🗌 Form 425	5Form 8611.	Form 8697	Form 886	6		
		schedule)					42	
43	Total tax. Add line	s 41 and 42					43	0.
		08 overpayment credited					Consideration Not the second	
		payments				•		
		Form 8868						
		ons: Tax paid or withheld						
		g (see instructions)						. •
					44 e			
•		payments: Fo	rm 2439			•		
	Form 4136	Ot	her	_ Total 🏲	44f			
45	Total payments. A	dd lines 44a through 44f.	: • • • • • • • • • • • • • • • • • • •				45	0.
46	Estimated tax pena	alty (see instructions). C	heck if Form 2220 is atta	ached		▶ 🗌	46	
47		is less than the total of					47	
48		ne 45 is larger than the t						<u> </u>
		of line 48 you want: Cred						
		51 life 48 you want. Cred	uned to zo to estimated		······································	Refunded ►	49	
Part	V Stataman	to Dogoveling Contai	n Astivities and Ot		Hann (-	
Party and a second		ts Regarding Certai						······································
1	At any time during	the 2009 calendar year,	did the organization ha	ve an interest	in or a signat	ure or other au	thority over a	Yes No
	financial account (ba	ank, securities, or other) ir	a foreign country? If YES	S, the organizat	ion may have t	to file Form TD F	90-22.1,	
	Report of Foreign Ba	ank and Financial Account	s. If YES, enter the name	of the foreign of	ountry here	>		X
2		r, did the organization re			-		- <u></u>	. X
-	If VES soo the inc	structions for other forms	the excepted in more		grantor or, o		a foreign trust:	
				• •		_		
		of tax-exempt interest re			►ş	0.		
Sch	<u>edule A – Cost</u>	of Goods Sold. Ente	er method of inventory v	aluation 🕨				
່ 1	Inventory at beginn	ning of year	1	6 Inve	entory at end	of year	6	
2	Purchases		2					
3			3	/ COS	t of goods so 6 from line 5	Enter here		
-						2	7	
4a	Additional section 263A	costs (attach schedule)					h	Yes No
			4a					
b	Other costs (attach sch)		4b			ection 263A (with	th respect to or resale) apply	
5	Total. Add lines	Dougo AD. Tom. I	/5	to t	ne organizatio	n?	i resale) apply	X
	Under penalties	of perjury, I declare that have a	wamined this return, including a ther than taxpayer) is based on	ccompanying sched	lules and statemer	nts, and to the best of	of my knowledge and b	
Sigr	correct, and com	nplete. Declaration of preparer (p	ther than taxpayer) is based on					
Here	e 🕨 🔤			E	XECUTIVE	DIRECTOR	May the IRS discuss t the preparer shown b	his return with
	Signature of	f officer	Date	, Tit	le		instructions)? X Y	
<u> </u>		<u> </u>	0 0 0 0 0	 	ate /	Ob1-11	Preparer's SSN	
Paic		► Lm/+	my CPA		7/9/201	Check if self-		
Pre-		- 0 v c			110/0011	employed	X P0043257	11
pare						EIN 93-	1157146	
Use	employed),	▶ <u>1618 SW FIRST</u>	AVENUE, SUITE	215			• •	
Only	Address, and ZIP code	PORTLAND, OR	97201			Phone no.	(503) 222	2-3338
	······					1		

Form 990-T (2009) OREGON FARM BUREAU FEDERATION

93-0242330

Page 3

Schedule C – Rent Inco	me (From Real P	roperty and	d Perso	nal Property	Leas	sed With Rea	al Prop	erty) (see instructions)	
1 Description of property									
(1)									
(2)									
(3)			·					·	
(4)	2 Rent received	or occrued							
(a) From personal pe						3(a) Dec	luctions (directly connected	
(a) From personal properties (if the percentage of rent property is more than not more than 50	for personal 10% but 1%)	(if the personal p if the rent is	eal and pe percentage property e based on	rsonal property e of rent for xceeds 50% or profit or incom	e)	with the inc	ome in c	schedule)	
(1)								· · · · · · · · · · · · · · · · · · ·	
(2)									
(3) (4)		. <u></u>				-			
Total	Tot							·	
(c) Total income. Add totals of here and on page 1, Part I, line	columns 2(a) and 2	h) Enter				(b) Total deducting there and on page	1. Part		
Schedule E – Unrelated			instructio			I, line 6, column (B)	· · · · ·	
<u>oonoune onicialea</u>	Debt-I manceu I	income (see	Instructio	15)	300		ky connor	ted with or allocable to	
1 Description of de	ebt-financed property	4	or al	income from locable to inced property		debt-	financed	property	
			ucbt-iniz	inced property	depr	(a) Straight line eciation (attach	sch)	(b) Other deductions (attach schedule)	
(1)		••••••••••••••••••••••••••••••••••••••							
(2)									
(3)									
(4)		·····							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)					reportable		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		· · · · · · · · · · · · · · · · · · ·		0/0			· .		
(2)				00					
(3)				00	_				
(4)				0\0					
Totals					Enter Part I	here and on pa , line 7, column	age 1, En I (A). Pa	iter here and on page 1, irt I, line 7, column (B).	
Totals Total dividends-received dedu	ctions included in co		•••••			······································	-		
Schedule F – Interest, A	nnuities, Rovalti	es, and Re	nts from	Controlled	Oras	nizations (a	o inctru	ational	
		Exempt Cont			orga			cuons)	
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unre income ((see instru	(loss) payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)									
(2)									
(3)	<u>.</u>							· · · · · · · · · · · · · · · · · · ·	
(4) Nonexempt Controlled Organiza	ations		ŀ						
7 Taxable Income	8 Net unrelated	9 Total of	specified	10 Part of	Ecolur	nn Q that is	11	Doductions divostly	
· · ·	income (loss) (see instructions)	payments made in		included	10 Part of column 9 that is included in the controlling organization's gross income		11 Deductions directly connected with income in column 10		
(1)				_					
(2)						· · · ·			
(3) (4)				· · · · ·				1	
(7)			· · · · · · · · · · · · · · · · · · ·	Add columns	5 00	d 10 Entor	۸ طرط م - ۱	umpe C and 11 Eater	
				here and on	page	1, Part I, line	here an	umns 6 and 11. Enter id on page 1, part I, line	
Totals				8, column (A	v).		8, colur	mn (B).	
	<u> </u>	<u></u>							

BAA

Form 990-T (2009) OREGON FARM Schedule G – Investment Inco) or (17) Orea	nization ()	93-02	242330	Page 4	
1 Description of income	2 Amount of inc	ome 3 direc			4 Set-asides (attach schedule)		ns) 5 Total deductions and set-asides (column 3 plus column 4)	
(1)								
(2)								
(3)	*							
(4)	±//		·					
	Enter here and on Part I, line 9, colur	page 1, nn (A).				Enter her Part I, lir	re and on page 1, ne 9, column (B).	
Totals ►								
Schedule I – Exploited Exemp		ne, Other Tha	n Advertising	Income (see ins	struction	s)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attribu	benses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)								
(2)					·			
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).					Enter here and on page 1, Part II, line 26.	
Totals	>							
Schedule J – Advertising Inco			-					
Part I Income From Periodi	cals Reported	on a Consolic	lated Basis				· • • • • • • • • • • • • • • • • • • •	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation		dership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)OREGON AGRICULTURE	69,625.	97,415.			-			
		-						
(4)								
Totals (carry to Part II, line (5))	69,625.	97,415.	-27,790.					
Part II Income From Periodi through 7 on a line-by-line	cals Reported	on a Separate	Basis (For each	periodical listed	in Part I	l, fill in co	olumns 2	
	2 Gross	3 Direct	4 Advertising gain or		[7 Excess readership	
1 Name of periodical	advertising income	advertising costs	(loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		dership osts	costs (column 6 minus column 5, but not more than column 4).	
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	. 69,625.	97,415.						
	Enter here and on page 1, Part I, line 11,	Enter here and on page 1, Part I, line 11,					Enter here and on page 1,	
	column (A).	column (B).					Part II, line 27.	
Totals, Part II (lines 1-5)	69,625.	97,415.					•	
Schedule K – Compensation	of Officers. Dire	ctors. and Tr	ustees (see instr	ructions)	and states and states and	<u>and an </u>	L	
1 Name			2 Title	to business		Compensation attributable to unrelated business		
		•			%			
			•		8		·	
					0/0			
					0,0			

•

20	no.
20	03

FEDERAL SUPPORTING DETAIL

OREGON FARM BUREAU FEDERATION

93-0242330

OREGOI OREGOI	N FARM BURI N AGRICULTU	EAU NEWS JRE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		\$ DTAL <u>\$</u>	50,338. 47,077. 97,415.
STMT. OTHER	OF FUNCTIO	NAL EXPENSES (990)					
INFORM	IATION TECH	INOLOGY				-	10,992. 6,489. 5,000.
			· · · · · · · · · · · · · · · · · · ·		TC	DTAL <u>\$</u>	22,481.
							Ŷ
					• • • • •		· · · ·
				:			
	•						

		990	[1	OMB No	. 1545-00	147
	Form	330		Return o Under sect	•			From Inco Internal Reve ate foundatio			1.2224	20	008	
Dep Inter	artment of rnal Reven	the Treasury ue Service		► The organization							Оре	en to Pul	blic Ins	pection
			dar year,	or tax year begi				8, and ending	• ,		Loop (All	. 2009))	a constanting the set
В	Check if a Addr Nam Initia		Please use IRS label or print or type. See specific Instruc- tions.	OREGON FAI 3415 COMM SALEM, OR	RM BUREA ERCIAL S	U FEDERA	TION			E Telepho	0242	ification N 330	umber	
	Ame	nded return	_							G Gross r			<u>,891,</u>	264.
	Appl	ication pending		and address of princip	al officer:					s a group retur 11 affiliates incl		iliates?	Yes	X No
1		xempt statu		AS C ABOVE	(incention)		7(+)(1)		• •	,' attach a list.		structions)	Yes	No
<u>ו</u> ן				ONFB.ORG	(insert no.)	494	7(a)(1) or	527		p exemption nu	mbar I	•		
ĸ		organization:	X Corpora		Association	Other ►		Year of Formati				legal domic	ile: OR	
	art I	Summa	ويستعيث ويستعط وكالت		7.5500141011	ould			. <u> </u>			legal domic		
Activities & Governance	2 C	50,000 M COORDINA CONOMIC heck this bo	EMBERS	ganization's mis <u>WITH</u> ISSU TIVITIES ESTS_OF_F7 if the organizati bers of the gove	JES_CONCH DF_MEMBER ARMERS on discontinu	ERNING_T R_COUNTY ued its opera	HE_FARM FARM_B	<u>FARM</u>H <u>UREAUS</u>	<u>OME</u> , _ AND_ P	AND_RUE ROMOTEI 25% of its	AL (ED)	COMMUI	NITIE	<u>ls;</u>
ъ С				it voting membe							4			22
vitie	5 T	otal number	of emplo	yees (Part V, lir	ne 2a)						5			18
Acti				eers (estimate i							6			0
~				ousiness revenues taxable income							7a 7b			<u>,608.</u> ,530.
<u> </u>		et unienateu	Dusiness			550-1, mie 5	*			-	70			
	8 C	ontributions	and gran	its (Part VIII, lin	e 1h)					Prior Year		Cu	rrent Ye	ear
Revenue				ue (Part VIII, lir						1,685,1	91.	1	,790	,965.
eve				art VIII, column					1	309,3	22.		84,	,288.
Œ				III, column (A), I						67,7				,578.
				nes 8 through 1						2,062,2	93.	1	,870,	,675.
				ounts paid (Part members (Part	-		•							
	1			nsation, employe		•••				990,1	38		979	,491.
ses	ſ			ig fees (Part IX,							50.		515	, ייערי
Expense				nses (Part IX, c		•			and the second					
й				IX, column (A),					<u>agganansa</u>	1,222,4	95	. 1,208,68		
				nes 13-17 (must						2,212,6				,179.
		•		s. Subtract line	•	•				-150,3				,504.
Ces Ces										inning of Y			d of Ye	
Net Assets or Fund Balances	20 T	otal assets ((Part X, li	ne 16)		•••••				7,606,9	21.			,589.
let A	21 ⊤	otal liabilitie	s (Part X	, line 26)	•••••	•••••				428,9	45.		438	,198.
				ances. Subtract	line 21 from	line 20	<u></u> .			7,177,9	76.	7	<u>,731</u>	<u>,391.</u>
Sie	art II gn ere	Under penatie true, correction			examined this ret ver (other than o	urn, including ac fficer) is based o	companying sc n all informatic	chedules and state on of which prepa		nd to the best o y knowledge. Date	f my kn	owledge an	id belief, i	t is
		ype or pr	rint name an	u title.	······································	·····			······				and/f 1	
Pa Pr pa Us	e- irer's	Preparer's signature Firm's name (i	► (or KER	SMG N & THOMPS	N, LLC	CPA.		Date 2/341		Check if self- employed	X	reparer's id see instructi	entifying ons)	number
	nly	yours if self- employed), address, and		8 SW FIRST		SUITE 2	215		!		/A			
<u> </u>		ZIP + 4		TLAND, OR							(50		<u>2-333</u>	
Ma	ly the IR	s discuss th	us return	with the prepare	er shown abo	ve? (see ins	tructions)					XY	es	No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08 Form 990 (2008)

Form 990 (2008) OREGON FARM BUREAU FEDERATION	93-0242330	Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
1 Briefly describe the organization's mission: <u>THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUE</u> FARM HOME, AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMI BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMED	BER COUNTY FARM	FARM,
 2 Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O. 		X No
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O. 	services? Yes	X No
4 Describe the exempt purpose achievements for each of the organization's three largest program servic and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	ces by expenses. Section 5 and allocations to others, t	601(c)(3) he total
4a (Code:) (Expenses \$ including grants of \$ THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUE: FARM HOME AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBI BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMED	ER COUNTY FARM) FARM,
4b (Code:) (Expenses \$ including grants of \$	·	
4c (Code:) (Revenue \$)
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue)
4e Total program service expenses ► (Must equal Part IX, Line 25, column)	(B).)	

.2.

 Form 990 (2008)
 OREGON
 FARM
 BUREAU
 FEDERATION

 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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any accounts where 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	_14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part 1</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		x
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		x
17 18	- I and the game and the operations and the operation of the anti- in the second of the operation of the ope	17		X
10	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	18		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.			X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.			X
23		23		x
24				<u> </u>
24	a 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25</i>	24a		х
. I	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		X
BAA		Form	990 (2008)

Form **990** (20

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Page 3

Page	4
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Forr	n 990 (2008) OREGON FARM BUREAU FEDERATION 93-024233	0	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
4	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		X
I	b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		x
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		x
30 <u></u>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	-	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		x
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	x	
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		x
BAA		Form	990	(2008)

Form 990 (2008) OREGON FARM BUREAU FEDERATION	93-0242330		F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 6			
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 (gambling) winnings to prize winners?	and reportable gaming	1c	X	
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 18			
2b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i> .		3b	Х	
 4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fine b If 'Yes,' enter the name of the foreign country: ► 	or other authority over, a nancial account)?	4a		x
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of F	oreign Bank and			
Financial Accounts.	-			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Prohibited Tax Shelter Transaction?	t Entity Regarding	5c		
6a Did the organization solicit any contributions that were not tax deductible?		6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ntributions or gifts were not	6b		
7 Organizations that may receive deductible contributions under section 170(c).			d sanag li Tang lang	
a Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?	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 wh Form 8282?	ich it was required to file	_		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	7c		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a F	orm 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponso excess business holdings at any time during the year?	section 509(a)(3) ring organization, have	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:			1	
a Initiation fees and capital contributions included on Part VIII, line 12	10a		di Sast	
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 other 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			
12 a 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			
ВАА		Form	990 ((2008)

Form 990 (2008) OREGON FARM BUREAU FEDERATION

93-0242330

Page 6

Part VI	Governance, Management and Disclosure	(Sections A, B, and C request information about policies no	t
	required by the Internal Revenue Code.)		

Se	ection A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances,		Yes	No
	processes, or changes in Schedule O. See instructions.			
1	I a Enter the number of voting members of the governing body 1 a 22			
	b Enter the number of voting members that are independent	1, 1, 2, 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
2	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		X
3	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		Х
4	4 Did the organization make any significant changes to its organizational documents	4		Х
_	since the prior Form 990 was filed?	_		
5		5	x	X
6		6	<u> </u>	
	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x	
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	uka sakta	X
_	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	<u> </u>
	b Each committee with authority to act on behalf of the governing body?	8b	X	
	a Does the organization have local chapters, branches, or affiliates?	9a	X	
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	x	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990SEE.SCHEDULE.O	10	X	
11	I Is there any officer, director or 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	11		х
Se	ection B. Policies			
			Yes	No
12	2a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Yes X	No
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		No
	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE . SCHEDULE. O. 		X X X	No
	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy? 	12b	X X X X	No
	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULEO. 3 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 	12b 12с	X X X	No
13	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy?	12b 12c 13	X X X X	No
13 14	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULEO. 3 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 5 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? 	12b 12c 13	X X X X	No
13 14	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy?	12b 12c 13 14	X X X X X	No
13 14	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULEO. 3 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 5 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? 	12b 12c 13 14 15a	X X X X X X	No
13 14 15	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy?	12b 12c 13 14 15a	X X X X X X	No
13 14 15	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 5 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?	12b 12c 13 14 15a 15b 15b	X X X X X X	
13 14 15 16	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>	12b 12c 13 14 15a 15b 16a	X X X X X X	
13 14 15 16 <u>Se</u> 17	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy?	12b 12c 13 14 15a 15b 16b	X X X X X X X	X
13 14 15 16 <u>Se</u> 17	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE. SCHEDULE. O. 3 Does the organization have a written whistleblower policy?. 4 Does the organization have a written document retention and destruction policy?. 5 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?	12b 12c 13 14 15a 15b 16b	X X X X X X X	X
13 14 15 16 <u>Se</u> 17	 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>SEE . SCHEDULE. O. 3 Does the organization have a written whistleblower policy?	12b 12c 13 14 15a 15b 16a 16b	X X X X X X X X C C C C C C C C C C C C	X

93-0242330

Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List 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) or more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)			(4	c)			(D)	(E)	(F)	
Name and Title			1			hat app		Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BARRY BUSHUE										
PRESIDENT	20	X		Х				36,000.	0.	0.
TRACEY LISKEY										
1ST VICE PRES	1	Х		Х				0.	0.	0.
GARY JOHNSON									,	
2ND VICE PRES	1	Х		Х				0.	0.	0.
BARBARA IVERSON										
3RD VICE PRES	1	Х		Х				0.	0.	0.
MARY GRIMES										
4TH VICE PRES	1	Х		Х				0.	0.	0.
LARRY LEAR										•
REGION 1	1	Х						0.	0.	0.
EUGENE HAWES										
REGION 2	1	Х						.0.	0.	0.
JEFF THOMAS										
REGION 3	1	X						0.	0.	0.
LYNDON_KERNS										
REGION 4	1	X						0.	ο.	0.
BOB_FRIEND										
REGION 5	1	X						0.	· 0.	0.
LONNIE_WRIGHT										
REGION 6	1	Х						0.	0.	0.
PETE POSTLEWAIT										
REGION 7	1	Х						0.	0.	0.
DALE BUCK										
REGION 8	1	X						0.	0.	0.
DEAN FREEBORN										
REGION 9	1	X						0.	0.	0.
DAN THACKABERRY										
REGION 10	1	X						0.	0.	0.
BILL RYAN										
REGION 11	1	X						0.	0.	0.
SHARON_WATERMAN										
REGION 12	1	Х						0.	0.	0.
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K. C. VANNATTA 1 X 0. 0. 0. REGION 14 1 X 0. 0. 0. 0. REGION 15 1 X 0. 0. 0. 0. 0. REGION 15 1 X 0. 0. 0. 0. 0. 0. REGION 16 1 X 0. 0. 0. 0. 0. 0. 0. MARGARET HENDERSON 1 X 0.<	Form 990 (2008) OREGON FARM BUREAU FEDERA									93-024233	0 Page 8
Rame and Tits Average [value create all the convol Remeasure on the status of the convolution of of the	Part VII Section A. Officers, Directors, Trus		<u> (ey</u>	En			es,	an			loyees (cont.)
DAN ANDERSEN 1 X 0. 0. 0. DAN ANDERSEN 1 X 0. 0. 0. REGION 13 1 X 0. 0. 0. REGION 13 1 X 0. 0. 0. REGION 13 1 X 0. 0. 0. REGION 14 1 X 0. 0. 0. REGION 15 1 X 0. 0. 0. REGION 15 1 X 0. 0. 0. REGION 15 1 X 0. 0. 0. NODER FAMERS 1 X 0. 0. 0. YOUNS FAMERS 1									(D)		(F)
DAN ANDERSEN I X 0 0 0 REGION 13 1 X 0 0 0 REGION 13 1 X 0 0 0 REGION 13 1 X 0 0 0 REGION 14 1 X 0 0 0 REGION 13 1 X 0 0 0 REGION 14 1 X 0 0 0 REGION 15 1 X 0 0 0 REGION 16 1 X 0 0 0 MAREARST HENDERSON 1 X 0 0 0 OWNOW FARAMERS 1 X 0 0 0 ANDERDERSON 1 X 0 0 0 OWNOW FARAMERS 1 X 0 0 0 ANDERDERSON 1 X 0 0 0 ANDERDERSON 1 X 0 0 0 ANDERDERSEN 1 X 0 0 0 ANDERDERSEN 1 X 0 0 0 ANDERDERSEAL 1 X 0 0 <td>Name and Title</td> <td></td> <td></td> <td>r</td> <td></td> <td></td> <td></td> <td></td> <td>compensation from</td> <td>Reportable compensation from</td> <td></td>	Name and Title			r					compensation from	Reportable compensation from	
DAN ANDERSEN 1 x 0. 0. 0. RGION 13 1 x 0. 0. 0. BRUCE CHAPTIN 1 x 0. 0. 0. RGION 15 1 x 0. 0. 0. RGION 16 1 x 0. 0. 0. VOUNC PARAGES 1 x 0. 0. 0. VOUNC PARAGES 1 x 0. 0. 0. VOUNC PARAGES 1 x 0. 0. 0. PAREDUTIVE DIREC 39 X 102, 950. 0. 20, 843. TREASURER 31 X 57, 223. 0. 20, 843. TREASURE 31 X 196, 173. 0. 41, 185. 2 Total number of individuals including these in 1a) who received more than \$100,000 in reportable compensation from the organization and related organization from the organization from the organization including these in 1a) who received more than \$100,000 in reportable compensation from the organization from the organization in		thei meer	r dire	nstitu	office	ey e	Inplo	orme	the organization (W-2/1099-MISC)	related organizations	from the
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organization ▶ 1 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							• • •	►	196,173.	0.	41,185.
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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 X 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 3 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. 5 X (A) (B) (C) Compensation C Name and business address Description of Services Compensation (B) (C) Compensation C (A) (B) (C) C (B) (C) (C) (C) (C) (C) (C) (C) (C) (B) (C) (C)											
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Individual	4 For any individual listed on line 1a, is the sum of re	portable	cor	npei	nsat	ion	and	oth	er compensation f	from	Contraction and the second second
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services Image: Section B. Independent Contractors 5 Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. C(C) (A) Description of Services Compensation Name and business address Description of Services Compensation	the organization and related organizations greater the individual	han \$15	0,00	0? I	f 'Ye	es' o	com	plete	e Schedule J for s	uch	
rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X 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. 5 X (A) (B) (C) Completes Compensation Name and business address Description of Services Compensation	4										
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. (A) (B) (C) Name and business address Description of Services Compensation	Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule	atior For	n fro suct	om a h pe	any ersoi	unre	late	d organization for	services	5 X
compensation from the organization. (B) (C) (A) Description of Services Compensation Name and business address Image: Compensation Image: Compensation Image: Compensation Image: Compensation	Section B. Independent Contractors										<u> </u>
(A) Name and business address (C) Compensation	 Complete this table for your five highest compensation from the organization 	ed inde	penc	lent	con	itrac	tors	tha	t received more th	nan \$100,000 of	
	(A) Name and business addres	s							(B) Description o	f Services	(C)
2 Total number of independent contractors (including these in 1) who received mars they frice according		-									oompensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in											
2 Total number of independent contractors (including these in 1) who received more than \$100,000 in											
2 Total number of independent contractors (including these in 1) who received more than \$100,000 in											
2 Total number of independent contractors (including those in 1) who received more than \$100,000 to											
	2 Total number of independent contractors (inclusion	these	. 1 \						there \$100,000 i		

compensation from the organization ► 0

Form 990 (2008) OREGON FARM BUREAU FEDERATION Part VIII Statement of Revenue

93-0242330

Page 9

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
<u>_</u> 1a	a Federated campaigns.						
- I	Membership dues						
	Fundraising events						
¥ c	d Related organizations.						
	e Government grants (contributi	ons) <u>1e</u>	-				
∃ f	All other contributions, gifts, g	grants, and					
5	similar amounts not included	above 1 f					
	Noncash contribns included in						
-	1 Total. Add lines 1a-1f						
2a t c c f			Business Code				
22	MEMBERSHIP DUES &	ASSESSMENTS	110000	1,192,519.	1,192,519.		
t	ENDORSEMENT_FEES			285,396.	285,396.		
0	ADMIN & CONTRACT S			156,201.	156,201.		
0	MEMBER EXP REIMBUR			67,777.			67,77
e	OTHER PROGRAM SERV			9,664.	9,664.		
f	All other program service			79,408.		75,608.	. 3,800
ļ	Total. Add lines 2a-2f	<u></u>	<u></u> ►	1,790,965.			
3	Investment income (inc other similar amounts).		•••••••••••••••••	226,443.			226,443
4	Income from investmen Royalties		<u></u>				
		(i) Real	(ii) Personal				
1	Gross Rents	115,929					
	Less: rental expenses.	120,507					
	Rental income or (loss)	-4,578					
C	Net rental income or (lo	ss)	<u> </u>	-4,578.			-4,578
7a	Gross amount from sales of	(i) Securities	(ii) Other				
1.	assets other than inventory	757,927	•				
	• Less: cost or other basis and sales expenses	900,082	•				
0	Gain or (loss)	142,155	•				
c	Net gain or (loss)			-142,155.			-142,155
	Gross income from fund (not including, \$	draising events					
	of contributions reported	d on line 1c).					
t	See Part IV, line 18		a				
l t	Less: direct expenses .			the table of			
6	Net income or (loss) fro						
	Gross income from gam See Part IV, line 19	ing activities					
Ŀ	Less: direct expenses						
	Net income or (loss) fro						
	Gross sales of inventory and allowances	v. less returns					
ŀ	Less: cost of goods sold						
	Net income or (loss) fro					Lacostration Product States	
<u> </u>	Miscellaneous Reven		Business Code		·	Second Second	
11 a	1						· · · · · · · · · · · · · · · · · · ·
				·			
	All other royonuo					·	
_	All other revenue			· ····	with the second second		Contraction of the second states
				1	NUMBER OF CONTRACTOR OF CONTRACTOR	Internation of the second s	I MARKED TO A CONTRACT OF A
e	Total. Add lines 11a-11 Total Revenue. Add line				and a second		Construction and Constant (1998)

Form 990 (2008) OREGON FARM BUREAU FEDERATION

Part IX Statement of Functional Expenses

93-0242330

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees		-		
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.			· · · ·	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes	63,891.			
11	Fees for services (non-employees)				
	a Management				
t.	• Legai	168,504.			•
~	Accounting	100, 504.			
ć	I Lobbying.		· · · · · · · · · · · · · · · · · · ·		·
	Prof fundraising svcs. See Part IV, In 17		and the second		
f	Investment management fees.				
		11 000			
12 12	Other	11,826.			
	Advertising and promotion				
13 14	Office expenses				
	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	137,796.			
	Interest				
	Payments to affiliates	227,652.			
	Depreciation, depletion, and amortization	62,137.			· · · · · · · · · · · · · · · · · · ·
23	Insurance	29,360.			
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	INFORMATION & PUBLIC RELATIONS	137,742.			
	PROGRAM AWARDS & COUNCIL	63,847.			
	GOVERNMENT AFFAIRS	53,563.			
	INVESTMENT FEES	47,134.			
- 1 A - 1	POSTAGE AND SHIPPING	44,883.			
	All other expenses	147,029.			
25	Total functional expenses. Add lines 1 through 24f	2,188,179.			
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational		• ••		
BAA	campaign and fundraising solicitation				Form 990 (2008)

Form 990 (2008) OREGON FARM BUREAU FEDERATION Part X Balance Sheet

BAA

93-0242330

Page 11

						1	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				1	91,657.
	2	Savings and temporary cash investments				2	51,057.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	36,870.
	5				1075111		
		Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	L			5	
	6	Receivables from other disqualified persons (as define		.,.,,			
٨		and persons described in section 4958(c)(3)(B). Comp				6	
A S S E T	7	Notes and loans receivable, net			34,500.	7	34,500.
Ĕ	8	Inventories for sale or use				8	
Ś	9	Prepaid expenses and deferred charges			2,000.	9	2,600.
		Land, buildings, and equipment: cost basis	10 a	2,477,234.			
	b	Less: accumulated depreciation. Complete Part VI of					
		Schedule D		775,956.		10 c	
	11	Investments – publicly-traded securities				11	5,389,270.
	12	Investments - other securities. See Part IV, line 11.				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	913,414.
	16	Total assets. Add lines 1 through 15 (must equal line				16	8,169,589.
	17	Accounts payable and accrued expenses				17	105,433.
	18	Grants payable				18	
r	19	Deferred revenue				19	332,765.
Ĩ	20	Tax-exempt bond liabilities				20	
B	21 22	Escrow account liability. Complete Part IV of Schedul				21	
L 1	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	siees, r sons. (Complete Part II			
T		of Schedule L				22	***************************************
E S	23	Secured mortgages and notes payable to unrelated th	ird par	ties		23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			428,945.	26	438,198.
N E T		Organizations that follow SFAS 117, check here ►	X an	d complete lines			
		27 through 29 and lines 33 and 34.					
ASSET	27	Unrestricted net assets			7,177,976.	27	7,731,391.
E T S		Temporarily restricted net assets				28	
Q R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he	ere 🖻	and complete			
FUZD	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
	30 31	Paid-in or capital surplus, or land, building, and equip				31	
Ă	32	Retained earnings, endowment, accumulated income,				32	
Ñ	33	Total net assets or fund balances.			7,177,976.	33	7,731,391.
BALANCES	34	Total liabilities and net assets/fund balances			7,606,921.	34	8,169,589.
Pa	irt X				7,000,021.	1.54	0,109,309.
		i manour otatemento una reporting			· · · · · · · · · · · · · · · · · · ·		Yes No
1	Ac	counting method used to prepare the Form 990:	ash	X Accrual	Other		
		ere the organization's financial statements compiled or			1		2a X
		ere the organization's financial statements audited by a					
		Yes' to 2a or 2b, does the organization have a commit view, or compilation of its financial statements and sele	•				
3	a As	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to	undergo an audit or a	udits as set forth in the	Sinal	e
		Yes,' did the organization undergo the required audit o					

SCHEDULE D					OMB No. 1545-0047
(Form 990)	Sup	plemental Financia	I Statements		2008
Department of the Treasury Internal Revenue Service	Attach to answered '	Form 990. To be completed Yes,' to Form 990, Part IV, lin	by organizations that es 6, 7, 8, 9, 10, 11, or 1	12.	Open to Public Inspection
Name of the organization	JREAU FEDERATION				dentification number
	tions Maintaining Dono	r Advised Funds or Oth	or Similar Funda a	93-024	2330
the organ	ization answered 'Yes' t	to Form 990, Part IV, Iir	ie 6.	or Accounts Co	omplete if
		(a) Donor advised		(b) Funds and	other accounts
	end of year				
	butions to (during year)				
	s from (during year)				
	at end of year				
iunus are the org	tion inform all donors and dor ganization's property, subject	to the organization's exclusiv	/e legal control?		Yes No
6 Did the organiza used only for cha	tion inform all grantees, dono aritable purposes and not for ivate benefit??	rs, and donor advisors in wri the benefit of the donor or do	ting that grant funds ma onor advisor or other	ay be	- <u>-</u>
Part II Conserva	tion Easements Comple	ete if the organization a	nswered 'Yes' to F	orm 990 Part I	Yes No
1 Purpose(s) of co	nservation easements held by	v the organization (check all	that apply)	om 330, r art i	<u>v, mie /.</u>
	of land for public use (e.g., r		Preservation of an	historically import	ant land area
	natural habitat	. ,	Preservation of cer		
	of open space				
2 Complete lines 2 of the tax year.	a-2d if the organization held a	a qualified conservation contr	ribution in the form of a	conservation eas	ement on the last day
		•		Held at th	e End of the Year
	conservation easements			2a	
b lotal acreage res	stricted by conservation easer	ments	• • • • • • • • • • • • • • • • • • • •	2b	
C Number of conse	rvation easements on a certit	fied historic structure include	d in (a)	2c	
3 Number of conse	rvation easements included in	n (c) acquired after 8/17/06.		2 d	
vear ►	rvation easements modified,	transferred, released, extingu	uished, or terminated by	y the organization	during the taxable
	where property subject to co	propriation accoment is least			
	ation have a written policy re- ne conservation easement it h			is. and	
enforcement of the	ne conservation easement it h	nolds?		· · · · · · · · · · · · · · · · . [Yes No
7 Amount of expen	hours devoted to monitoring	, inspecting, and enforcing e	asements during the ye	ar 🟲	
	ses incurred in monitoring, in				
170(n)(4)(B)(I) ar	rvation easement reported or nd 170(h)(4)(B)(ii)?				Yes No
Part III Organiza Complete	tions Maintaining Collection if the organization answ	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Oth), Part IV, line 8.	er Similar Ass	ets
1a If the organizatio treasures, or othe	n elected, as permitted under er similar assets held for publ otnote to its financial stateme	SFAS 116, not to report in it	ts revenue statement ar		1 6 1 1 1 1 1 1
amounts relating	n elected, as permitted under er similar assets held for publ to these items:	ic exhibition, education, or re	search in furtherance o	f public service, p	rovide the following
(i) Revenues inc	luded in Form 990, Part VIII,	line 1		►\$	
(ii) Assets includ	ed in Form 990, Part X			▶\$	
2 If the organization amounts required	n received or held works of an to be reported under SFAS	rt, historical treasures, or other the second se	er similar assets for fina	ancial gain, provid	e the following
a Revenues include	d in Form 990, Part VIII, line	1		≻\$	
b Assets included i	n Form 990, Part X		•••••••	`►\$	
BAA For Privacy Act a	and Paperwork Reduction Ac	t Notice, see the Instructions	s for Form 990.	Schedu	ule D (Form 990) 2008

Schedule D (Form 990) 2008 OREGO				or Other S	<u>93-024</u>	2330	ontin	Page 2
3 Using the organization's accession	•							
that apply):		<u> </u>	*					
a Public exhibition			exchange program					
b ^r Scholarly research		e 🔄 Other	···					
 c Preservation for future gener 4 Provide a description of the orga 		ons and explain how	they further the org	anization's e	xempt purpos	e in		
Part XIV. 5 During the year, did the organiza assets to be sold to raise funds r							F	
Part IV Truet Factors and Cu	ather than to be m	naintained as part of	the organization's o	collection?		Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	an amount on	Form 990, Part 2	e if organization K, line 21.	n answered	d 'Yes' to F	orm 9	90, P	art
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary f	or contributions or c	other assets	not r	Yes	Г	
b If 'Yes,' explain the arrangement				•••••	•••••	les	, L	No
	in a control and c	emplete the following		[]		Amoun	+	
c Beginning balance				1c		Amoun	L	
d Additions during the year								
e Distributions during the year			•••••••••••••••••••••••••	1e			•••	
f Ending balance				1f				
2a Did the organization include an a	mount on Form 99	90. Part X. line 21?				Yes		No
b If 'Yes,' explain the arrangement	in Part XIV.				Г	les	L	
Part V Endowment Funds Cor		ization answered	I 'Yes' to Form 9	990 Part I	V line 10			
	(a) Current vear	(b) Prior year	(c) Two years ba		ree years back	(0)	Four year	e hack
1 a Beginning of year balance					ice years back	(-)	UUI YEAI	3 Daux
b Contributions								
c Investment earnings or losses.								
d Grants or scholarships								
e Other expenditures for facilities								NAME OF
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	-	palance held as:						
a Board designated or quasi-endow	/ment ►	%						
b Permanent endowment	00							
c Term endowment ►	0							
3a Are there endowment funds not in	n the possession a	of the organization th	at are held and adr	ministered for	r the	г		
organization by:							Yes	No
(i) unrelated organizations						3a(i)		
(ii). related organizations		•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • •	•••••			
b If 'Yes' to 3a(ii), are the related o	rganizations listed	as required on Sch	edule R?		•••••	3b		L
4 Describe in Part XIV the intended Part VI Investments-Land, Bu	uses of the organ	nization's endowmen	t funds.	V 1. 10			•	
Description of investment								
		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Depr	reclation	(d) E	Book Va	alue
1 a Land								
b Buildings		2,351,882.		6	58,704.	1	.693	,178.
c Leasehold improvements				1			,	
d Equipment		125,352.		1	17,252.		8	,100.
e Other		• • • •		- <u> </u>	,		<u>.</u>	200.
Total. Add lines 1a-1e (Column (d) sho		90, Part X, column Æ	3), line 10(c).).			1	.701	,278.
ВАА		· · · · · · · · · · · · · · · · · · ·						0) 2008

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Schedule D (Form 990) 2008 OREGON FARM BUREAU		93-02	42330	Page 3
Part VII Investments-Other Securities See Fo	<u>orm 990, Part X, lir</u>	ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value	
Financial derivatives and other financial products	· · · · · · · · · · · · · · · · · · ·		inci value	
Closely-held equity interests				
Other	· · · ·			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)				
Part VIII Investments-Program Related (See F	Form 990 Part X	ine 13) N/A		
(a) Description of investment type	(b) Book value	(c) Method of value	ation	
		Cost or end-of-year ma	rket value	
		· · · · · · · · · · · · · · · · · · ·		
		·		· · · · · · · · · · · · · · · · · · ·
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	·			
Part IX Other Assets (See Form 990, Part X, I	ine 15)			
	scription		(b) Book	value
CASH HELD IN INVESTMENT ACCOUNT				

CASH HELD IN INVESTMENT ACCOUNT		253,189.
CD'S HELD IN INVESTMENT ACCOUNT	 	639,591.
INTEREST RECEIVABLE		20,634.
	· · ·	
· · · · · · · · · · · · · · · · · · ·	•	
	 •	
Tetel Column (h) Tetel (chandel a week Fame 000 Dail) (1 (D) (15)		010 111

 Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15)
 ●
 913,414.

 Part X
 Other Liabilities (See Form 990, Part X, line 25)
 ●

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
	· · · · ·	
	· · ·	
	i	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	•	

In Part XIV, 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.

	93-024233	0 Pag
nancial Statements		
		1,870,67
		2,188,17
		-317,50
		870,92
		-
		870,92
		553,41
With Revenue per	Return	
	1	2,741,59
2a 870,92	0.	
2b		
2c		
2d		
	2e	870,920
		1,870,67
4a		
4b		
-	40	
		1,870,67
		2,308,68
2a		
2b		
	7	
		120,50
		2,188,17
		2,100,17
4a		
<u></u>	4c	2
· · · · · · · · · · · · · · · · · · ·		2,188,17
* * * * * * * * * * * * * * * * * * * *		2,100,17.
	With Revenue per 2a 870,92 2b 2c 2d 2d 4a 4a 4b 4a 2b 2c 2d 2d 2a 2d 2a 2d 2a 2d 2a 2d 2b 2c 2a 2d 2b 2c 2d 120,50 4a 4a 4b 4a	2a 870,920. 2b 2c 2d 2e 3 3 4a 4c 4b 4c 5 5 S With Expenses per Return 1 2a 2b 2b 2c 2d 120,507. 2d 3 4a 4a 4b 3

art XIV Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	Pa
chedule D (Form 990) 2008 Part XIV Supplemental Information (continued)		
	-	
		· .
		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

OREGON FARM BUREAU FEDERATION

2008

93-0242330

					T	DTAL 3	<u>3 1</u>	<u>20,507</u> <u>20,507</u>
							· · · · · · · · · · · · · · · · · · ·	
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· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE R (Form 990)	Related (Related Organizations and Unrelated Partnerships	Unrelated Partn	erships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, or 37. See separate instructions. 	ed by organizations that an ► See separate i	swered 'Yes' to Form 99 nstructions.	0, Part IV, lines 33, 34,	35, 36, or 37.	Open to Public Inspection
Name of the organization OREGON FARM BUREAU	AU FEDERATION				Employer identification number 93-0242330	ication number 3.0
Part I Identification	Part I Identification of Disregarded Entities					
Name, addres	Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification	Part II Identification of Related Tax-Exempt Organizations	su				
Name, address	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(f Status (f Status (if section 501 (c)(3))	(F) Direct controlling entity
OREGON AGRICULTUR 3415 COMMERCIAL 2	AGRICULTURAL EDUCATION FOUNDATION					
<u>SALEM, OR 97302</u> 94-3141614		AGRICULTURAL EDUCATION	OR	501 (C) 3		N/A
OREGON AGRICULTURAL 3415 COMMERCIAL STRE	RAL LEGAL FOUNDATION STREET SE, STE 117					
<u>SALEM, OR 97302</u> 93-1132845		AGRICULTURAL LEGAL SERVICES	OR	501 (C) 3		N/A
BAA For Privacy Act and	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	Ë	TEEA5001L 12/23/08	Schedu	Schedule R (Form 990) (2008)

Schedule R (Form 990) 2008 OREGON FARM BUREAU FEDERATION	BUREAU	FEDERATION						93-0242330	Page 2	2
Part III Identification of Related Organizations Taxable as	nizations		a Partnership							1
(A) (B) Name, address, and EIN of Primary Activity related organization	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	Share of total income	ome Share of end-of-year assets		(H) Dispropor- tionate allocations? Yes No	() Code V-UBI amount in Box 20 of Schedule (Form 1065)	(J) General or managing partner? Yes No	
										1
Part IV Identification of Related Organizations Taxable as	nizations		a Corporation or Trust	ust						I
(A) Name, address, and EIN of related organization	zation	(B) Primary Activity	/ Legal domicile Direct (state or foreign controlling entity country)	(D) Direct controlling entity (C	Type of entity (C corp, S corp, or trust)	(F) Share of total income		(G) Share of end-of-year assets	(H) Percentage ownership	8
OREGON FARM BUREAU PAC 3415 COMMERCIAL STREET SE, STE SALEM, OR 97302 93-0708884	117	POLICITAL	A OR	N/A	C CORP		0	0		1
BAA			TEEA5002L 12/23/08	3/08	-			Schedule R (Form 990) (2008)	1 990) (2008	8

FEDERATION	
BUREAU	
FARM	
OREGON	
990) 2008	
R (Form	
Schedule I	

93-0242330

Schedule R (Form 990) 2008 OREGON FARM BUREAU FEDERATION	93-0242330	30 Page 3
Part V Transactions With Related Organizations		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s).		1 b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
(A) notification of the second s		>
Lease of lacificies, equiprifient, of ouriel assets itorit ourier organization. Deferments of continue or membership or fundacing collected		>
k religinative of services of membership or fundrations by other organization(s)		
I I Charling the of facilities of the mediated of the source of out of out of out of out of facilities and the mediate of the seconds		>
n Silaring or lacinties, equipriment, maning itsis, of ourier assets		
• Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)	· · · · · · · · · · · · · · · · · · ·	рГ Х
2		
Z If the answer to any of the above is 'res,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	transaction threshold	IS,
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
CN OREGON AGRICULTURAL FDUCATION FOUNDATION	R	2.070
(2) OREGON AGRICULTURAL EDUCATION FOUNDATION	D	34,500.
(3) OREGON AGRICULTURAL EDUCATION FOUNDATION	К	7,865.
AN OREGON AGRICHTTIRAL EDHCATION FOUNDATION	Σ	746
(5) OREGON AGRICULTURAL EDUCATION FOUNDATION	N	8,600.
(6) OREGON AGRICULTURAL EDUCATION FOUNDATION	<u>.</u> Д	3,026.
BAA TEEA5003L 07/02/08	Schedule R	Schedule R (Form 990) (2008)

Name, address, end ENV of onty. Pinare, address, end ENV of onty. Pinare, address, end ENV of onty. Pinare, address, end ENV of onty. Disproprint Disproprint Result Result Result Result Result Result Result Result Result Result Result	revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ding exclusion for a	certain investment pa	rtnerships.				2
Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization Normalization <th>(A) Name, address, and EIN of entity</th> <th>(B) Primary activity</th> <th>(C) Legal Domicile (State or Foreign Country)</th> <th>Are all partners section 501(c)(3) organizations?</th> <th>(E) Share of end-of-year assets</th> <th>(F) Dispropor- tionate allocations?</th> <th>(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)</th> <th>(H) General or managing partner?</th>	(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
				Yes No		No		Yes No
							-	
						<u>.</u>		
		-				-		
		ı						
			-					
		-				-		
	1			-				
						-	Schodule B (Econ 000) (2000)	

Page 4

93-0242330

Schedule R (Form 990) 2008 OREGON FARM BUREAU FEDERATION

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Name	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
OREGON AGRICULTURAL LEGAL FOUNDATION		Ж	2,930.
OREGON FARM BUREAU PAC		K	19,252.
			-
-			
			-

SCHEDULE O (Form 990)	Supplemental Information to Form 990		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	}	2008 Open to Public Inspection
Name of the organization OREGON FARM BU	REAU FEDERATION	Employer identifice 93-024233	
FORM 990, PA	RT VI. LINE 10 - FORM 990 REVIEW PROCESS		······································
	-MAILED TO BOARD OF DIRECTORS BUDGET COMMITTEE FOR A	PPROVAL P	RIOR TO
FINALIZING_	THE_RETURN		
FORM 990, PA	RT VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME		
ANNUAL_SIGN	ED FORM SPECIFYING CONFLICTS OF INTEREST IS REQUIRED	OF_ALL_D	IRECTORS AND
OFFICERS.	BOARD MEMBERS HAVING CONFLICT OF INTEREST WILL RECUS	E THEMSEL	VES_FROM
RELATED MAT	TERS. NO CONFLICTS HAVE BEEN NOTED.		
FORM 990, PA	RT VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICI	ERS & KEY EMPLOYEES
INDEPENDENT	BOARD OF DIRECTORS REVIEWS COMPENSATION FOR MANAGEM	ENT, OFFI	CERS, AND
KEY EMPLOYE	ES ANNUALLY, WITH ATTENTION GIVEN TO COMPARABLE POSI	TIONS. B	DARD
APPROVES_MA	NAGEMENT, OFFICERS, AND KEY EMPLOYEE COMPENSATION.		
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV		·
GOVERNING D	OCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MAD	E AVAILAB	LE UPON
REASONABLE	REQUEST AT THE OFFICES OF THE ORGANIZATION. FORM 99	0 IS AVAI	LABLE ON
GUIDESTAR.			
			
			
			
		· · · · · · · · · · · · · · · · · · ·	
			· .

_	orm 990-T	Exe	empt Organization B			x Return	l		OMB	No. 1545-0687
۲-	orm 330-1	For ca	and proxy tax u) alendar year 2008 or other tax y		section 6033(e))		2008,		2	008
Deee-					, 2009		,	12:50		
Intern	tment of the Treasury al Revenue Service				nstructions.				Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
A	Check box if		· · · · · · · · · · · · · · · · · · ·				_	DE	nplover ide	entification number
BE	<u>ddress changed</u> Exempt under sectio		OREGON FARM BUREAU					(E in	mployees' structions f	trust, see or Block D.)
	X 501(C)(5)	or	3415 COMMERCIAL STE	REET	SE #117			9	3-024	2330
	408(e) 220	(e) Type	SALEM, OR 97302				Γ	ΕU	nrelated bu	siness activity
	408A 530	(a)							odes (See i lock E.)	nstructions for
	529(a)							1	10000	1
С	Book value of all assets a end of year		exemption number (See instr							
. <u> </u>			k organization type 🕨 🛛	501(c	corporation 501	(c) trust	40	1(a)	trust	Other trust
			y unrelated business activity.							
	PUBLICATION-A					·				
			ration a subsidiary in an affilia			iary controlle	d grou	лb	►	Yes X No
			fying number of the parent cor	porati				= -		
	The books are in care		usiness Income			elephone num			1	
	Gross receipts or s				(A) Income	(B) Exp	enses	5 Alleniitait		(C) Net
	•		c Balance ►	1.				(1) (1)		
2	Less returns and allowar		C Balance P							
3			line 1c	3				na anna Iostaite		
-			Schedule D)	4a						
	• -	•	7) (attach Form 4797)	4b						
				40						······
5	Income (loss) from	partnerships	and S corporations							
-				5						
6			······	6						
7 8			(Schedule E)	7		•				
0	organizations (Sch	edule F)		8						
9.	Investment income of a	section 501(c)(7),	(9), or (17) organization (Sch G)	9						
10	Exploited exempt a	activity income	e (Schedule I)	10						
11	Advertising income	(Schedule J)		11	75,608.	11	6,1	38.		-40,530.
12	Other income (See	instructions;	attach schedule.)							
				12						
			2	13	75,608.		6,1	38.		-40,530.
Par	t II Deduction	is Not Take	n Elsewhere (See instrue	ction	s for limitations on	deduction	s.)			
			ons, deductions must be		-			busi	ness in	icome.)
14			ors, and trustees (Schedule K)					14		
15			· · · · · · · · · · · · · · · · · · ·					15		
16							- F	16		
17 10								17		
18 19		· ·	•••••••••••••••••••••••••••••••••••••••				- F	18		
20			tructions for limitation rules.).					19		
21						• • • • • • • • • • • • • • •	••••	20		
22			hedule A and elsewhere on ret					22 b		
23								23		
24	Contributions to de	ferred compe	nsation plans			· · · · · · · · · · · · · · · · ·		24		
25								25		
26			dule I)					26		
27	Excess readership	costs (Sched	ule J)				[27		
28	Other deductions (a	attach schedu	le)				[28		
29			hrough 28					29		
30 21			me before net operating loss de					30		-40,530.
31 32			nited to the amount on line 30). ne before specific deduction. S					31 32		-40,530.
33			,000, but see line 33 instruction					33		<u>40,000.</u>
34	Unrelated busines	s taxable inco	me. Subtract line 33 from line	32. If	line 33 is greater than	line 32. enté	r Í			
-	the smaller of zero	or line 32			<u></u>			34		-40,530.
RVV	Eor Drivacy Act an	d Danamuark	Reduction Act Notice see inst	. ثلب ،					— • • •	m 000 T (2000

instructions.

TEEA0205L 02/06/09

		BUREAU FEDERAT	ION		93-0242	2330 Page
	Tax Computation					
	anizations Taxable as Corpora					
	trolled group members (sectio					
	er your share of the \$50,000, \$			kets (in that order):		
(1)		2) \$	(3) \$			
	er organization's share of: (1)					
	Additional 3% tax (not more th					
	me tax on the amount on line				► <u>35</u> c	. 0
	ine 34 from: Tax rate so		dule D (Form 1041)			
	ky tax. See instructions					
	rnative minimum tax					
	I. Add lines 37 and 38 to line					0
1997	Tax and Payments		<u>.</u>			
	ign tax credit (corporations at	tach Form 1118: trusts	attach Form 1116)	40 a		
	er credits (see instructions)					
	eral business credit. Check he					
	Form 3800 Form(s) (spe			40 c		
	dit for prior year minimum tax		827)	40 d		
	Il credits. Add lines 40a throug					0
41 Sub	tract line 40e from line 39	<i>.</i>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		0
	er taxes. Check if from: 🗌 F				I T	
	Other (attach schedule)					
	I tax. Add lines 41 and 42					0
	ments: A 2007 overpayment					
	B estimated tax payments deposited with Form 8868					
	ign organizations: Tax paid or					
	kup withholding (see instructio					
	er credits and payments:	Form 2439				
	Form 4136	Other	Total	► AAF		
	Il payments. Add lines 44a thr					0
	mated tax penalty (see instruc					0
		uons). Check ii Fonn Z.				
			ontor amount awad			
47 Tax	due. If line 45 is less than the	total of lines 43 and 46				
47 Tax 48 Ove	due. If line 45 is less than the rpayment. If line 45 is larger t	total of lines 43 and 46 han the total of lines 43	and 46, enter amoun	t overpaid	► 48	
47 Tax 48 Ove	due. If line 45 is less than the	total of lines 43 and 46 han the total of lines 43	and 46, enter amoun	t overpaid		
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Form 990-T (2008) OREGON FARM BUREAU FEDERATION

93-0242330	Page 3

Schedule C – Rent Inco	<u>me (From Real P</u>	roperty and	d Person	al Property	Lease	ed With Rea	l Prope	erty) (see instructions)
1 Description of property								
(1)								
(2)								
(3)								
(4)	• .							
	2 Rent received	or accrued	- 0					P (P) 1
(a) From personal p (if the percentage of rent property is more than not more than 50	roperty for personal 10% but 0%)	(b) From re (if the) personal p if the rent is	eal and per percentage property ex based on	sonal property of rent for ceeds 50% or profit or incom	e)	s(a) Ded with the inc	ome in c	directly connected olumns 2(a) and 2(b) schedule)
(1)								
(2)								
(3)								
(4)								
Total	Tot	tal				(b) Total deducti	ons Enter	
(c) Total income. Add totals of here and on page 1, Part I, lin						here and on page I, line 6, column (I	1. Part	•
Schedule E – Unrelated	Debt-Financed	ncome (see	instruction	ns)		- -		
1 Description of d	lebt-financed propert	v		income from locable to	3 Dec	luctions directl debt-	y connec financed	ted with or allocable to property
			debt-fina	nced property	depre	a) Straight line ciation (attach	sch)	(b) Other deductions (attach schedule)
_(1)						·		
(2)								
(3)	· · · ·							
(4)	······							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to o property (attac	debt-financed	div	olumn 4 rided by Iumn 5	7 Gross in reporta (column 2 x c			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				0%				· · · · · · · · · · · · · · · · · · ·
(2)		i ē		· %				
(3)				010				
(4)				%		99		·
Totals				►	Enter I Part I,	here and on pa line 7, column	age 1, Er i (A). Pa	nter here and on page 1, art I, line 7, column (B).
Total dividends-received dedu							►	
Schedule F - Interest, A	nnuities, Royalt				Orga	nizations (se	ee instru	ctions)
		Exempt Cont	trolled Orga	anizations				
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unr income (see instru	(loss)	4 Total of sp payments r		5 Part of co that is ind in the con organiza gross ind	cluded trolling tion's	6 Deductions directly connected with income in column 5
(1)			·					
(2)				-				
(3)								
(4)								
Nonexempt Controlled Organiz	zations		<u>.</u>	· ·		•		
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymer	f specified nts made	included	in the	nn 9 that is controlling oss income		Deductions directly inected with income in column 10
(1)							· .	
(2)								
(3)								
(4)								•
	۰. ب			Add column here and or 8, column (n page	d 10. Enter 1, Part I, line	here ar	lumns 6 and 11. Enter nd on page 1, part I, line mn (B).

Totals....

Form 990-T (2008) OREGON FARM) or (17) Orres		93-	0242330	Page 4
Schedule G – Investment Inco 1 Description of income	2 Amount of inc		3 direc	Deductions ctly connected ach schedule)	4 Set-asid (attach sche	es	5 Total set-as	deductions and ides (column 3 s column 4)
(1)			(att	don soneduie;				
(2)	· · · ·			·			·· ·	
(3)								
(4)								
	Enter here and on Part I, line 9, colur	page 1, nn (A).					Enter he Part I, li	re and on page 1, ne 9, column (B).
Totals				Egue a sector a sector de la companya de la company				
Schedule I – Exploited Exemp	t Activity Incon		har Tha	n Advorticing	Income (
Schedule I - Explorted Exemp	2 Gross			4 Net income				7 5
1 Description of exploited activity	unrelated business income from trade or business	directly with pro unrelate	penses connected oduction of d business come	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attr	Expenses ibutable to column 5	7 Excess exempt expenses (column 6 minus . column 5, but not more than column 4).
(1)								
(2)						1		
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, column (A)	on p Part I,	here and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Schedule J – Advertising Inco	mo (See instruction			Service Constraints and S				
Part I Income From Periodi	ne (See Instructio	ns.)	<u></u>					
Part I Income From Periodi						· · · · ·		
1 Name of periodical	2 Gross advertising income	adve	Direct Prtising Sosts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 F	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) OREGON AGRICULTURE	75,608.	11	6,138.			1		
(2)								
(3)								
(4)								
							····	
Totals (carry to Part II, line (5))	75,608.	11	6,138.	-40,530.				
Part II Income From Periodi	cals Reported o	on a S	eparate	Basis (For each	periodical listed	in Pa	rt II. fill in c	olumns 2
through 7 on a line-by-line	basis.)		-		r ponoulour nocou	iii i c		
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 F	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						1		
(2)					•			
(3)								
(4)						-		
(5) Totals from Part I	75,608.	11	6,138.					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A). 75,608.	Enter on p Part I, colur	here and age 1, line 11, nn (B). 6,138.					Enter here and on page 1, Part II, line 27.
Schedule K – Compensation of		ctors	and Tr	Ustees (see inst	ructions)	1 - STAR	united to a series of the seri	L
1 Name				2 Title	3 Percent time devot to busines	ed	4 Compensa to unrela	ation attributable ited business
						010 010		

% %

•

2008

FEDERAL SUPPORTING DETAIL

OREGON FARM BUREAU FEDERATION

93-0242330

PAGE 1

ADVERTISING INCOME (990-T) DIRECT ADVERTISING COSTS OREGON AGRICULTURE OREGON FARM BUREAU NEWS OREGON AGRICULTURE	TOTAL	\$ 33,460. 82,678. \$ 116,138.
STMT. OF FUNCTIONAL EXPENSES (990) OTHER AUDIT FEES INFORMATION SYSTEMS	TOTAL	\$ 7,500. <u>4,326.</u> \$ 11,826.
BALANCE SHEET BUILDINGS BUILDING AND EQUIPMENT	TOTAL	\$ 2,351,882. \$ 2,351,882.
	· ·	

Form	990

Return of Grganization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

	^{OMB No}		-0047	-
	Open Insp	to Pub vectio	nic n	Thursday 1

AI	For the 2	007 calendar year, or tax year beginning 🛛 🗋	<u>EC 1, 2007</u>	and endi	<u>ng NOV 30</u>	, 2008	
Ba	Check if applicable:	Please C Name of organization				D Employer i	Ientification number
		use IRS	ͲͲͲϽͲϘϪͲͳʹϽͶ			36-0	725160
		type. Number and street (or P.O. box if mail is n)	Boom/suite	E Telephone	
	_]change []Initial	Specific 600 MARYLAND AVE. SW		,	1000W		406-3600
	_jreturn Termin-	Instruc-			<u> </u>	F Accounting met	
	ation Armende return		4			Other (specify)	
F	Applicat	on • Section 501(c)(3) organizations and 4947(a)	1) nonexempt charitable trus	sts H	and are not app		tion 527 organizations.
	Thermal	must attach a completed Schedule A (Form 9	90 or 990-EZ).		(a) Is this a group		
G \	Nehsite [.]	►WWW.FB.COM			(b) If Yes," enter n		
		tion type (check only one) 🕨 🕱 501(c) (5) 🗨 (inser	t no.) 4947(a)(1) or		(c) Are all affiliates		N/A Yes No
	-	re if the organization is not a 509(a)(3) suppo		s н	(If "No," attach a (d) Is this a separat	i list.) te return filed b	
r	eceipts a	re normally not more than \$25,000. A return is not requ	ired, but if the organization		ganization cove	red by a group	ruling? Yes X No
	hooses t	to file a return, be sure to file a complete return.			Group Exemption	on Number 🕨	N/A
				· I	Vi Check 🕨 🛣	if the organizat	ion is not required to attach
<u>L (</u>			43,026,52		Sch. B (Form 9	90, 990-EZ, or 9	990-PF).
Pa	art I 🛛	Revenue, Expenses, and Changes in	Net Assets or Fund	Balan	ces		
	1	Contributions, gifts, grants, and similar amounts received	ed:				
		Contributions to donor advised funds		<u>1a</u>			
	b	Direct public support (not included on line 1a)		<u>1b</u>			
	c	Indirect public support (not included on line 1a)		10			
	ď	Government contributions (grants) (not included on lin				<u> </u>	
		Total (add lines 1a through 1d) (cash \$					0.
	1	Program service revenue including government fees an					
		Membership dues and assessments					24,973,144.
		Interest on savings and temporary cash investments					4 0.64 5.04
	5	Dividends and interest from securities		·····		5	1,261,521.
		Gross rents SEE			134,1	<u>65.</u>	
		Less: rental expenses					124 165
e		Net rental income or (loss). Subtract line 6b from line 6	a		••••••		134,165.
Revenue	j .	Other investment income (describe	(1) 0	<u> </u>	(D) 0(h) 7 3823 5 1	
Re		Gross amount from sales of assets other	(A) Securities 16,645,322.	0.	(B) Other 12,3	75	
		than inventory	16,659,557.	8a	2,8	1 1 2 2 2 3	
		Less: cost or other basis and sales expenses		8b 8c		59.	
		Gain or (loss) (attach schedule) Net gain or (loss). Combine line 8c, columns (A) and (E					-4,676.
		Special events and activities (attach schedule). If any a					<u>+,0/0.</u>
		Gross revenue (not including \$ of		9a			
	a b	Less: direct expenses other than fundraising expenses					
		Net income or (loss) from special events. Subtract line					
		Gross sales of inventory, less returns and allowances		10a	••••••	199.164	· · · · · · · · · · · · · · · · · · ·
		Less: cost of goods sold					
		Gross profit or (loss) from sales of inventory (attach so			3		
		Other revenue (from Part VII, line 103)	•				
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10)c, and 11			12	26,364,154.
		Program services (from line 44, column (B))					
Expenses	14	Management and general (from line 44, column (C))				14	
iu și							
ЦХЦ							
		Total expenses. Add lines 16 and 44, column (A)					24,836,131.
	18	Excess or (deficit) for the year. Subtract line 17 from lin	ie 12			18	1,528,023.
Net ssets	19	Net assets or fund balances at beginning of year (trom	line 73, column (A))			19	37,431,299.
Ass	20	Other changes in net assets or fund balances (attach ex	planation) S	EE S'	FATEMENT	4 20	-1,600,123.
	21	Net assets or fund balances at end of year. Combine lin	es 18, 19, and 20			21	<u>37,359,199.</u>
72300	и 1-07 L	_HA For Privacy Act and Paperwork Reduction Act I	lotice, see the separate inst	ructions.			Form 990 (2007)

13260902 758432 AMEFAR1-01

^{2007.08000} AMERICAN FARM BUREAU FEDERA AMEFAR11

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Form 8	868	Application for Extension of Time To File a	n				
(Rev. Apr	rii 2008)	Exempt Organization Return		OMB No. 1545-1709			
	of the Treasury enue Service	File a separate application for each return.	a de conserva				
● if vou a	are filipo for an Aut	omatic 3-Month Extension, complete only Part I and check this box					
		itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this					
		less you have already been granted an automatic 3-month extension on a previously fi		8868.			
Part	Automatic	3-Month Extension of Time. Only submit original (no copies needed).					
A comor	- tion mouired to file	Form 990-T and requesting an automatic 6-month extension - check this box and corr	nlata				
Part I only			ihiere ,				
All other o		ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extensi	n of time			
to file inco	ome tax returns.						
noted bei (not autor you must	low (6 months for a matic) 3-month extension submit the fully co	nerally, you can electronically file Form 8868 if you want a 3-month automatic extensic corporation required to file Form 990-T). However, you cannot file Form 8868 electroni insion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co mpleted and signed page 2 (Part II) of Form 8868. For more details on the electronic fil in e-file for Charities & Nonprofits.	cally if (1 nsolidate) you want the additional d Form 990-T. Instead,			
Type or	Name of Exempt	Organization	Employ	er identification number			
print	AMEDICAN	FARM BUREAU FEDERATION	26	0705160			
File by the due date for		and room or suite no. If a P.O. box, see instructions.	00	-0725160			
filing your return. See	1	LAND AVE. SW, NO. 1000W					
instructions,	City, town or pos	it office, state, and ZIP code. For a foreign address, see instructions. ON , DC 20024					
Check tvr	pe of return to be t	filed (file a separate application for each return):					
X For			20				
	m 990-BL	Form 990-T (corporation) Form 47 Form 990-T (sec. 401(a) or 408(a) trust) Form 52					
	m 990-EZ	Form 990-T (trust other than above)					
E For	m 990-PF	Form 1041-A	70				
	· · · ·			a			
		of ▶ <u>CHRISTY LILIJA</u> 2)406-3732 FAX No. ▶ (202)406-375	3				
-		ot have an office or place of business in the United States, check this box		· •			
		n, enter the organization's four digit Group Exemption Number (GEN) If this					
		of the group, check this box is and attach a list with the names and EINs of all r					
		· · · · · · · · · · · · · · · · · · ·		<u></u>			
1 ireq	JULY 15,	3-month (6-months for a corporation required to file Form 990-T) extension of time until 2009 , to file the exempt organization return for the organization named at		oxtoncion			
is for	r the organization's		JU16, 116	CALCINGOT			
⋗□	calendar year						
►L.	X tax year beginn	ing <u>DEC 1, 2007</u> , and ending <u>NOV 30, 2008</u>					
2 If thi	is tax year is for les	s than 12 months, check reason: 🔄 Initial return 🔅 Final return	Chi	ange in accounting period			
3a If this	is application is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	refundable credits.		<u>3a</u> \$				
		Form 990-PF or 990-T, enter any refundable credits and estimated		,			
		iude any prior year overpayment allowed as a credit.	3b \$				
		ine so rom me sa, include your payment whit this form, or, in required,					
-	instructions.	n or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c \$	N/A			
Caution, If	r you are going to m	nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	1879-EO	for payment instructions.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

and a

f

Form 8868 (Rev. 4-2008)

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<u>\</u>	41 Pro-		
Form 8868 (Rev. 4-2008)			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension	in, complete only Part II and check th	uis box	🕨 🖾
Note. Only complete Part II if you have already been granted an automation	atic 3-month extension on a previously	filed Form 8	1868.
If you are filing for an Automatic 3-Month Extension, complete only		•	•
Part II Additional (Not Automatic) 3-Month Extens	sion of Time. You must file origina	l and one co	ipy.
Type or Name of Exempt Organization		ි්ු Emple	oyer identification number
	-		
AMERICAN FARM BUREAU FEDERATION		·	5-0725160
All of the date for 600 MARYLAND AVE. SW, NO. 10000		FOR	S use only
nling the return. See City, town or post office, state, and ZIP code. For a foreign			·
instructions. WASHINGTON, DC 20024	autoress, see instructions.		
Check type of return to be filed (File a separate application for each re	turn):		
X Form 990 Form 990-EZ Form 990-T (sec. 401	(a) or 408(a) trust) 🛛 Form 1041-A	For	m 5227 🛛 Form 8870
Form 990-BL Form 990-PF Form 990-T (trust oth	er than above) 🛛 🗌 Form 4720	🗌 For	m 6069
STOP! Do not complete Part II if you were not already granted an au	tomatic 3-month extension on a pre	viously filed	l Form 8868.
The books are in the care of CHRISTY LILJA			
Telephone No. ▶ (202)406-3732	FAX No. > (202)406-3	753	
 If the organization does not have an office or place of business in the 			
If this is for a Group Return, enter the organization's four digit Group			· · · · ·
box > If it is for part of the group, check this box > and a			
	OBER 15, 2009.		
5 For calendar year, or other tax year beginning DEC	1, 2007, and endir	ng <u>NOV</u>	<u>30, 2008</u> .
	itial return 🛛 🗌 Final return	c	hange in accounting period
7 State in detail why you need the extension			
THE INFORMATION NECESSARY TO FILE	A COMPLETE AND ACC	URATE	RETURN IS NOT
YET AVAILABLE.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 606), enter the tentative tax, less any		·
nonrefundable credits. See instructions.	and the second	<u>8a</u>	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter a	-		
tax payments made. Include any prior year overpayment allowed a	is a credit and any amount paid		,
previously with Form 8868.	-	<u>8b</u>	<u>\$</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment			
with FTD coupon or, if required, by using EFTPS (Electronic Federa		ons. 8c	<u>\$ N/A</u>
· •	and Verification		
Under penalties of perjury, I declare that I have examined this form, including according it is true, correct, and complete, and that Lap authorized to prepare this form.	mpanying schedules and statements, and t	o the best of r	ny knowledge and belief,
	LLED AGENT	Dote 🕨	7/10/09
Signature of This and the States of the States		Daid	Form 8868 (Rev. 4-2008)
/ '			
1			

723832 04-16-08

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	24 AC	- (A) Total -	(B) Program services	(C) Management and general	– (D) Fundraisin
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$0 • noncash \$0					
If this amount includes foreign grants, check here 🕨 📃	22a				
22b Other grants and allocations (attach scheduk)				
(cash \$0 _ noncash \$0	J				
If this amount includes foreign grants, check here 🕨 📃	22b	· · · · · ·			
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	1,701,697.			
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not included		U			
above, to disgualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
	236		· · · · · · · · · · · · · · · · · · ·	······································	
26 Salaries and wages of employees not	00	7,789,186.			
included on lines 25a, b, and c	26	1,109,100.			
Pension plan contributions not included on	07				
lines 25a, b, and c	27				
28 Employee benefits not included on lines		0 004 100			
25a - 27	28	2,324,129.			
29 Payroll taxes	29	648,186.	· · · · ·		
0 Professional fundraising fees	30				
1 Accounting fees	31	206,169.			
2 Legal fees	32	992,909.			
13 Supplies	33				
4 Telephone	34	137,489.			
5 Postage and shipping	35				
6 Occupancy	36	2,817,466.			
7 Equipment rental and maintenance	37				
8 Printing and publications	38	221,367.			
9 Travel	39	3,581,298.			
0 Conferences, conventions, and meetings	40	· · · · · · · · · · · · · · · · · · ·			
1 Interest	41				
2 Depreciation, depletion, etc. (attach schedule)	42	747,610.			
3 Other expenses not covered above (itemize):					
a	43a				
b	435				
¢	43c				
d	43d				· · · · ·
e	43e				
۲ f	43t	<u> </u>			
g SEE STATEMENT 5	431 43g	3,668,625.			
	409	<u> </u>			· · · · · · · · · · · · · · · · · · ·
4 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),		21 026 131			
carry these totals to lines 13-15)		24,836,131.	1		L
loint Costs. Check 🕨 🛄 if you are following				· • • •	
re any joint costs from a combined educational campai	-				Yes X No
"Yes," enter (i) the aggregate amount of these joint cos	_		• •		<u>N/A</u> ;
iii) the amount allocated to Management and general \$ 23011 2-27-07		N/A ; and	(iv) the amount allocated	to Fundraising \$	<u>N/A</u>

For	m 990 (2007) AMERICAN ARM BUREAU FEDERATION 36-	0725160 Page 3
Pa	art III Statement of Program Service Accomplishments (See the instructions.)	
Ноу	m 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a v the public perceives an organization in such cases may be determined by the information presented on its retum. There im is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	
		1
Wha	at is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of nts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION	
	CONCERNING LEGISLATIVE AND MARKETING MATTERS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
Ь	AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR	
~	ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.	
	BOMMIC, BOCHER HED BOOMTOTER HIMBBBB OF PID HEREE.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	T
с		
C		_
		-
		-
A	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ∟	
d		-
		_
		_
		-
	(Grants and allocations \$) If this amount includes foreign grants, check here	
ę	Other program services (attach.schedule)	-
	(Grants and allocations \$) If this amount includes foreign grants, check here	<u> </u>
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Form **990** (2007)

x

723021 12-27-07

13260902 758432 AMEFAR1-01

2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

		2007) AMERICAN ARM Balance Sheets (See the instructions.)	BUR	EAU FEDERATION	and the second s	36-0	0725160 Page 4
	; Whe	re required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the	e description column	(A) Beginning of year		(B) End of year
· <u></u>	T <u></u> .						
	45	Cash - non-interest-bearing			5,917,549.	45	6, <u>374,500.</u>
	46	Savings and temporary cash investments			3,314,008.		6,846,354.
						1110 1110	
	47 a	Accounts receivable	47a	296,562.			
		Less: allowance for doubtful accounts	47b		<u>187,805</u> .	47c	296,562.
						and a state	
	48 a	Pledges receivable	48a			Bollogieste Physiciaes anonan sam	
		Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, di key employees				50a	
	ь	Receivables from other disqualified persons (as				1	
60	"	4958(f)(1)) and persons described in section 495				50b	
Assets	51 a	Other notes and loans receivable				ALL COLLECTION OF A COLLECTION	
As		Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use		······································		52	
	53	Prepaid expenses and deferred charges			503,479.	53	551,514.
	1	Investments - publicly-traded securities STMI			17,717,569.		11,275,032.
		Investments - other securities				54b	
	55 a	Investments - land, buildings, and STMI	7	-		Carlos de la compañía	
		equipment: basis	55a				
						1997 1997 1997 1997 1997 1997 1997 1997	
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation STMT 9	57b	3,158,882.	6,156,620.	57c	5,522,457.
	58	Other assets, including program-related investments		,			
		· · · · · · · · · · · · · · · · · · ·		TATEMENT 10)	8,930,089.		10,847,804.
	59	Total assets (must equal line 74). Add lines 45 t			42,727,119.		41,714,223.
	60	Accounts payable and accrued expenses			1,301,589.		1,064,026.
	61	Grants payable			26 220	61	FC 737
ß	62	Deferred revenue			36,330.		56,737.
Liabilities	63	Loans from officers, directors, trustees, and key				63	
abil		a Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	64a	·
Ш	1	Mortgages and other notes payable		TATEMENT 11)	3,957,901.	64b 65	3,234,261.
	65	Other liabilities (describe SE		TATEMENT II)		600	J, 234, 201.
	66	Total liabilities. Add lines 60 through 65			5,295,820.		4,355,024.
	Orga	anizations that follow SFAS 117, check here 🕨	X	and complete lines		11111111111111111111111111111111111111	
		67 through 69 and lines 73 and 74.				na (la constante) Constante Constant	
ces	67	Unrestricted			<u>37,431,299</u> .	67	37,359,199.
an	68	Temporarily restricted				68	
139	69			····		69	
nuc	Orga	anizations that do not follow SFAS 117, check I	nere	► and			
ц ж		complete lines 70 through 74.					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
5 86	71	Paid-in or capital surplus, or land, building, and				71	
τA	72	Retained earnings, endowment, accumulated in				72	
Ne	73	Total net assets or fund balances. Add lines 67 throu			27 121 200	70	37 250 100
		(Column (A) must equal line 19 and column (B) must			<u>37,431,299</u> 42,727,119		<u>37,359,199</u> . 41,714,223.
	74	Total liabilities and net assets/fund balances	, Auu II	1165 UU ANU 7 J	<u>44,141,119</u>	/4	<u>41,714,225</u> Form 990 (2007)

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Form 990 (2007)	AMERICAN ARM BUREAU	FEDERATION	1		36-0	7 <u>251</u>	<u>60</u> F	Page 5
	conciliation of Revenue per Audited Fina	ncial Statements W	lith	Revenue p	er Reti	irn (Se	e the	
inst	ructions.)	····			r			
a Total revenue,	gains, and other support per audited financial stateme	nts			<u>a</u>	24,	411,8	<u> 92.</u>
b Amounts includ	led on line a but not on Part I, line 12:		,		X16-4			
1 Net unrealized	gains on investments		b1 -	<u>-1,829,1</u>	40.	á G		
2 Donated servic	es and use of facilities		b2			:		
3 Recoveries of p	prior year grants		b3					
	SEE STATEMENT 12		b4	-75,2				
Add lines b1 th	rough b4						<u>904,4</u>	
c Subtract line b	from line a				c	26,	<u>316,3</u>	322.
d Amounts includ	led on Part I, line 12, but not on line a:	,	1					
	enses not included on Part I, line 6b		<u>d1</u>					
2 Other (specify):	SEE STATEMENT 14		d2	47,8	<u>32.</u>	141		
	nd d2						47,8	<u>132.</u>
e Total revenue	(Part I, line 12). Add lines c and d conciliation of Expenses per Audited Fina			.	<u> </u>	26,	<u>364,1</u>	.54.
El construction and a sol a sol a sol								
a Total expenses	and losses per audited financial statements		· · · · · · ·		a	24,	<u>365,7</u>	62.
b Amounts includ	led on line a but not on Part I, line 17:	1	I					
	es and use of facilities	·····	<u>b1</u>	· · · · ·				
2 Prior year adjust	stments reported on Part I, line 20		b2					
3 Losses reporte	d on Part I, line 20		b3		-			
			b4 .	-9,5		\$	~ -	
	rough b4					0.4	<u>-9,5</u>	<u>59.</u>
	from line a		•••••			24,	375,3	321.
	led on Part I, line 17, but not on line a:	1	1					
	enses not included on Part I, line 6b		d1	160.0	10			
	SEE STATEMENT 15		d2	460,8				10
	nd d2						$\frac{460,8}{226,1}$	
e Total expense	s (Part I, line 17). Add lines c and d						836,1	
Part V-A Cur	rent Officers, Directors, Trustees, and Ke	ey Employees (List ea	ich p	erson who was				
Part V-A Cur	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours	ich p ie <i>th</i>	erson who was e instructions.)	s an offic	er, direo	ctor, trust	ee,
Part V-A Cur	rent Officers, Directors, Trustees, and Ke	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p ie thi (C	erson who was e instructions.)	s an offic	er, direo	ctor, trust	ee, ense t and
Part V-A Cur	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours	ich p ie thi (C	erson who was e instructions.)		er, direo	ctor, trust	ee, ense t and
Part V-A Cur	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p ie thi (C	erson who was e instructions.)	s an offic	er, direo	ctor, trust	ee, ense t and
Part V-A Cur or ke	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances
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Part V-A Cur or ke	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances
Part V-A Cur	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances
Part V-A Cur or ke	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances
Part V-A Cur or ke	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances
Part V-A Cur or ke	rent Officers, Directors, Trustees, and Ke y employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ich p e th (C (If	erson who was e instructions.)) Compensation not paid, enter -0)	(D) Contrit employer plans & compensa	er, dired	ctor, trust (E) Exp accoun other allo	ee, ense t and wances

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Form **990** (2007)

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2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

and a strate of	n V-A Current Officers, Directors, Trustees, and Ke			· · · · · · · · · · · · · · · · · · ·	2 7 6	Yes
75 a	Enter the total number of officers, directors, and trustees permitted to	o vote on organization bu	siness at board	~ •		
v. 1	meetings			34_		
b	Are any officers, directors, trustees, or key employees listed in Form S listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business relati the individuals and explains the relationship(s)	f other independent contr	actors listed in Sci a statement that i	hedule A, dentifies	<u>75b</u>	
C	Do any officers, directors, trustees, or key employees listed in Form 9 listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations, v organization? See the instructions for the definition of "related organi- If "Yes," attach a statement that includes the information described in	f other independent contr whether tax exempt or tax zation."	actors listed in Scl	hedule A, ed to the	75c	
d	Does the organization have a written conflict of interest policy?				75d	X
1	TV-B Former Officers, Directors, Trustees, and Key	Employees That R	eceived Com	pensation o	or Otl	ner
Description	Benefits (If any former officer, director, trustee, or key em	ployee received compens	sation or other ben	efits (described	d belov	w) durii
	the year, list that person below and enter the amount of com	npensation or other benef				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans & deferred compensation plan	ac àc) Expen count a
	NONE		enter-0-)	compensation plar		anowa
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
					<u> </u>	
Dar	Other Information (See the instructions.)					Yes
C. C. Cancal	Did the organization make a change in its activities or methods of cor	aduating activities? If "Va	" attach a dataila	d	dire i	
76	Uid the organization make a change in its activities or methods of constatement of each change				76	- 128, al
77	Were any changes made in the organizing or governing documents b				77	2.2355 4
	If "Yes," attach a conformed copy of the changes.				a su su	en de la compañía de La compañía de la comp
	Did the organization have unrelated business gross income of \$1,000				78a	
				N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contra				79	
80 a	Is the organization related (other than by association with a statewide					⊂XD € V
	membership, governing bodies, trustees, officers, etc., to any other e		anization?		80a	<u>X</u>
	If "Yes," enter the name of the organization	MENT 1/		<u> </u>	282	
Ь						
		and check whether it is	l exempt or	_ nonexempt ∩		
81 a	Enter direct and indirect political expenditures. (See line 81 instruction		81a	0.	81b	e 1

for the second

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13260902 758432 AMEFAR1-01 2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

Form	1990 (2007) AMERICAN ARM BUREAU FEDERATION 36-072	<u>5160</u>	F	Page 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	1		
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
_	amount as revenue in Part I or as an expense in Part II.			1975 - 19
	(See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b				
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	Х	
b		85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	ANNAL AND	ALL OF LA	1997 - 19
	waiver for proxy tax owed for the prior year.		antorna Pelerinie Antorna	1 (660)
C	Dues, assessments, and similar amounts from members 85c N/A		n in the the Second second s	
d	Section 162(e) lobbying and political expenditures 85d N/A		nin in the	a de la como
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	and a second	644 (Q	Abdder Ritter Lenner
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?N/A	85g		ļ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		383 C	
	line 12 86aN/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_	2525E	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources		8.8150 tr	
	against amounts due or received from them.)			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3?	×	23)34 T	, and the second
	If "Yes," complete Part IX	88a	<u>X</u>	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	001	v	
	section 512(b)(13)? If "Yes," complete Part XI	► 88b	X	「発行」
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright N/A ; section 4912 \triangleright N/A ; section 4955 \triangleright N/A		anguangua Si Abhar	ACCURATE OF
L	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	307.00 2007.00	- Stratt	an taun Alfada
۵			asar a Surang Surang Surang	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	₩ . <u>3</u> 4 (- ×14
~	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
Ŀ,	sections 4912, 4955, and 4958		refeats 	
Ч	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.	1000 A		9-05-14 1922 - 1-1
u P	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		ad and energy a	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
a	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	Constants and a second		
ы	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	Den 104. De 107	X
90 a	List the states with which a copy of this return is filed \blacktriangleright <u>NONE</u>			
b				90
	The books are in care of \blacktriangleright CHRISTY LILJA Telephone no. \blacktriangleright (202)	406-	<u>373</u>	
	Located at 600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC ZIP+4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	.,	X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
		Form	990	(2007)

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723162 / 12-27-07

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|                                                 | ×                                                                   |                                    |                                  |                                       |                |                     |                   |                                         |          | _             |
|-------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------------------------|----------------|---------------------|-------------------|-----------------------------------------|----------|---------------|
| Form 990 (2                                     |                                                                     |                                    | M BUREA                          | U FEDERAT                             | LON            | N                   | 36-               | <u>0725160</u>                          |          | Page 8        |
| Part VI                                         | Other Information (co                                               | ontinued)                          |                                  |                                       |                |                     |                   | ··· · · · ·                             | Yes      | No No         |
| -                                               | r time during the calendar yea                                      | =                                  |                                  |                                       | of the Unit    | ted States?         |                   | <u>91c</u>                              | L        | X             |
|                                                 | s," enter the name of the fore                                      |                                    |                                  | I/A                                   | ·              |                     | ••••••            | A.                                      | . 1      |               |
|                                                 | n 4947(a)(1) nonexempt char                                         |                                    | -                                |                                       |                |                     |                   |                                         | . 🏲 (    |               |
| and er                                          | nter the amount of tax-exemp<br>Analysis of Income-                 | Droducing A                        | ed or accrue                     | d during the tax year                 | r              |                     | 92                | <u>N/</u>                               | A        |               |
| and start and the start and a start and a       |                                                                     |                                    |                                  | d business income                     |                | d by section 512, 5 | 13 or 514         |                                         |          |               |
| Note: Enter                                     | r gross amounts unless other                                        | wise                               | (A)                              | (B)                                   | (C)            | (D)                 |                   | (E)<br>Related or                       |          | nt            |
|                                                 |                                                                     |                                    | Business<br>code                 | Amount                                | Exclu-<br>sion | Amoun               | t                 | function                                |          | -             |
|                                                 | m service revenue:                                                  |                                    |                                  | · · · · · · · · · · · · · · · · · · · | code           |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    |                                  | · · · · · · · · · · · · · · · · · · · |                |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    |                                  |                                       | ·              |                     |                   | 1                                       |          |               |
| u                                               |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| t Modica                                        | re/Medicaid payments                                                |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 | nd contracts from governmer                                         |                                    |                                  |                                       |                |                     | -                 |                                         |          |               |
| -                                               | ership dues and assessments                                         |                                    |                                  | · · · ·                               |                |                     |                   | 24,97                                   | 3,1      | L <b>44</b> . |
|                                                 | on savings and temporary cash i                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 | ids and interest from securiti                                      |                                    |                                  |                                       | 14             | 1,261               | ,521.             |                                         |          |               |
|                                                 | tal income or (loss) from real                                      |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 | nanced property                                                     | ſ                                  |                                  |                                       |                |                     |                   | [                                       |          |               |
|                                                 | ot-financed property                                                |                                    |                                  |                                       | 16             | 134                 | ,165.             |                                         |          |               |
|                                                 | tal income or (loss) from pers                                      |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    | 1                                |                                       |                |                     |                   | [                                       |          |               |
| 100 Gain or                                     | (loss) from sales of assets                                         |                                    |                                  |                                       |                |                     |                   | ſ                                       |          |               |
| other th                                        | nan inventory                                                       |                                    |                                  |                                       | 18             | 4                   | ,676.             |                                         |          |               |
|                                                 | ome or (loss) from special ev                                       |                                    |                                  |                                       |                |                     |                   |                                         |          | =             |
| 102 Gross p                                     | profit or (loss) from sales of in                                   | ventory                            |                                  |                                       |                |                     |                   | i                                       |          |               |
| 103 Other r                                     | evenue:                                                             |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| a                                               |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| b                                               |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| C                                               |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| d                                               |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| е                                               |                                                                     |                                    |                                  |                                       |                | 1 201               | 010               | 24 07                                   | 2 1      |               |
| 104 Subtota                                     | al (add columns (B), (D), and                                       | (E))                               |                                  |                                       |                | 1,391               |                   |                                         |          |               |
| 105 Total (a                                    | add line 104, columns (B), (D)<br>05 plus line 1e, Part I, should   | , and (E))                         | int on line 12                   | Part I                                |                |                     | 🏲 .               | 26,36                                   | 4,1      | <u>154</u> .  |
|                                                 |                                                                     |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
| Part VIII                                       |                                                                     |                                    |                                  | · · · · · · · · · · · · · · · · · · · |                |                     |                   |                                         | onic     |               |
| Line No.                                        | Explain how each activity for whi<br>exempt purposes (other than by | ch income is repo                  | rtea in column<br>ar such nurnos | (E) OLPART VII CONTIDU<br>es)         | neo importar   | itty to the accon   | ipusimenti        | л ше огданиац                           | 0115     |               |
|                                                 | SEE STATEMENT                                                       |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 | SEE STATEMENT                                                       | _17                                |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 |                                                                     | · ·                                |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 | · · · · · · · · · · · · · · · · · · ·                               |                                    |                                  |                                       |                |                     |                   | • · · · · · · · · · · · · · · · · · · · |          |               |
| Part IX                                         | Information Regardi                                                 | ng Taxable S                       | Subsidiari                       | es and Disrega                        | rded Ent       | ities (See the      | instructio        | ns.)                                    |          |               |
| 2017 A 100 CON 100 CON 100 CON                  | (A)                                                                 | (B)                                |                                  | (C)                                   |                | (D)                 |                   | (E                                      |          |               |
| Name, add<br>partners                           | ress, and EIN of corporation, ship, or disregarded entity           | Percentage of<br>ownership interes | st                               | Nature of activities                  |                | Total inco          | те                | End-of<br>asse                          |          |               |
|                                                 | STATEMENT 18                                                        |                                    | %                                |                                       |                |                     |                   |                                         |          |               |
| <u></u>                                         |                                                                     |                                    | %                                |                                       |                |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    | %                                |                                       |                |                     |                   |                                         |          |               |
|                                                 | · .                                                                 |                                    | %                                |                                       |                |                     |                   |                                         |          |               |
| Part X                                          | Information Regardi                                                 | ng Transfers                       | s Associat                       | ed with Person                        | al Benef       | it Contract         | <b>s</b> (See the | instructions.)                          | !        |               |
| P. S. J. S. | organization, during the year, re                                   | ceive any funds, c                 | lirectly or indire               | ectly, to pay premiums                | on a person    | al benefit contra   | ct?               | Yes                                     | _        | K No          |
|                                                 | organization, during the year, pa                                   |                                    |                                  |                                       |                |                     |                   | 🗌 Yes                                   | $\Sigma$ | K No          |
|                                                 | es" to (b), file Form 8870 and                                      |                                    |                                  |                                       |                |                     |                   |                                         |          |               |
|                                                 |                                                                     |                                    |                                  |                                       |                |                     |                   | Eorm                                    | . 000    | (2007)        |

Form **990** (2007)

723163 12-27-07

| Form 9<br>Part                        | 990 (2007) AMERICAN ARM BUREAU F                                                                                                                                                    |                                                           | 36-072                                             |                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------------|
| 1.000000.000                          | controlling organization as defined in section 512(b)(13).                                                                                                                          |                                                           |                                                    |                             |
| · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                     |                                                           |                                                    | Yes No                      |
| <b>106</b> I                          | Did the reporting organization make any transfers to a controlled entity                                                                                                            | as defined in section                                     | 1512(b)(13) of the Code? If "Yes,                  | IF                          |
|                                       | complete the schedule below for each controlled entity.                                                                                                                             |                                                           | <b>.</b>                                           | X                           |
|                                       | (A)                                                                                                                                                                                 | (B)                                                       | (C)                                                | (D)                         |
|                                       | Name, address, of each                                                                                                                                                              | Employer<br>Identification                                | Description of                                     | Amount of                   |
|                                       | controlled entity                                                                                                                                                                   | Number                                                    | transfer                                           | transfer                    |
|                                       | BF LEGAL ADVOCACY PROGRAM LLC                                                                                                                                                       |                                                           |                                                    |                             |
|                                       | 00 MARYLAND AVE. SW, STE. 1000                                                                                                                                                      |                                                           |                                                    |                             |
| WZ                                    | ASHINGTON, DC 20024                                                                                                                                                                 | 65-1294705                                                | SEE STATEMENT 20                                   | 1,000,000.                  |
| _                                     |                                                                                                                                                                                     |                                                           |                                                    |                             |
| b                                     |                                                                                                                                                                                     |                                                           |                                                    |                             |
|                                       |                                                                                                                                                                                     | <u> </u>                                                  |                                                    |                             |
|                                       |                                                                                                                                                                                     |                                                           |                                                    |                             |
| °                                     |                                                                                                                                                                                     |                                                           |                                                    |                             |
|                                       |                                                                                                                                                                                     | ur externe live ar howeld :                               |                                                    |                             |
|                                       | T-4-1-                                                                                                                                                                              |                                                           |                                                    | 1,000,000.                  |
|                                       | Totals                                                                                                                                                                              | <u>IN 19202182 33: 2002 :</u>                             |                                                    | Yes No                      |
| 107 D                                 | id the reporting organization receive any transfers from a controlled e                                                                                                             | ntitu an dofinad in po                                    | ation E10(b)(12) of the Code2 If "                 |                             |
|                                       | omplete the schedule below for each controlled entity.                                                                                                                              | nuty as denned in se                                      |                                                    | X                           |
|                                       | (A)                                                                                                                                                                                 | (B)                                                       | (C)                                                | (D)                         |
|                                       | Name, address, of each                                                                                                                                                              | Employer                                                  | Description of                                     | Amount of                   |
|                                       | controlled entity                                                                                                                                                                   | Identification<br>Number                                  | transfer                                           | transfer                    |
| AM                                    | IERICAN FARM BUREAU, INC. (AFBI)                                                                                                                                                    |                                                           |                                                    |                             |
|                                       | 0 MARYLAND AVE. SW, STE. 1000                                                                                                                                                       |                                                           |                                                    |                             |
|                                       | SHINGTON, DC 20024                                                                                                                                                                  | 36-3250406                                                | SEE STATEMENT 21                                   | 67,704.                     |
|                                       | ERICAN AGRICULTURAL INSURANCE AGENO                                                                                                                                                 |                                                           |                                                    |                             |
|                                       | 0 MARYLAND AVE. SW, STE. 1000                                                                                                                                                       |                                                           |                                                    |                             |
|                                       | SHINGTON, DC 20024                                                                                                                                                                  | 36-2469940                                                |                                                    | 24,177.                     |
| AM                                    | ERICAN FARM BUREAU FOUNDATION FOR A                                                                                                                                                 |                                                           |                                                    |                             |
|                                       | 0 MARYLAND AVE. SW, STE. 1000                                                                                                                                                       |                                                           |                                                    |                             |
| WA                                    | SHINGTON, DC 20024                                                                                                                                                                  | 36-6169577                                                |                                                    | 24,320.                     |
|                                       |                                                                                                                                                                                     |                                                           |                                                    |                             |
|                                       | Totals                                                                                                                                                                              |                                                           |                                                    | 116,201.                    |
|                                       |                                                                                                                                                                                     |                                                           |                                                    | Yes No                      |
| 108 D                                 | id the organization have a binding written contract in effect on August                                                                                                             | 17, 2006, covering th                                     | ne interest, rents, royalties, and                 |                             |
| a                                     | nnuities described in question 107 above?                                                                                                                                           |                                                           |                                                    | <u> </u>                    |
|                                       | Under penalties of perjury, I declare that have examined in strum, including accompany<br>and complete. Declaration of preparer where than affect is based on all information of wh | ying schedules and stateme<br>ich preparer has any knowle | nts, and to the best of my knowledge and b<br>dge. | elief, it is true, correct, |
| Please                                | Martin Melle                                                                                                                                                                        |                                                           | 9/23/                                              | 69                          |
| Sign                                  | Sandura at all and                                                                                                                                                                  |                                                           |                                                    | - /                         |
| Here                                  | Signature of officer (                                                                                                                                                              |                                                           | Date                                               |                             |
|                                       | Executive Vice President                                                                                                                                                            |                                                           |                                                    |                             |
|                                       |                                                                                                                                                                                     | Data                                                      | Check if Preparer's SSN                            | or PTIN (See Con Inst. V)   |
| Paid                                  | Preparer's<br>signature                                                                                                                                                             | Date                                                      | self-                                              | or PTIN (See Gen. Inst. X)  |
| Preparer                              | 's                                                                                                                                                                                  | 11/~/07                                                   |                                                    |                             |
| Use Only                              |                                                                                                                                                                                     |                                                           |                                                    |                             |
|                                       | address, and                                                                                                                                                                        | 'H FLOOR                                                  | D                                                  | \ 107 1040                  |
|                                       | ZP+4 / CHICAGO, ILLINOIS 60606                                                                                                                                                      |                                                           | Phone no. ► ( 312                                  |                             |
|                                       |                                                                                                                                                                                     |                                                           |                                                    | Form <b>990</b> (2007)      |

723164/12-27-07

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2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

|                             |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Current Year<br>Deduction   | 747,610.<br>747,610                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                             | 747<br>747                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 79<br>79                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Current<br>Sec 179          |                                                                      | Andre a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| ted<br>On                   | 72.                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                             | LEASEHOLDS,<br>AND EQUIPMER<br>* TOTAL 990<br>DEPR                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Asset<br>No.                |                                                                      | 1 A<br>1 A<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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990

# (D) - Asset disposed

728102 04-27-07

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

10

36-0725160 AMERICAN FARM BUREAU FEDE יי**ION** STATEMENT FORM 990 RENTAL INCOME 1 ACTIVITY GROSS RENTAL INCOME KIND AND LOCATION OF PROPERTY NUMBER 1 134,165. 600 MARYLAND AVE. SW, WASHINGTON, DC 20024 134,165. TOTAL TO FORM 990, PART I, LINE 6A

| FORM 990 GAIN (LOSS) F      | ROM PUBLICLY         | TRADED SECORT          |                    | SIAIEMENI 2           |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| DESCRIPTION                 | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
| SECURITIES                  | 16,645,322.          | 16,659,557.            | 0.                 | -14,235.              |
| TO FORM 990, PART I, LINE 8 | 16,645,322.          | 16,659,557.            | 0.                 | 14,235.               |

CATH (LOCC) FROM DURITOLY MEADED CECTRETEC

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2

| FORM 990 GAI                                                                                                                                                                                                                                                               | N (LOSS) FROM                                                                                                                             | SALE OF OTHE.   | R ASSETS           |            | STAT             | EMENT                             | 3                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------|------------------|-----------------------------------|------------------------|
| DESCRIPTION                                                                                                                                                                                                                                                                |                                                                                                                                           | DATE<br>ACQUIRE | DAT<br>D SOL       |            | METHO<br>ACQUIRI |                                   |                        |
| PROPERTY AND EQUIPMENT                                                                                                                                                                                                                                                     |                                                                                                                                           | 05/01/0         | 1 10/27            | /08 1      | PURCHA           | SED                               |                        |
| NAME OF BUYER                                                                                                                                                                                                                                                              | GROSS<br>SALES PRICE O                                                                                                                    |                 | EXPENSE<br>OF SALE | DEPRI      |                  | NET GA                            |                        |
|                                                                                                                                                                                                                                                                            | 12,375.                                                                                                                                   | 2,816.          | 0.                 |            | 0.               | 9,5                               | 59.                    |
| TO FM 990, PART I, LN                                                                                                                                                                                                                                                      | 8 12,375.                                                                                                                                 | 2,816.          | 0.                 |            | 0.               | 9,5                               | 59.                    |
| FORM 990 OTHER                                                                                                                                                                                                                                                             | CHANGES IN NET                                                                                                                            | ASSETS OR F     | UND BALAN          | CES        | STATI            | EMENT                             | 4                      |
| DESCRIPTION                                                                                                                                                                                                                                                                |                                                                                                                                           |                 |                    |            | AI               | MOUNT                             |                        |
| UNREALIZED LOSS                                                                                                                                                                                                                                                            | •                                                                                                                                         |                 |                    |            | -1               | ,829,1                            |                        |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE                                                                                                                                                                                                                           | -                                                                                                                                         |                 | PENSION C          | OST        | ,                | 263,1<br>-34,1                    | 18.                    |
| EQUITY IN NET INCOME (                                                                                                                                                                                                                                                     | S OTHER THAN N                                                                                                                            |                 | PENSION C          | OST        |                  |                                   | 18.<br>01.             |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE<br>TOTAL TO FORM 990, PAR                                                                                                                                                                                                 | S OTHER THAN N                                                                                                                            |                 | PENSION C          | OST        |                  | -34,1                             | 18.<br>01.<br>23.      |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE                                                                                                                                                                                                                           | S OTHER THAN N                                                                                                                            | ET PERIODIC     | PENSION C          | )          |                  | -34,1                             | 18.<br>01.             |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE<br>TOTAL TO FORM 990, PAR                                                                                                                                                                                                 | S OTHER THAN N<br>F I, LINE 20<br>OTH                                                                                                     | ET PERIODIC     | ( C<br>MANAG       | )          | -1<br>STATI      | -34,10,600,12                     | 18.<br>01.<br>23.<br>5 |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE<br>TOTAL TO FORM 990, PAR<br>FORM 990                                                                                                                                                                                     | S OTHER THAN N<br>F I, LINE 20<br>OTH<br>(A)                                                                                              | ET PERIODIC     | ( C<br>MANAG       | )<br>EMENT | -1<br>STATI      | -34,10<br>,600,12<br>EMENT<br>(D) | 18<br>01<br>23         |
| EQUITY IN NET INCOME (<br>PENSION RELATED CHARGE<br>TOTAL TO FORM 990, PAR<br>FORM 990<br>FORM 990<br>PROMOTION AND<br>EXHIBITS<br>INSURANCE<br>OUTSIDE SERVICES AND<br>CONSULTANT FEES<br>FARM BUREAU NETWORK<br>DUES AND<br>SUBSCRIPTIONS<br>PROGRAMS<br>MOVING EXPENSES | S OTHER THAN N<br>T I, LINE 20<br>OTH<br>(A)<br>TOTAL<br>397,015.<br>113,822.<br>351,071.<br>265,056.<br>501,235.<br>2,056,213.<br>6,357. | ET PERIODIC     | ( C<br>MANAG       | )<br>EMENT | -1<br>STATI      | -34,10<br>,600,12<br>EMENT<br>(D) | 18<br>01<br>23         |

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| FORM 990 STATEMENT OF ORGAN                    |       | ION'S I<br>ART II                     |                 | EXEM  | PT PURPOSE                                | STATEMENT                    | (        |
|------------------------------------------------|-------|---------------------------------------|-----------------|-------|-------------------------------------------|------------------------------|----------|
| EXPLANATION                                    |       |                                       |                 |       |                                           |                              |          |
| PROMOTES AND ADVOCATES FOR ECO<br>ITS MEMBERS. | ONOMI | C, SOCI                               | IAL, AND        | EDU(  | CATIONAL INT                              | ERESTS OF                    |          |
| FORM 990 NON-C                                 | GOVER | NMENT \$                              | SECURITIE       | S     | · · · · · · · · · · · · · · · · · · ·     | STATEMENT                    | •        |
| SECURITY DESCRIPTION COST/FMV                  |       | PORATE<br>OCKS                        | CORPOF<br>BONE  |       | OTHER<br>PUBLICLY<br>TRADED<br>SECURITIES | TOTAL<br>NON-GOV<br>SECURITI |          |
| EQUITY SECURITIES FMV                          | 2,7   | 17,717                                | •               |       |                                           | 2,717,7                      | 17.      |
| TO FORM 990, LINE 54A, COL B                   | 2,7   | 17,717.                               |                 |       |                                           | 2,717,7                      | 17.      |
|                                                |       |                                       |                 |       |                                           |                              |          |
| FORM 990 GOVI                                  | ERNME | NT SECU                               | RITIES          |       |                                           | STATEMENT                    | 8        |
| DESCRIPTION                                    | COST  | /FMV                                  | U.S.<br>GOVERNM |       | STATE AND<br>LOCAL GOV'T                  | TOTAL GOV<br>SECURITI        |          |
| DEBT SECURITIES                                | FM    | v                                     | 8,557,3         | 315.  |                                           | 8,557,3                      | 15       |
| TOTAL TO FORM 990, LINE 54A, (                 | COL B | -                                     | 8,557,3         | 815.  |                                           | 8,557,3                      | 15       |
| FORM 990 DEPRECIATION OF                       | ASSE  | TS NOT                                | HELD FOR        | R INV | /ESTMENT                                  | STATEMENT                    | <u>,</u> |
| DESCRIPTION                                    |       | COSI<br>OTHER                         |                 |       | CUMULATED<br>PRECIATION                   | BOOK VALU                    | E        |
| LEASEHOLDS, FURNITURE AND<br>EQUIPMENT         | -     | 8,6                                   | 581,339.        |       | 3,158,882.                                | 5,522,4                      | 57.      |
|                                                |       | ····· · · · · · · · · · · · · · · · · |                 |       |                                           |                              |          |

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13 2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

STATEMENT(S) 6, 7, 8, 9

| FORM 990       OTHER REVENUE NOT INCLUDED ON FORM 990       STATEMENT 12         DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FORM 990       | OTHER ASSETS                   |            | STATEMENT 10 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|------------|--------------|
| ACCRUED INTEREST ON INVESTMENTS       122,332.       118,015.         PREPAID PENSION BENEFIT COST       0.       1,658,916.         TOTAL TO FORM 990, PART IV, LINE 58       8,930,089.       10,847,804.         FORM 990       OTHER LIABILITIES       STATEMENT 11         DESCRIPTION       BEGINNING<br>OF YEAR       END OF YEAR         DEFERED RENT EXPENSE       871,825.       1,179,207.         DEFERED LEASE INCENTIVE<br>ACCRUED POSTRETIREMENT BENEFIT COST       2,217,216.       2,055,054.         TOTAL TO FORM 990, PART IV, LINE 65       3,957,901.       3,234,261.         FORM 990       OTHER REVENUE NOT INCLUDED ON FORM 990       STATEMENT 12         DESCRIPTION       AMOUNT       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -9,559.         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559. | DESCRIPTION    |                                |            | END OF YEAR  |
| FORM 990       OTHER LIABILITIES       STATEMENT 11         DESCRIPTION       BEGINNING<br>OF YEAR       END OF YEAR         DEFERRED RENT EXPENSE       871,825.       1,179,207.         DEFERRED LEASE INCENTIVE<br>ACCRUED POSTRETIREMENT BENEFIT COST       868,860.       0.         TOTAL TO FORM 990, PART IV, LINE 65       3,957,901.       3,234,261.         FORM 990       OTHER REVENUE NOT INCLUDED ON FORM 990       STATEMENT 12         DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -9,559.         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.             | ACCRUED INTERE | ST ON INVESTMENTS              | 122,332.   | 118,015.     |
| DESCRIPTION       BEGINNING<br>OF YEAR       END OF YEAR         DEFERRED RENT EXPENSE       871,825.       1,179,207.         DEFERRED LEASE INCENTIVE<br>ACCRUED POSTRETIREMENT BENEFIT COST       2,217,216.       2,055,054.         ACCRUED POSTRETIREMENT BENEFIT COST       3,957,901.       3,234,261.         FORM 990       OTHER REVENUE NOT INCLUDED ON FORM 990       STATEMENT 12         DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -9,559.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT       -9,559.         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                   | TOTAL TO FORM  | 990, PART IV, LINE 58          | 8,930,089. | 10,847,804.  |
| DESCRIPTIONOF YEAREND OF YEARDEFERRED RENT EXPENSE871,825.1,179,207.DEFERRED LEASE INCENTIVE2,217,216.2,055,054.ACCRUED POSTRETIREMENT BENEFIT COST868,860.0.TOTAL TO FORM 990, PART IV, LINE 653,957,901.3,234,261.FORM 990OTHER REVENUE NOT INCLUDED ON FORM 990STATEMENT 12DESCRIPTIONAMOUNTEQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES-75,290.TOTAL TO FORM 990, PART IV-A-75,290.FORM 990OTHER EXPENSES NOT INCLUDED ON FORM 990STATEMENT 13DESCRIPTION-75,290.FORM 990OTHER EXPENSES NOT INCLUDED ON FORM 990STATEMENT 13DESCRIPTION-75,290.FORM 990OTHER EXPENSES NOT INCLUDED ON FORM 990STATEMENT 13DESCRIPTION-9,559.GAIN ON SALE OF PROPERTY AND EQUIPMENT-9,5592.750-2.750-2.750-2.750-2.750-2.750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORM 990       | OTHER LIABILITIES              |            | STATEMENT 11 |
| DEFERRED LEASE INCENTIVE<br>ACCRUED POSTRETIREMENT BENEFIT COST2,217,216.<br>868,860.2,055,054.<br>0.TOTAL TO FORM 990, PART IV, LINE 653,957,901.3,234,261.FORM 990OTHER REVENUE NOT INCLUDED ON FORM 990STATEMENT 12DESCRIPTION<br>EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES-75,290.TOTAL TO FORM 990, PART IV-A-75,290.FORM 990OTHER EXPENSES NOT INCLUDED ON FORM 990STATEMENT 13DESCRIPTION<br>EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES-75,290.TOTAL TO FORM 990, PART IV-A-75,290.FORM 990OTHER EXPENSES NOT INCLUDED ON FORM 990STATEMENT 13DESCRIPTION<br>GAIN ON SALE OF PROPERTY AND EQUIPMENT-9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DESCRIPTION    |                                |            | END OF YEAR  |
| FORM 990       OTHER REVENUE NOT INCLUDED ON FORM 990       STATEMENT 12         DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEFERRED LEASE | INCENTIVE                      | 2,217,216. | 2,055,054.   |
| DESCRIPTION       AMOUNT         EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOTAL TO FORM  | 990, PART IV, LINE 65          | 3,957,901. | 3,234,261.   |
| EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES       -75,290.         TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORM 990       | OTHER REVENUE NOT INCLUDED ON  | FORM 990   | STATEMENT 12 |
| TOTAL TO FORM 990, PART IV-A       -75,290.         FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DESCRIPTION    |                                |            | AMOUNT       |
| FORM 990       OTHER EXPENSES NOT INCLUDED ON FORM 990       STATEMENT 13         DESCRIPTION       AMOUNT         GAIN ON SALE OF PROPERTY AND EQUIPMENT       -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EQUITY IN NET  | INCOME (LOSS) OF SUBSIDIARIES  |            | -75,290.     |
| DESCRIPTION     AMOUNT       GAIN ON SALE OF PROPERTY AND EQUIPMENT     -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOTAL TO FORM  | 990, PART IV-A                 |            | -75,290.     |
| GAIN ON SALE OF PROPERTY AND EQUIPMENT -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORM 990       | OTHER EXPENSES NOT INCLUDED ON | 1 FORM 990 | STATEMENT 13 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DESCRIPTION    |                                |            | AMOUNT       |
| TOTAL TO FORM 990, PART IV-B -9,559.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GAIN ON SALE O | F PROPERTY AND EQUIPMENT       |            | -9,559.      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOTAL TO FORM  | 990, PART IV-B                 |            | -9,559.      |

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| AMERICAN FARM BUREAU FEDE                                                      |                        | (                    | 3                    | 6-0725160                      |
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| FORM 990 OTHER REVENUE                                                         | INCLUDED ON FO         | RM 990               | STAT                 | ement 14                       |
| DESCRIPTION                                                                    |                        |                      | A                    | MOUNT                          |
| INVESTMENT INCOME FROM AFBF LEGAL<br>LLC<br>GAIN ON SALE OF PROPERTY AND EQUIP |                        | GLE MEMBER           |                      | 38,273.<br>9,559.              |
| TOTAL TO FORM 990, PART IV-A                                                   |                        |                      |                      | 47,832.                        |
| FORM 990 OTHER EXPENSES                                                        | INCLUDED ON FO         | RM 990               | STAT                 | ement 15                       |
| DESCRIPTION                                                                    |                        |                      | A                    | MOUNT                          |
| EXPENSES OF AFBF LEGAL ADVOCACY -                                              | SINGLE MEMBER          | LLC                  |                      | 460,810.                       |
| TOTAL TO FORM 990, PART IV-B                                                   |                        |                      | <u> </u>             | 460,810.                       |
| FORM 990 PART V-A - LIST OF CU<br>TRUSTEES A<br>NAME AND ADDRESS               | ND KEY EMPLOYE         |                      | EMPLOYEE<br>BEN PLAN | EMENT 16<br>EXPENSE<br>ACCOUNT |
| BOB STALLMAN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024      | PRESIDENT AND<br>40.00 | DIRECTOR<br>420,415. | 96,364.              | 65,283.                        |
| BARRY BUSHUE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024      | VICE PRESIDEN<br>2.00  |                      |                      | 18,450.                        |
| RONALD ANDERSON<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024   | DIRECTOR<br>2.00       | 0.                   | 0.                   | 5,900.                         |
| STEVE BACCUS<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024      | DIRECTOR<br>2.00       | 0.                   | 0.                   | 6,100.                         |
| MARSHALL COYLE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00       | . 0.                 | 0.                   | 6,700.                         |

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STATEMENT(S) 14, 15, 16 2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

| AMERICAN FARM BUREAU                                                 | FEDE        |                  | (max) | 36-0725160 |
|----------------------------------------------------------------------|-------------|------------------|-------|------------|
| KENNETH DIERSCHKE<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024   | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 6,300.  |
| ALEX DOWSE<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024          | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 7,000.  |
| ZIPPY DUVALL<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024        | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 6,900.  |
| ALAN FOUTZ<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024          | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 8,100.  |
| TERRY GILBERT<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024       | SUITE 1000W |                  | 0.    | 0. 12,900. |
| JOHN HOBLICK<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024        | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 6,300.  |
| LELAND HOGAN<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024        | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 5,900.  |
| CHARLES KRUSE<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024       | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 7,600.  |
| TOWNSEND KYSER<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024      | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 11,000. |
| CRAIG LANG<br>600 MARYLAND AVE, SŴ,<br>WASHINGTON, DC 20024          | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 4,000.  |
| JOHN W. LINCOLN<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024     | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 7,700.  |
| DOUG MOSEBAR<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024        | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 3,500.  |
| RICHARD NIEUWENHUIS<br>600 MARYLAND AVE, SW,<br>WASHINGTON, DC 20024 | SUITE 1000W | DIRECTOR<br>2.00 | 0.    | 0. 6,400.  |

| AMERICAN FARM BUREAU FEDE                                                    |                  | Con | 36-0725160 |
|------------------------------------------------------------------------------|------------------|-----|------------|
| PHILIP NELSON<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024   | DIRECTOR<br>2.00 | 0.  | 0. 12,100. |
| JERRY NEWBY<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00 | 0.  | 0. 3,500.  |
| KEITH OLSEN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00 | 0.  | 0. 6,300.  |
| BOB PETERSON<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00 | 0.  | 0. 5,800.  |
| WAYNE PRYOR<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00 | 0.  | 0. 4,900.  |
| STANLEY REED<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00 | 0.  | 0. 4,500.  |
| KEVIN ROGERS<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00 | 0.  | 0. 2,700.  |
| CARL SHAFFER<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00 | 0.  | 0. 4,000.  |
| MIKE SPRADLING<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024  | DIRECTOR<br>2.00 | 0.  | 0. 5,500.  |
| LACY UPCHURCH<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024   | DIRECTOR<br>2.00 | 0.  | 0. 5,700.  |
| SCOTT VANDERWAL<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024 | DIRECTOR<br>2.00 | 0.  | 0. 5,400.  |
| DON VILLWOCK<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024    | DIRECTOR<br>2.00 | 0.  | 0. 6,700.  |
| DAVID WAIDE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00 | 0.  | 0. 4,500.  |

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| AMERICAN FARM BUREAU FEDE                                                      |                                    | (          | 3        | 6-0725160 |
|--------------------------------------------------------------------------------|------------------------------------|------------|----------|-----------|
| MICHAEL WHITE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00                   | 0.         | 0.       | 6,500.    |
| DAVID WINKLES<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00                   | 0.         | 0.       | 7,900.    |
| RICHARD NEWPHER<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024   | EXEC. VICE PRE<br>40.00            |            | 89,285.  | 31,199.   |
| JULIE ANNA POTTS<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024  | GENERAL COUNSE<br>40.00            |            |          | 18,869.   |
| C. DAVID MAYFIELD<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024 | CORP SECRETARY<br>40.00            |            | 41,273.  | 13,750.   |
| LARRY WOOTEN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024      | DIRECTOR<br>2.00                   | 0.         | 0.       | 4,400.    |
| TOTALS INCLUDED ON FORM 990, PART                                              | V-A                                | 1,069,026. | 282,420. | 350,251.  |
|                                                                                | I OF RELATED ORG<br>T VI, LINE 80B | ANIZATIONS | STAT     | ement 17  |
| NAME OF ORGANIZATION                                                           |                                    |            | EXEMPT ] | NONEXEMPT |
| AMERICAN FARM BUREAU FOUNDATION FO                                             |                                    |            | X        | X         |

AMERICAN AGRICULTURAL INSURANCE AGENCY AMERICAN AGRICULTURAL MARKETING ASSOCIATION AMERICAN AGRICULTURAL INSURANCE COMPANY AMERICAN FARM BUREAU INSURANCE SERVICES, INC. AMERICAN FARM BUREAU BENEVOLENCE ASSOCIATION AFBF LEGAL ADVOCACY PROGRAM LLC

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#### STATEMENT FORM 990 PART IX - INFORMATION REGARDING TAXABLE 18 SUBSIDIARIES AND DISREGARDED ENTITIES

#### NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN FARM BUREAU, INC. (AFBI)

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES | TOTAL    | END-OF-YEAR |
|------------|---------|----------------------|----------|-------------|
| ID NUMBER  | OWNED   |                      | INCOME   | ASSETS      |
| 36-3250406 | 100.00% | BUSINESS MANAGEMENT  | 280,351. | 1,597,662.  |

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AFBF LEGAL ADVOCACY PROGRAM, LLC

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES | TOTAL   | END-OF-YEAR |
|------------|---------|----------------------|---------|-------------|
| ID NUMBER  | OWNED   |                      | INCOME  | ASSETS      |
| 65-1294705 | 100.00% | POLICY LITIGATION    | 38,273. | 1,871,725.  |

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL MARKETING ASSOCIATION

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES  | TOTAL  | END-OF-YEAR |
|------------|---------|-----------------------|--------|-------------|
| ID NUMBER  | OWNED   |                       | INCOME | ASSETS      |
| 36-2433284 | 53.50%  | AG MARKETING SERVICES | 151.   | 8,819.      |

13260902 758432 AMEFAR1-01

STATEMENT(S) 18 2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL INSURANCE AGENCY (AAIA)

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES | TOTAL  | END-OF-YEAR |
|------------|---------|----------------------|--------|-------------|
| ID NUMBER  | OWNED   |                      | INCOME | ASSETS      |
| 36-2469940 | 100.00% | INSURANCE AGENCY     | 0.     | 0.          |

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 19 ACCOMPLISHMENT OF EXEMPT PURPOSES

#### LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

94 MEMBERSHIP DUES AND ASSESSMENTS: MEMBERSHIP DUES AND FEES ALLOW MEMBERS TO PARTICIPATE IN MANY OF THE COMPANY'S EDUCATIONAL PROGRAMS AND TO RECEIVE PUBLICATIONS FREE OR AT REDUCED COSTS. IN ADDITION, MEMBERS BENEFIT BY THE ONGOING EFFORTS OF THE FARM BUREAU TO PROMOTE FARMING AND TO BE AN ADVOCATE FOR FARMERS. FORM 990 DESCRIPTION OF TRANSFER PART XI, LINE 106

STATEMENT 20

#### NAME OF CONTROLLED ENTITY

EMPLOYER ID 65-1294705

AFBF LEGAL ADVOCACY PROGRAM LLC

### DESCRIPTION OF TRANSFER

CAPITAL CONTRIBUTION TO AFBF LEGAL ADVOCACY PROGRAM, LLC., A SINGLE MEMBER LLC

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|----------|--------|------------|---|
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FORM 990

|                                           | PART XI, LINE 107           |             |
|-------------------------------------------|-----------------------------|-------------|
| NAME OF CONTROLLED ENTITY                 |                             | EMPLOYER ID |
| AMERICAN FARM BUREAU, INC                 | .(AFBI)                     | 36-3250406  |
| DESCRIPTION OF TRANSFER                   |                             |             |
| REIMBURSEMENT OF EXPENSES                 |                             |             |
| NAME OF CONTROLLED ENTITY                 | :                           | EMPLOYER ID |
| AMERICAN AGRICULTURAL INSU                | URANCE AGENCY (AAIA)        | 36-2469940  |
| DESCRIPTION OF TRANSFER                   | 24                          |             |
| REIMBURSEMENT OF EXPENSES                 |                             |             |
| NAME OF CONTROLLED ENTITY                 |                             | EMPLOYER ID |
| AMERICAN FARM BUREAU FOUND<br>FOUNDATION) | DATION FOR AGRICULTURE (AFB | 36-6169577  |

DESCRIPTION OF TRANSFER

DESCRIPTION OF TRANSFER

REIMBURSEMENT OF EXPENSES

21

STATEMENT

| Form 4562-FY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                         | омв №. 1545-<br>200                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Department of the Treasury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Including) See separate institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Information on Li                                                                                                                                                                                                                                                                                                                    | ch to your tax                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Note: Do not use Part II or Part III belov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | v for listed property. 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| 15 Property subject to section 168(f)(1         16 Other depreciation (including ACRS         Part III       MACRS Depreciation (Depreciation (Depre                                                                                                           | ) election<br>5)<br>o <b>not</b> include listed pr<br>ed in service in tax ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | operty.) (See instruction<br>Section A<br>ars beginning before 20                                                                                                                                                                                                                                                                    | <u>s.)</u><br>07                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <ul> <li>Property subject to section 168(f)(1</li> <li>Other depreciation (including ACRS</li> <li>Part III MACRS Depreciation (Depreciation (De</li></ul>                 | ) election<br><u>5)</u><br><b>5 not</b> include listed pri-<br>red in service in tax year<br><u>1 service during the tax year</u><br><b>1 sets Placed in Servic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | operty.) (See instruction<br>Section A<br>ars beginning before 20<br>into one or more general asset a<br>e During 2007 Tax Year                                                                                                                                                                                                      | s.)<br>07<br>ccounts, check here                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <ul> <li>Property subject to section 168(f)(1</li> <li>Other depreciation (including ACRS<br/>Part III MACRS Depreciation (Depreciation (Depreciation))</li> <li>MACRS deductions for assets place</li> <li>If you are electing to group any assets placed in</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ) election<br><u>S)</u><br>p <b>not</b> include listed pr<br>red in service in tax ye<br>n service during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | operty.) 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| 15 Property subject to section 168(f)(1         16 Other depreciation (including ACRS         Part III       MACRS Depreciation (Defension (Defension))         17 MACRS deductions for assets placed in         18 If you are electing to group any assets placed in         Section B - Asset         (a) Classification of property         19a       3-year property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ) election<br><b>b</b> not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | operty.) (See instruction<br>Section A<br>ars beginning before 20<br>into one or more general asset as<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use                                                                                                                                           | S.)<br>07<br><u>ccounts, check here</u><br>r Using the Ge<br>(d) Recovery                                                                                                                                                   | neral Deprecia                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III) MACRS Depreciation (Do</li> <li>17 MACRS deductions for assets placed in Section B - Ass</li> <li>(a) Classification of property</li> <li>b 5-year property</li> <li>c 7-year property</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ) election<br><b>b</b> not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | operty.) 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| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III) MACRS Depreciation (Definition of the preciation of the precision of the</li></ul>      | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | operty.) 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| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS<br/>Part III MACRS Depreciation (Definition of Depreciation of Depreci</li></ul> | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | operty.) 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| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III) MACRS Depreciation (Definition of the preciation of the precision of the</li></ul>      | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | operty.) 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| <ul> <li>I5 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III MACRS Depreciation (Definition of the preciation of Depreciation of D</li></ul>     | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | operty.) 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| <ul> <li>I5 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III MACRS Depreciation (Definition of the property of the</li></ul>     | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>(c) Month and<br>(c) Month an           | operty.) (See instruction<br>Section A<br>ars beginning before 20<br>into one or more general asset as<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use                                                                                                                                           | S.)<br>07<br>coounts, check here<br>r Using the Ge<br>(d) Recovery<br>period<br>25 yrs.<br>27.5 yrs.                                                                                                                        | (e) Convention                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS Part III MACRS Depreciation (Definition of the preciation of the precision of the</li></ul>     | ) election<br>p not include listed pr<br>ed in service in tax year<br>sets Placed in Servic<br>(b) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>(c) Month and<br>year placed<br>(c) Month and<br>year placed<br>(c) Month and<br>(c) Month and             | operty.) (See instruction<br>Section A<br>ars beginning before 20<br>into one or more general asset a<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                                | s.)<br>07<br>ccounts, check here<br>r Using the Ge<br>(d) Recovery<br>period<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 15       Property subject to section 168(f)(1         16       Other depreciation (including ACRS         Part III       MACRS Depreciation (Definition of the property of the property of the property of the property         17       MACRS deductions for assets placed in Section B - Asset (a) Classification of property         18       If you are electing to group any assets placed in Section B - Asset (a) Classification of property         19a       3-year property         19a       3-year property         15       5-year property         10-year property       10-year property         110-year property       10-year property         1111       10-year property         1115       10-year property         1116       10-year property         1116       10-year property         1111       10-year property         1111       10-year property         1111       10-year property         1111       10-year property         1115       10-year property         1116       10-year property         1117       10-year property         1118       10-year         1119       10-year         1119       10-year         1119       10-year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) election<br>p not include listed pr<br>red in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>(c) Month and<br>(c)  | operty.) (See instruction<br>Section A<br>sars beginning before 20<br>into one or more general asset as<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                              | s.)<br>07<br>coounts, check here<br>r Using the Ge<br>(d) Recovery<br>period<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Using the Alter<br>12 yrs.<br>40 yrs.<br>(g), and line 21.                     | Ineral Deprecia<br>(e) Convention (b) Convention (c) | 15     16     17     16     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     1     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     1     1     1     1     1 | em (g) Depreciation dedt                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS<br/>Part III MACRS Depreciation (Definition of the property of the</li></ul> | ) election<br>p not include listed pr<br>red in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>(c) Month and<br>(c) Month and<br>(c | operty.) (See instruction<br>Section A<br>sars beginning before 20<br>into one or more general asset as<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                              | s.)<br>07<br>coounts, check here<br>r Using the Ge<br>(d) Recovery<br>period<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Using the Alter<br>12 yrs.<br>40 yrs.<br>(g), and line 21.                     | Ineral Deprecia<br>(e) Convention (b) Convention (c) | 15     16     16     17     16     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     1     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17   | em<br>(g) Depreciation dedu                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>15 Property subject to section 168(f)(1</li> <li>16 Other depreciation (including ACRS<br/>Part III MACRS Depreciation (Definition of the property of the property. The property of the property. The property of the property. The property of the property. The property of the property of the property of the property of the property. The property of the property of the property. The property of the property of the property of the property. The property of the property of the property of the property of the property. The property of the property of the property. The property of the property of the property of the property of the property. The property of the property. The property of the property. The property of t</li></ul> | ) election<br>p not include listed pr<br>red in service in tax year<br>sets Placed in Service<br>(b) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>in service<br>(c) Month and<br>year placed<br>(c) Month and<br>(c) Month and    | operty.) (See instruction<br>Section A<br>ars beginning before 20<br>into one or more general asset a<br>e During 2007 Tax Year<br>(c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>During 2007 Tax Year I<br>es 19 and 20 in column a<br>artnerships and S corpor<br>e current year, enter the | s.)<br>07<br>coounts, check here<br>r Using the Ge<br>(d) Recovery<br>period<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Using the Alter<br>12 yrs.<br>40 yrs.<br>(g), and line 21.<br>ations - see ins | Ineral Deprecia<br>(e) Convention (b) Convention (c) | 15     16     17     16     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     1     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     17     1     1     1     1     1 | em (g) Depreciation dedt                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Fo       | rm 4562-FY (2007)                 | AME                          | RICAN                                    | ARM                        | BURE       | AU              | FEDEI                         | RATI     | ON           |            |                  | 36-      | 0725        | 5160                                                                                                            | Page 2                                                             |
|----------|-----------------------------------|------------------------------|------------------------------------------|----------------------------|------------|-----------------|-------------------------------|----------|--------------|------------|------------------|----------|-------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Ρ        | art V Listed Proper               | ty (Include a                | utomobiles, c                            |                            |            |                 |                               |          |              | compute    | ers, and         | propert  | y used f    | or entert:                                                                                                      | ainment                                                            |
|          | recreation, or a<br>Note: For any | amusement.)<br>vehicle for w | hich vou are u                           | isina the                  | standan    | d milea         | iae rate o                    | r dedu   | ictina lease | e expens   | e. com           | lete on  | v 24a. 2    | 4b. colui                                                                                                       | mns (a)                                                            |
|          | through (c) of S                  | Section A, all               | of Section B,                            | and Se                     | ction C if | ' applic        | able.                         |          |              |            |                  |          | <b>y</b> ,_ | ,                                                                                                               |                                                                    |
| Se       | ction A - Depreciation a          | nd Other In                  | formation (C                             | aution: \                  | See the i  | nstruct         | tions for l                   | imits fo | or passeng   | er autom   | obiles.          |          |             |                                                                                                                 |                                                                    |
| 24:      | a Do you have evidence to s       | support the bu               | siness/investm                           | ent use c                  | laimed?    |                 | Yes                           | No       | 24b lf "Y    | es," is th | ne evide         | nce writ | ten?        | Yes                                                                                                             | No                                                                 |
|          | (a)                               | (b)                          | (c)                                      |                            | (d)        |                 | (e)                           |          | (f)          | (9         | 3)               |          | (h)         |                                                                                                                 | i)<br>cted                                                         |
|          | Type of property                  | Date placed                  | Business/<br>investment us               | se                         | Cost or    | 6               | asis for depr<br>usiness/inve |          | Recovery     |            | hod/             |          | eciation    |                                                                                                                 | n 179                                                              |
|          | (list vehicles first )            | in service                   | percentage                               | 0                          | ther basis |                 | use onl                       |          | period       | Сопуе      | ention           | aea      | uction      |                                                                                                                 | ost                                                                |
| 25       | Special depreciation allo         | owance for q                 | ualified listed                          | propert                    | y placed   | in serv         | rice durin                    | g the t  | ax year an   | d          |                  |          |             |                                                                                                                 |                                                                    |
|          | used more than 50% in             | a qualified b                | usiness use "                            |                            |            |                 |                               |          |              |            | 25               |          |             |                                                                                                                 |                                                                    |
| 26       | Property used more that           |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   |                              |                                          | %                          |            |                 |                               |          |              | -          |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   |                              |                                          | %                          |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   | : :                          | L. L | %                          |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| 27       | Property used 50% or le           | ess in a quali               | ified business                           | use:                       |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   | : :                          |                                          | %                          |            |                 |                               |          |              | S/L        |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   | : :                          | t.                                       | %                          |            |                 |                               |          |              | S/L-       |                  |          |             |                                                                                                                 | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |
|          |                                   | : :                          | 1                                        | %                          |            |                 | -                             |          |              | S/L-       |                  |          |             | 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 |                                                                    |
| 28       | Add amounts in column             | (h), lines 25                | through 27. E                            | nter her                   | e and on   | line 2          | 1, page 1                     | • •      |              |            | 28               |          |             |                                                                                                                 | an a                           |
|          | Add amounts in column             |                              |                                          |                            |            |                 |                               |          |              |            |                  |          | . 29        | 1                                                                                                               |                                                                    |
|          |                                   | 00                           |                                          |                            |            |                 | n on Use                      |          |              |            |                  |          |             | •                                                                                                               |                                                                    |
| Col      | mplete this section for ve        | hicles used                  |                                          |                            |            |                 |                               |          |              | or related | Dersor           | 1.       |             |                                                                                                                 |                                                                    |
|          | ou provided vehicles to y         |                              |                                          |                            |            |                 |                               |          |              |            |                  |          | ing this :  | section fo                                                                                                      | or                                                                 |
|          | se vehicles.                      |                              | •                                        |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   |                              |                                          | (                          | a)         |                 | (b)                           |          | (c)          | (0         | ŋ                | (        | e)          | (1                                                                                                              |                                                                    |
| 30       | Total business/investment         | miles driven d               | uring the                                |                            | hicle      |                 | ehicle                        | <b>∖</b> | /ehicle      | Veh        |                  | Vel      | hicle       | Veh                                                                                                             |                                                                    |
|          | year (do not include com          |                              |                                          |                            |            | · · ·           |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| 21       | Total commuting miles of          |                              |                                          |                            |            |                 | •••                           |          |              |            |                  |          | · · ·       |                                                                                                                 |                                                                    |
|          | Total other personal (no          |                              |                                          |                            |            |                 |                               |          |              |            |                  | <u> </u> |             | 1                                                                                                               |                                                                    |
| 32       |                                   | -                            | -                                        |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| ~~       | driven                            |                              |                                          |                            |            |                 |                               |          |              |            |                  | <b>.</b> |             |                                                                                                                 |                                                                    |
| 33       | Total miles driven during         |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| ~ •      | Add lines 30 through 32           |                              |                                          |                            | N1-        | V               | Na                            | Ver      | Na           | Van        |                  | V-       | No          | Yes                                                                                                             | No                                                                 |
| 34       | Was the vehicle available         |                              |                                          | Yes                        | No         | Yes             | No                            | Yes      | s No         | Yes        | No               | Yes      | No          | Tes                                                                                                             | No                                                                 |
|          | during off-duty hours?            |                              |                                          |                            |            |                 | -                             | -        | _            |            |                  |          |             |                                                                                                                 |                                                                    |
| 35       | Was the vehicle used pr           |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             | -                                                                                                               |                                                                    |
| ~~       | than 5% owner or relate           |                              |                                          |                            |            |                 | -                             | +        |              |            | <u> </u>         |          |             |                                                                                                                 |                                                                    |
| 36       | Is another vehicle availa         | ble for perso                | nal                                      |                            |            |                 |                               |          |              |            |                  | -        |             |                                                                                                                 |                                                                    |
| <u> </u> | use?                              |                              |                                          |                            | l          |                 |                               |          |              |            |                  | [        | <u> </u>    | <u>   </u>                                                                                                      |                                                                    |
|          |                                   |                              | - Questions 1                            | -                          | -          |                 |                               |          |              |            | P · -            |          |             |                                                                                                                 |                                                                    |
|          | swer these questions to c         | determine if y               | /ou meet an e                            | exception                  | n to com   | pleting         | Section                       | B for v  | ehicles us   | ed by en   | nployee          | s who a  | re not m    | iore than                                                                                                       | 15%                                                                |
|          | ners or related persons.          |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| 37       | Do you maintain a writte          |                              |                                          |                            | -          |                 |                               |          | _            | -          |                  | r        |             | Yes                                                                                                             | No                                                                 |
|          | employees?                        |                              |                                          |                            |            |                 |                               |          | •••••        |            |                  |          |             | ·                                                                                                               |                                                                    |
| 38       | Do you maintain a writte          | -                            |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          | employees? See the ins            |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             | ·                                                                                                               |                                                                    |
|          | Do you treat all use of ve        |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             | ·                                                                                                               |                                                                    |
| 40       | Do you provide more that          |                              | -                                        |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          | the use of the vehicles, a        |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| 41       | Do you meet the require           |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          | Note: If your answer to 3         | 37, 38, 39, 4                | 0, or 41 is "Ye                          | s," do n                   | ot compl   | ete Se          | ction B fo                    | or the c | covered ve   | hicles.    |                  |          |             |                                                                                                                 |                                                                    |
| P        | art VI Amortization               |                              |                                          |                            |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          | (a)                               |                              | Data                                     | <b>(b)</b><br>amortization |            | (c)<br>Amortíza |                               |          | (d)<br>Code  |            | (e)<br>Amortizat | for      | ٨           | (f)<br>mortization                                                                                              |                                                                    |
|          | Description of                    | costs                        | Date                                     | begins                     |            | amou            |                               |          | section      | P          | period or pen    |          |             | or this year                                                                                                    |                                                                    |
| 42       | Amortization of costs the         | at begins du                 | ring your 200                            | 7 tax yea                  | ar:        |                 |                               | -,       |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   |                              |                                          | : :                        |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
|          |                                   |                              |                                          | ; ;                        |            |                 |                               |          |              |            |                  |          |             |                                                                                                                 |                                                                    |
| 43       | Amortization of costs the         | at began bef                 | ore your 2007                            | 7 tax yea                  | ar         |                 |                               |          |              |            |                  | 43       |             |                                                                                                                 | -                                                                  |
| 44       | Total. Add amounts in c           | olumn (f). Se                | e the instruct                           | ions for                   | where to   | report          | t                             |          |              |            |                  | 44       |             |                                                                                                                 |                                                                    |
| 7 162    | 272 04-29-08                      |                              |                                          |                            |            |                 |                               |          |              |            |                  |          | Form        | 4562-F                                                                                                          | <b>Y (2</b> 007)                                                   |
|          |                                   |                              |                                          |                            |            |                 | 24                            |          |              |            |                  |          |             |                                                                                                                 |                                                                    |

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24 2007.08000 AMERICAN FARM BUREAU FEDERA AMEFAR11

| Form          | , <b>9</b> 9                 | 00                       | Return of Organ<br>Under section 501(c), 527                                         | or 4947(a)(1) of the internal                                       | Reven                   |                                               |                                                                                                                 | OMB No. 1545-0047                      |
|---------------|------------------------------|--------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|
|               | rtment of I<br>Ial Revenu    | he Treasury<br>o Service | The organization may have                                                            | benefit frúst or private found<br>e to use a copy of this return to |                         | r state reporting regula                      | ements.                                                                                                         | Open lo Public                         |
| -             |                              |                          |                                                                                      |                                                                     | and en                  |                                               |                                                                                                                 | Belly Device and the residence and the |
|               | heck II<br>pplicable:        | Pieze CN                 | ame of organization                                                                  |                                                                     |                         |                                               |                                                                                                                 | nadmun number                          |
|               | <br>                         | uso Ma                   | EGON FARM BUREAU                                                                     | FEDERATION                                                          |                         |                                               | 93-0.                                                                                                           | 242330                                 |
|               | Name<br>change<br>initial    |                          | umber and street (or P.O. box if mail is<br>15 COMMERCIAL STR1                       |                                                                     | )                       | Room/suite<br><b>G</b>                        | E Telephone                                                                                                     | number<br>399-1701                     |
|               | _retum<br>Tormin-<br>ation   | Instruc-<br>tions, C     | ity or town, state or country, and ZIP +                                             |                                                                     |                         | <b></b>                                       | F Accounting mai                                                                                                | hod: Cosh X Accrual                    |
| <u> </u>      | Amende<br>return<br>Applicat | - Dr                     | LEM, OR 97302<br>on 501(c)(3) organizations and 4947(a                               |                                                                     | ato I                   |                                               | Other<br>(specity)                                                                                              |                                        |
| L             | pending                      | must                     | attach a completed Schedule A (Form )                                                | 990 ar 990-EZ).                                                     | \$15                    | Hand Lare not app.<br>H(a) is this a group r  |                                                                                                                 | tion 527 organizations.<br>tes?        |
|               |                              |                          | REGONBF.ORG                                                                          |                                                                     | ·                       | H(b) If "Yes," enter nu                       | umber of affilia                                                                                                | tes N/A                                |
| _             | _                            |                          | only one) 🕨 🔀 501(c) ( 5 ) 🔍 (Ins                                                    |                                                                     | 527                     | H(c) Are all affiliates<br>(If "No," attach a | included?                                                                                                       | N/A Yes No                             |
|               |                              | -                        | he organization is not a 509(a)(3) supp<br>t more than \$25,000. A return is not rec |                                                                     | 88                      | H(d) is this a separat<br>ganization cove     | e return filed b                                                                                                | yan or-<br>ruling? Yes X No            |
|               |                              |                          | be sure to file a complete return.                                                   | anoa, out il tre orgenization                                       | . 1                     | I Group Exemptic                              |                                                                                                                 | N/A                                    |
|               |                              |                          |                                                                                      |                                                                     |                         |                                               |                                                                                                                 | tion is not required to attach         |
| LĢ            |                              |                          | s 6b, 8b, 9b, and 10b to line 12 🕨                                                   | 3,693,06                                                            |                         | Sch. B (Form 99                               |                                                                                                                 |                                        |
| Pa            | irt I                        |                          | Expenses, and Changes ir                                                             |                                                                     | Bala                    | nces                                          |                                                                                                                 |                                        |
|               | 1                            |                          | glfts, grants, and similar amounts rece                                              |                                                                     |                         |                                               |                                                                                                                 |                                        |
|               | в                            |                          |                                                                                      | ,                                                                   | 18                      |                                               |                                                                                                                 |                                        |
|               | Б                            |                          | upport (not included on line 1a)                                                     |                                                                     | 16                      |                                               |                                                                                                                 |                                        |
|               |                              | Indirect public          | support (not included on line 1a)                                                    |                                                                     | 10                      |                                               |                                                                                                                 |                                        |
|               | d                            |                          | ontributions (grants) (not included on I                                             |                                                                     | 1d                      |                                               | للمرالية المسلم                                                                                                 | 0.                                     |
|               |                              | lotal (add line          | es 1a through 1d) (cash \$<br>ice revenue including government fees :                | noncash \$                                                          |                         | · · · · · · · · · · · · · · · · · · ·         | ) <u>1e</u>                                                                                                     | 434,648.                               |
|               | 2                            |                          |                                                                                      |                                                                     |                         |                                               |                                                                                                                 | 1,250,543.                             |
|               | 8                            |                          | lues and assessments                                                                 |                                                                     |                         |                                               |                                                                                                                 |                                        |
|               | 4                            | Interest on sa           | vings and temporary cash investments                                                 | *)                                                                  | •••••                   |                                               | 4                                                                                                               | 260,966.                               |
|               | 5                            | Dividends and            | l interest from securities                                                           |                                                                     |                         | 114,8                                         |                                                                                                                 | 200,900.                               |
|               | 6 2                          | Gross rents              |                                                                                      | STATEMENT 2                                                         | 6b                      | 116,6                                         |                                                                                                                 |                                        |
|               | 5<br>5                       | Net rental inco          | kpensesSEE<br>ome or (loss). Subtract line 6b from line                              |                                                                     |                         |                                               | و نصد که صدی                                                                                                    | -1,805.                                |
| ILIE          | 7                            |                          | ent income (describe 🕨                                                               | Ψ¢                                                                  | • • • • • • • • • • • • |                                               | ) 7                                                                                                             |                                        |
| Revenue       |                              |                          | t from sales of assets other                                                         | (A) Securities                                                      |                         | (B) Other                                     |                                                                                                                 |                                        |
| B             |                              |                          | /                                                                                    | 1,531,092.                                                          | 8a                      |                                               | 56.                                                                                                             |                                        |
|               | Ь                            | Less cost or             | other basis and sales expenses                                                       |                                                                     |                         | 5,6                                           |                                                                                                                 |                                        |
|               |                              |                          |                                                                                      |                                                                     |                         | 3                                             | 92.                                                                                                             |                                        |
|               | ď                            | Net gain or (lo          | (attach schedule)                                                                    | (B) STMT 3                                                          |                         | STMT                                          | الكاف المراجم المستحد ا | 48,356.                                |
|               | 9                            |                          | s and activities (attach schedule). If any                                           |                                                                     |                         |                                               | ្នែដ្ឋីស្វែរ                                                                                                    |                                        |
|               |                              |                          |                                                                                      | of contributions reported on line 10)                               | 9a                      | 29,3                                          | 10.                                                                                                             |                                        |
|               | b                            | Less; direct e           | penses other than fundraising expense                                                |                                                                     | 9b                      | 25,3                                          |                                                                                                                 |                                        |
|               | c                            | Net income o             | (loss) from special events. Subtract lin                                             | e 9b from line 9a 🛛 S                                               | EE                      | STATEMENT                                     | 5.90                                                                                                            | 4,010.                                 |
|               | 10 a                         |                          | f inventory, less returns and allowances                                             |                                                                     |                         | ·                                             |                                                                                                                 | •••                                    |
|               | Ь                            |                          | goods sold                                                                           |                                                                     |                         |                                               | <u>درد ایرون</u><br><u>درد ایرون</u>                                                                            |                                        |
|               | c                            | Gross profit o           | r (loss) from sales of inventory (attach                                             | schedule). Subtract line 10b fro                                    | т Ііле                  | 10a                                           | 100                                                                                                             |                                        |
|               | 11                           | Other revenue            | e (from Part VII, line 103)                                                          |                                                                     |                         |                                               | 11                                                                                                              | 65,575.                                |
|               | 12                           |                          | a. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,                                          |                                                                     |                         |                                               |                                                                                                                 | 2,062,293.                             |
|               | 13                           | Program serv             | ices (from line 44, column (B))                                                      |                                                                     |                         |                                               | 13                                                                                                              |                                        |
| Expenses      | 14                           | Management               | and general (from line 44, column (C))                                               |                                                                     |                         |                                               | 14                                                                                                              |                                        |
| Dell          | 15                           | Fundralsing (            | from line 44, column (D))                                                            |                                                                     |                         |                                               | 15                                                                                                              | ·                                      |
| ũ             | 16                           | Payments to:             | affillates (attach schedule)                                                         |                                                                     |                         |                                               | 16                                                                                                              |                                        |
|               | 17                           | Total expens             | es. Add lines 16 and 44, column (A)                                                  |                                                                     |                         | ·                                             | 17                                                                                                              | 2,212,633.                             |
|               | 18                           | Excess or (de            | ficit) for the year. Subtract line 17 from                                           | line 12                                                             |                         |                                               | 18                                                                                                              | -150,340.                              |
| Net<br>Assets | 19                           | Net assets or            | fund balances at beginning of year (from<br>s in net assets or fund balances (attach | n line 73, column (A))                                              |                         |                                               | 19                                                                                                              | 9,518,974.                             |
| Ass           | 20                           | Other change             | s in net assets or fund balances (attach                                             | explanation)                                                        | EE                      | STATEMENT                                     | 6 20                                                                                                            | -2,190,658.                            |
|               | 21                           | Net assets or            | fund balances at end of year. Combine                                                | Ines 18, 19, and 20                                                 |                         |                                               | 21                                                                                                              | 7,177,976.                             |
| /230<br>12-2  | 01<br>7•07                   | LHA For Pr               | lvacy Act and Paperwork Reduction Ac                                                 | t Notice, see the separate ins                                      | truction                | 5.                                            |                                                                                                                 | Form 990 (2007)                        |

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APR. 29. 2011 10:51AM

NO.2696 P.3

|                                                                                                        |          | BUREAU FEDE        | and a second s | 0 – 0<br>D are required for section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 242330 Page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                                                        |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ble trusts but optional for oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Do not include amounts reported on line<br>6b, 8b, 9b, 10b, or 16 of Part I.                           |          | (A) Total          | (B) Program<br>services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (C) Management<br>and general                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (D) Fundralsing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 22a Grants paid from donor advised funds                                                               |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (attach schedule)                                                                                      |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (cash s0 . noneash \$0.                                                                                | 4        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| If this amount includes foreign grants, check here 🕨 🛄                                                 | 22a      |                    | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 22b Other grants and allocations (attach schedule                                                      | 1        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (cash \$                                                                                               |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| li this amount includes foreign grants, check here                                                     | 22b      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 23 Specific assistance to individuals (attach                                                          | 23       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| schedule)                                                                                              | 23       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                        | 24       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Caller and the second sec |
| schedule)<br>25a Compensation of current officers, directors, key                                      | 24       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | allor 2, 1. 1. 1. 1. 1. 10. 19. 1 and a grade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. C. 1. S. 1. 1. 2. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| employees, etc. listed in Part V-A                                                                     | 25a      | 194,400.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| b Compensation of former officers, directors, key                                                      |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| employees, etc. listed in Part V-B                                                                     | 25b      | Ο.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| c Compensation and other distributions, not included                                                   |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| above, to disqualified persons (as defined under                                                       |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| section 4958(f)(1)) and persons described In                                                           |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. Sec. 1. Sec |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| section 4956(c)(3)(B)                                                                                  | 25c      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 26 Salaries and wages of employees not                                                                 |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| included on lines 25a, b, and c                                                                        | 26       | 622,862.           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 27 Pension plan contributions not included on                                                          |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| lines 25a, b, and c                                                                                    | 27       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 28 Employee benefits not included on lines                                                             |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 25a - 27                                                                                               | 28       | 109,165.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 29 Payroll taxes                                                                                       | 29       | 63,711.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 30 Professional fundraising fees                                                                       | 30       | 101 602            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 31 Accounting fees                                                                                     | 31       | 191,623.           | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 32 Legal fees                                                                                          | 32       | 2,415.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 33 Supplies                                                                                            | 33<br>34 | 25,348.<br>29,668. | · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 34 Teléphone                                                                                           | 34       | 53,396.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 35 Postage and shipping                                                                                | 35       | 1066,001           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul><li>36 Occupancy</li><li>37 Equipment rental and maintenance</li></ul>                             |          | 8,420.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 37 Equipment rental and maintenance     38 Printing and publications                                   | 37       | 40,561.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 39 Travel                                                                                              | 30       | 63,090.            | P 1010-1644 (BC4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 40 Conferences, conventions, and meetings                                                              | 40       | 151,561.           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 41 Interest                                                                                            | 41       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 42 Depreciation, depletion, etc. (attach schedule)                                                     | 42       | 62,699.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 49 Other expenses not covered above (itemize):                                                         |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| a                                                                                                      | 43a      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| b                                                                                                      | 43b      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| C                                                                                                      | 490      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| d                                                                                                      | 43d      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| e                                                                                                      | 43e      |                    | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                        | 431      | CA3 944            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| g SEE STATEMENT 7                                                                                      | 43g      | 593,714.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 44 Total functional expenses. Add lines 22a through<br>43g. (Organizations completing columns (B)-(D), |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                        | 44       | 2,212,633.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| carry these totals to lines 13-15)<br>Joint Costs. Check ► □ If you are following                      |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Are any joint costs from a combined educational campai                                                 |          |                    | oorted in /R) Program com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vices?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| If "Yes," enter (I) the aggregate amount of these joint cou                                            |          |                    | (ii) the amount allocated t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (iii) the amount allocated to Management and general S                                                 | _        |                    | (Iv) the amount allocated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 725011<br>12-27-07                                                                                     |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Form <b>990</b> (2007)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

APR. 29. 2011 10:52AM

# Form 990 (2007) OREGON FARM BUREAU FEDERATION

93-0242330 Page 3

NO. 2696 P. 4

| Form 990 is available for public inspection and, for some people, serves as the primary or sole source of Information about a particular organization. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the   |
| return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.                                     |

| What is the organization's primary exe                          | mpt purpose?  SEE STATEMENT 8                                                                                                                                                        | Program Service<br>Expenses                                                             |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| clients served, publications issued, et                         | exempt purpose achievements in a clear and concise mann<br>c. Discuss achievements that are not measurable. (Section<br>apt charitable trusts must also enter the amount of grants a | ner. State the number of and (4) orgs., and<br>501(c)(3) and (4) 4947(a)(1) trusts; but |
|                                                                 | SISTED APPROXIMATELY 50,000 M<br>THE FARM, FRAM HOME AND RURA                                                                                                                        |                                                                                         |
|                                                                 | ITIES OF MEMBER COUNTY FARM B                                                                                                                                                        |                                                                                         |
|                                                                 | N AND ECONOMIC INTERESTS OF F.                                                                                                                                                       |                                                                                         |
| (Grants and allocations \$                                      | ) If this amount includes foreign gr                                                                                                                                                 | rants, check here                                                                       |
| b                                                               | , in a should be letting in gr                                                                                                                                                       |                                                                                         |
|                                                                 |                                                                                                                                                                                      |                                                                                         |
|                                                                 |                                                                                                                                                                                      |                                                                                         |
| (Grants and allocations \$                                      | ) If this amount includes foreign gr                                                                                                                                                 | rants, check here 🕨 🛄                                                                   |
|                                                                 |                                                                                                                                                                                      |                                                                                         |
|                                                                 |                                                                                                                                                                                      |                                                                                         |
| (Grants and allocations \$                                      | ) If this amount includes foreign gr                                                                                                                                                 | rants, check here                                                                       |
| d                                                               |                                                                                                                                                                                      |                                                                                         |
|                                                                 | ·                                                                                                                                                                                    |                                                                                         |
|                                                                 |                                                                                                                                                                                      |                                                                                         |
| Grants and allocations \$     Other program services (attach so | ) If this amount includes foreign gr                                                                                                                                                 | rants, check here  L                                                                    |
| (Grants and allocations \$                                      | ) If this amount includes foreign gr                                                                                                                                                 |                                                                                         |
|                                                                 | ses (should equal line 44, column (B), Program services)                                                                                                                             |                                                                                         |

APR. 29. 2011 10:52AM

# NO. 2696 P. 5

| _                           |             | 2007) OREGON FARM BU<br>Balance Sheets (See the instructions.)                           | REA                                     | U FEDERATION                                        | -                                        | 93-                                   | -0242330              | Page <b>4</b> |
|-----------------------------|-------------|------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------|---------------|
|                             |             |                                                                                          |                                         | · · · · · · · · · · · · · · · · · · ·               |                                          |                                       |                       |               |
| NQT                         |             | ere required, attached schedules and amounts wit<br>uld be for end-of-year amounts only. | nin the                                 | e description column.                               | (A)<br>Beginning of year                 |                                       | (B)<br>End of ye      | ar            |
|                             |             |                                                                                          | E0 000                                  |                                                     |                                          | 007                                   |                       |               |
|                             | 45          | Cash - non-interest-bearing                                                              | • • • • • • • • • •                     | ·····                                               | 50,097.                                  |                                       |                       | ,237.         |
|                             | 46          | Savings and temporary cash investments                                                   | •••••                                   | ·····                                               | 154,814                                  | 40                                    | 445                   | ,520.         |
|                             | <u>_</u>    |                                                                                          | I                                       |                                                     |                                          |                                       |                       |               |
|                             | 47 â        | Accounts receivable                                                                      |                                         | 40,941.                                             | 10.000                                   | <u>[</u>                              |                       |               |
|                             | 6           | Less: allowance for doubtful accounts                                                    | 47b                                     | KAN INAKANAN PIANI KIZI WUMUMUZIA PIANI PIANA ANAKA | 48,822                                   | 47c                                   | 40                    | <u>,941.</u>  |
|                             | I.          |                                                                                          |                                         |                                                     |                                          |                                       |                       |               |
|                             |             | Pledges receivable                                                                       |                                         | ·                                                   |                                          |                                       |                       |               |
|                             |             | Less: allowance for doubtful accounts                                                    |                                         |                                                     |                                          | 48c                                   |                       |               |
|                             | 49          | Grants receivable                                                                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                     |                                          | 49                                    |                       |               |
|                             | 50 a        | Receivables from current and former officers, di                                         |                                         |                                                     |                                          |                                       |                       |               |
|                             |             | key employees                                                                            |                                         |                                                     |                                          | <u>50a</u>                            |                       |               |
|                             | D           | Receivables from other disqualified persons (as                                          |                                         |                                                     |                                          |                                       |                       |               |
| ets                         |             | 4958(f)(1)) and persons described in section 495                                         | 58(c)(3                                 |                                                     |                                          | 505                                   |                       |               |
| Assets                      | 51 a        | Other notes and loans receivable                                                         | 51a                                     | 34,500.                                             | ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | i i i i i i i i i i i i i i i i i i i |                       | - • •         |
| -                           |             | Less: allowance for doubtful accounts                                                    | 515                                     |                                                     | 51,441.                                  |                                       | 34                    | ,500.         |
|                             | 52          | Inventories for sale or use                                                              |                                         |                                                     |                                          | 52                                    |                       |               |
|                             | 53          | Prepaid expenses and deferred charges                                                    |                                         |                                                     | 14,764.                                  | -                                     | 2                     | ,000.         |
|                             | 54 2        | Investments - publicly-traded securities                                                 |                                         | Cost FMV                                            |                                          | 54a                                   |                       |               |
|                             | D           | Investments - other securitiesSTMT                                                       | ;,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ► L Cost LX_I FM/V  _                               | 3,768,537.                               | 545                                   | 2,693                 | ,057.         |
|                             | <b>55 a</b> | Investments - land, buildings, and                                                       | 1                                       |                                                     |                                          |                                       |                       |               |
|                             |             | equipment: basis                                                                         | <u>55a</u>                              | 2,469,287.                                          |                                          | 1.48.148                              |                       |               |
|                             |             |                                                                                          |                                         | 700 000                                             |                                          |                                       | 1 1 4 0               | 0.4.0         |
|                             |             | Less: accumulated depreciation STMT 9                                                    | 55b                                     | 720,038.                                            | 1,756,757.                               |                                       | <u>1,749</u><br>2,525 | ,249.         |
|                             | 56          | Investments - other                                                                      |                                         | TATEMENT LU                                         | 4,235,621.                               | 56                                    | 2,525                 | , 393.        |
|                             |             | Land, buildings, and equipment: basis                                                    | 57a                                     |                                                     |                                          |                                       |                       |               |
|                             |             | Less: accumulated depreciation                                                           | 57b                                     |                                                     |                                          | 57c                                   |                       |               |
|                             | 58          | Other assets, including program-related investments                                      | -                                       |                                                     | 22 400                                   |                                       |                       | 0.04          |
|                             |             | (describe ► INTEREST RECEIVABL                                                           | 32,480.                                 |                                                     |                                          | ,024.                                 |                       |               |
|                             | 59          | Total assets (must equal line 74). Add lines 45 t                                        |                                         |                                                     | 10,113,333.                              | 59                                    | 7,606                 |               |
|                             | 60          | Accounts payable and accrued expenses                                                    |                                         |                                                     | 227,586.                                 |                                       |                       | ,116.         |
|                             | 61          | Grants payable                                                                           |                                         |                                                     | <u> </u>                                 | 61                                    | 200                   | 000           |
| 5                           | 62          |                                                                                          |                                         |                                                     | 366,773.                                 |                                       | 548                   | ,829.         |
| littes                      | 63          | Loans from officers, directors, trustees, and key                                        |                                         |                                                     |                                          | 63                                    |                       |               |
| Liabí                       |             |                                                                                          |                                         | ·····                                               |                                          | 648                                   |                       |               |
| لم                          | 66          | Mortgages and other notes payable<br>Other liabilities (describe <b>&gt;</b>             |                                         |                                                     |                                          | 645                                   |                       |               |
|                             | 00          |                                                                                          |                                         | / <b>_</b> / <b>_</b> / <b>_</b> /                  |                                          | 65                                    |                       |               |
|                             | 66          | Total lightilition Add lines 60 through 66                                               |                                         |                                                     | 594,359.                                 |                                       | 120                   | ,945.         |
|                             |             | Total liabilities. Add lines 60 through 65                                               |                                         |                                                     | JJ±,JJJ.                                 | 66                                    | 440                   | , 945.        |
|                             |             | 67 through 69 and lines 73 and 74.                                                       |                                         | and complete lines                                  |                                          |                                       |                       |               |
| ŝ                           | 67          | Unrestricted                                                                             |                                         |                                                     | 9,518,974.                               | 1.6                                   | 7,177                 | 075           |
| ů.                          | 68          |                                                                                          |                                         |                                                     | 9,010,974                                | 67<br>68                              | 1,11                  | , 9 / 0 .     |
| Bali                        | 69          | Temporarily restricted<br>Permanently restricted                                         |                                         |                                                     |                                          | 69                                    |                       |               |
| 1 pc                        |             | inizations that do not follow SFAS 117, check h                                          |                                         |                                                     |                                          | 02<br>02                              |                       |               |
| Ъщ                          | l orâs      | complete lines 70 through 74.                                                            |                                         |                                                     |                                          |                                       |                       |               |
| Net Assets or Fund Balances | 70          | Capital stock, trust principal, or current funds                                         |                                         |                                                     |                                          | か記名の<br>70                            |                       |               |
| iels                        | 71          | Paid-in or capital surplus, or land, building, and e                                     |                                         | lent fund                                           |                                          | 70                                    |                       |               |
| Ass                         | 72          | Retained earnings, endowment, accumulated in                                             |                                         |                                                     |                                          | 72                                    |                       |               |
| let,                        | 73          | Total net assets or fund balances. Add lines 67 through                                  |                                         |                                                     | · · · · · · · · · · · · · · · · · · ·    |                                       |                       |               |
| 4                           | [           | (Column (A) must equal line 19 and column (B) must e                                     |                                         |                                                     | 9,518,974.                               | <u>2387</u><br>73                     | 7,177                 | 976           |
|                             | 74          | Total liabilities and net assets/fund balances.                                          | 10,113,333.                             | 74                                                  | 7,606                                    | ,921                                  |                       |               |

## NO.2696 P.6

|             | n 990 (2007) OREGON FARM BUREAU FE                                                           |                                                                                                                  | With Revenue p                                                                                                  | 93-02423<br>er Return (S               |                                                                                |
|-------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|
|             | instructions.)                                                                               | · · · · · · · · · · · · · · · · · · ·                                                                            |                                                                                                                 |                                        |                                                                                |
| a           | Total revenue, gains, and other support per audited financial stateme                        | nts                                                                                                              |                                                                                                                 | <u>a</u>                               | N/A                                                                            |
| D           | Amounts included on line a but not on Part I, line 12:                                       |                                                                                                                  | Leal                                                                                                            | 383, 3                                 |                                                                                |
| 1           | Net unrealized gains on investments                                                          |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| 2           | Donated services and use of facilities                                                       |                                                                                                                  | b2                                                                                                              |                                        |                                                                                |
| 3           | Recoveries of prior year grants                                                              |                                                                                                                  | D3                                                                                                              |                                        |                                                                                |
| 4           |                                                                                              |                                                                                                                  | b4                                                                                                              | <u>- 69,3</u>                          |                                                                                |
| c           | Add lines b1 through b4                                                                      |                                                                                                                  |                                                                                                                 | 1 1                                    |                                                                                |
|             | Amounts included on Part I, line 12, but not on line a:                                      |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| ۰<br>۲      | · · · · ·                                                                                    |                                                                                                                  | 41                                                                                                              |                                        |                                                                                |
| י<br>ס      | Investment expenses not included on Part I, line 6b<br>Other (specify):                      |                                                                                                                  | 40                                                                                                              |                                        |                                                                                |
| -           |                                                                                              |                                                                                                                  | U2                                                                                                              |                                        |                                                                                |
|             | Add lines d1 and d2                                                                          | •••••••••••••••••••••••••••••••••••••••                                                                          | ••••••                                                                                                          |                                        |                                                                                |
| ٩.          | Total revenue (Part I, line 12). Add lines c and d                                           | ancial Statements                                                                                                | With Expenses                                                                                                   | Der Beturn                             |                                                                                |
| 8<br>101,55 |                                                                                              |                                                                                                                  |                                                                                                                 |                                        | N/A                                                                            |
| ь<br>Б      | Amounts included on line a but not on Part I, line 17:                                       |                                                                                                                  | ***************************************                                                                         | <b>a</b>                               | N/A                                                                            |
| 1           |                                                                                              |                                                                                                                  | 541                                                                                                             |                                        |                                                                                |
| ו<br>ה      | Donated services and use of facilities<br>Prior year adjustments reported on Part I, line 20 |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| 3           |                                                                                              |                                                                                                                  | b4                                                                                                              |                                        |                                                                                |
| 4           | Other (specify):                                                                             |                                                                                                                  | I mini a summer summ | £91 - 5 g                              |                                                                                |
|             | Add lines b1 through b4                                                                      |                                                                                                                  |                                                                                                                 | <u>b</u>                               |                                                                                |
|             | Subtract line b from line a                                                                  |                                                                                                                  |                                                                                                                 | C                                      |                                                                                |
|             | Amounts included on Part I, line 17, but not on line a:                                      |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             | Investment expenses not included on Part I, line 6b                                          |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| 2           | Other (specify):                                                                             |                                                                                                                  | 02                                                                                                              | <u>2 Ç</u>                             |                                                                                |
| _           | Add lines d1 and d2                                                                          |                                                                                                                  | *************************                                                                                       |                                        |                                                                                |
| e<br>Ions   | Total expenses (Part I, line 17). Add lines c and d                                          |                                                                                                                  |                                                                                                                 | · • •                                  | -4                                                                             |
|             | or key employee at any time during the year even if they we                                  |                                                                                                                  |                                                                                                                 |                                        | ctor, trustee,                                                                 |
|             | or key employee at any time dailing the year over in mey we                                  | (B) Title and average hour                                                                                       | s I (C) Compensation                                                                                            | (D)Contributions to                    | (É) Expanse                                                                    |
|             | (A) Name and address                                                                         | (B) Title and average hour<br>per week devoted to<br>position                                                    | (If not paid, enter<br>-0)                                                                                      | plans & defarred<br>compensation plans | <ul> <li>(É) Expense</li> <li>account and</li> <li>other allowances</li> </ul> |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              | and the second |                                                                                                                 |                                        |                                                                                |
| ŜĒ          | E STATEMENT 12                                                                               |                                                                                                                  | 194,400.                                                                                                        | 0.                                     | 0.                                                                             |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| _           |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
| ~           |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                            |                                                                                                                 | · ·                                    |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        | · · · · ·                                                                      |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        | +                                                                              |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 | 1                                      |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |
|             |                                                                                              |                                                                                                                  |                                                                                                                 |                                        |                                                                                |

723041 12-27-07

APR. 29. 2011 10:52AM

## NO. 2696 P. 7

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 990 (2007) OREGON FARM BUREAU FI                                                                                                                                                                                                                                                | DERATION                                |                                                 | 93-02423                                                                           | 330                    | Page 6                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|------------------------|----------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Current Officers, Directors, Trustees, and K                                                                                                                                                                                                                                    |                                         |                                                 |                                                                                    | Ye                     | es No                                        |
| 75 a                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enter the total number of officers, directors, and trustees permitted meetings                                                                                                                                                                                                  | •                                       | siness at board                                 | 22                                                                                 |                        |                                              |
| Þ                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are any officers, directors, trustees, or key employees listed in Form<br>listed in Schedule A, Part I, or highest compensated professional ar<br>Part II-A or II-B, related to each other through family or business rela-<br>the individuals and explains the relationship(s) | nd other independent contr              | actors listed in Sc<br>a statement that i       | hedule A, dentifies                                                                | 75b                    | X                                            |
| c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
| h                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If "Yes," attach a statement that includes the information described<br>Does the organization have a written conflict of interest policy?                                                                                                                                       | in the instructions.                    |                                                 | 51                                                                                 |                        | 254 (2000 - 14)<br>27 (2000 - 14)            |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Does the organization have a written conflict of interest policy?<br>Former Officers, Directors, Trustees, and Ke<br>Benefits (If any former officer, director, trustee, or key e<br>the year, list that person below and enter the amount of co                                | mployee received compens                | ation or other ben                              | iefits (described                                                                  | (below)                | during                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (A) Name and address NONE                                                                                                                                                                                                                                                       | (B) Loans and Advances                  | (C) Compensation<br>(if not pald,<br>enter -0-) | (D) Contributions to<br>employee benefit<br>plans & deferred<br>compensation plans | 80001                  | xpense<br>unt and<br>llowances               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <br>                                                                                                                                                                                                                                                                            |                                         |                                                 |                                                                                    |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
| <b></b> -                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 | -                                       |                                                 |                                                                                    |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                                                                    |                        |                                              |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MVI</b> Other Information (See the instructions.)                                                                                                                                                                                                                            | **************************************  |                                                 |                                                                                    |                        | es No                                        |
| 76                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Did the organization make a change in its activities or methods of costatement of each change                                                                                                                                                                                   | -                                       |                                                 |                                                                                    | <u>영상값 14</u><br>76    | <u>                                     </u> |
| 77                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Were any changes made in the organizing or governing documents If "Yes," attach a conformed copy of the changes.                                                                                                                                                                | but not reported to the IRS             | 37                                              | ·····                                                                              | a second a second a    | X<br>In the second                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Did the organization have unrelated business gross income of \$1,00<br>If "Yes," has it filed a tax return on Form 990-T for this year?<br>Was there a liquidation, dissolution, termination, or substantial cont                                                               |                                         |                                                 |                                                                                    | 78a X<br>78b X<br>79   |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Is the organization related (other than by association with a statewid<br>membership, governing bodies, trustees, officers, etc., to any other                                                                                                                                  | le or nationwide organization           | on) through comm                                | οπ                                                                                 | 80a X                  |                                              |
| Þ                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If "Yes," enter the name of the organization SEE STATE                                                                                                                                                                                                                          | EMENT 13                                |                                                 |                                                                                    |                        |                                              |
| 81 e                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enter direct and indirect political expenditures. (See line 81 instruction                                                                                                                                                                                                      | _ and check whether it is L<br>ons.)    |                                                 | nonexempt                                                                          |                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                 |                                                                                    | 81b<br>Form <b>9</b> 9 | X<br>20 (2007)                               |

## APR. 29. 2011 10:52AM

## NO. 2696 P. 8

|        | 990 (2007) OREGON FARM BUREAU FEDERATION 93-024:                                                                                                                                                                        | 2330                                     | P                  | age 7                                   |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|-----------------------------------------|
| Pa     | Other Information (continued)                                                                                                                                                                                           |                                          | Yes                | No                                      |
| 82 a   | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially                                                                                        |                                          |                    |                                         |
|        | less than fair rental value?                                                                                                                                                                                            | 822                                      |                    | X                                       |
| Б      | If "Yes," you may indicate the value of these items here. Do not include this                                                                                                                                           |                                          | 能相關                | 認識さ                                     |
|        | amount as revenue in Part I or as an expense in Part II.                                                                                                                                                                |                                          |                    | 影影響                                     |
|        | (See instructions in Part III.)                                                                                                                                                                                         | 18, 33,<br>34 x 1                        | 100 SC             | 11111                                   |
|        | Did the organization comply with the public inspection requirements for returns and exemption applications?                                                                                                             | 83a                                      | X                  |                                         |
|        | Did the organization comply with the disclosure requirements relating to qu/d pro quo contributions?                                                                                                                    | 896                                      | X                  |                                         |
|        | Did the organization solicit any contributions or gifts that were not tax deductible?                                                                                                                                   | 84a                                      |                    | X                                       |
| b      | If "Yes," dld the organization include with every solicitation an express statement that such contributions or gifts were not                                                                                           | (AMA)                                    | 명화신                |                                         |
| a'r    | tax deductible? <u>N/A</u>                                                                                                                                                                                              | 84b                                      |                    | <u> </u>                                |
| 65 a   | 501(c)(4), (5), or (6). Ware substantially all dues nondeductible by members?                                                                                                                                           | 85a                                      | X                  |                                         |
| D      | Did the organization make only In-house lobbying expenditures of \$2,000 or less?                                                                                                                                       | 855                                      |                    | X                                       |
|        | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a                                                                                                    |                                          |                    |                                         |
|        | walver for proxy tax owed for the prior year.                                                                                                                                                                           |                                          |                    | 85387404<br>1. atur at                  |
| C      | Dues, assessments, and similar amounts from members                                                                                                                                                                     |                                          |                    |                                         |
| d      |                                                                                                                                                                                                                         | -969                                     |                    | N 95 50                                 |
|        | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 65e N/A                                                                                                                                            |                                          |                    |                                         |
| 1<br>a | Taxable amount of lobbying and political expenditures (line 65d less 65e) 65f N/A                                                                                                                                       | 1888                                     | 2                  | 2984 W N                                |
|        | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A                                                                                                                               | 85g                                      |                    |                                         |
|        | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f<br>to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the |                                          |                    |                                         |
|        |                                                                                                                                                                                                                         | 85h                                      |                    |                                         |
| 86     | following tax year? <u>N/A</u><br>501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on                                                                                               | (Boligh                                  | Star and Star      | 8.38223                                 |
| 00     |                                                                                                                                                                                                                         |                                          |                    |                                         |
| h      | Gross receipts, included on line 12, for public use of club facilities 86b N/A                                                                                                                                          |                                          |                    |                                         |
| 87     | 501(c)(12) organizations. Enter: a Gross income from members or shareholders.                                                                                                                                           |                                          |                    | 5.84                                    |
|        | Gross income from other sources. (Do not net amounts due or paid to other sources                                                                                                                                       |                                          | <b>`</b> ar        |                                         |
| -      | against amounts due or received from them.)                                                                                                                                                                             |                                          | 3                  | No. in                                  |
| 88 a   | At any time during the year, dld the organization own a 50% or greater interest in a taxable corporation or partnership,                                                                                                | 北部                                       |                    |                                         |
|        | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                                                        |                                          | Stora a<br>Stora a | 5 51 11.1                               |
|        | If "Yes," complete Part IX                                                                                                                                                                                              | 68a                                      | -1:22              | X                                       |
| Ъ      | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of                                                                                                |                                          |                    |                                         |
|        | section 512(b)(13)? If "Yes," complete Part XI                                                                                                                                                                          | 685                                      |                    | x                                       |
| 89 a   | 501(c)(3) organizations, Enter: Amount of tax imposed on the organization during the year under:                                                                                                                        | 國際所                                      | 的游                 | 1 - 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × |
|        | section 4911 N/A ; section 4912 N/A ; section 4955 N/A                                                                                                                                                                  | 調點                                       |                    |                                         |
| b      | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit                                                                                                                   |                                          |                    | 11111                                   |
|        | transaction during the year or did it become aware of an excess benefit transaction from a prior year?                                                                                                                  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |                    |                                         |
|        | if "Yes," attach a statement explaining each transaction ${ m N/A}$                                                                                                                                                     | 895                                      | <u> </u>           |                                         |
| C      | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under                                                                                                                 |                                          | 19<br>Billion      |                                         |
|        | sections 4912, 4955, and 49560 .                                                                                                                                                                                        |                                          |                    | A 14 14 18                              |
|        | Enter: Amount of tax on line 89c, above, reimbursed by the organization                                                                                                                                                 |                                          | 动机                 |                                         |
|        | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?                                                                                               | BDe                                      |                    | X                                       |
|        | All organizations. Did the organization acquire a direct or indirect interest in any applicable Insurance contract?                                                                                                     | 691                                      |                    | X                                       |
| g      | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,                                                                                             |                                          |                    | 51551 (1)<br>21、13、13、13                |
|        | or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                                                           | 890                                      |                    | X                                       |
|        | List the states with which a copy of this return is filed MONE                                                                                                                                                          |                                          |                    |                                         |
|        | Number of employees employed in the pay period that includes March 12, 2007                                                                                                                                             |                                          |                    | 18                                      |
| 91 a   | The books are in care of CANDACE SEAL Telephone no. > 503-39                                                                                                                                                            |                                          |                    |                                         |
|        | Located at  3415 COMMERCIAL ST. SE, SALEM, OR ZIP+4                                                                                                                                                                     | 1730                                     |                    |                                         |
| D      | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                                                                                                   | r                                        | Yes                | No                                      |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                      | 91b                                      |                    | X                                       |
|        | If "Yes," enter the name of the foreign country N/A                                                                                                                                                                     |                                          | a na               |                                         |
|        | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank                                                                                                               |                                          |                    |                                         |
|        | and Financial Accounts.                                                                                                                                                                                                 |                                          | AN AN              | $R^{(2)}(y, y)$                         |

APR. 29. 2011 10:53AM

| Form 990 (2007) OREGON                                                       | I FARM                                | BUREAU             | FEDERATION                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | 93-0          | 0242330                                 | Page 8                                  |
|------------------------------------------------------------------------------|---------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|-----------------------------------------|-----------------------------------------|
| Part M. Other Information (cont                                              |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | Yes No                                  |
| c At any time during the calendar year,                                      |                                       | nization maint     | aln an office outside o                                                                                         | f the Ur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nited States?              |               | 910                                     | X                                       |
| If "Yes," enter the name of the foreigr                                      |                                       |                    | N/A                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| 92 Section 4947(a)(1) nonexempt charita                                      |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| and enter the amount of tax-exempt l                                         | nterest receiv                        | ved or accrue      | d during the tax year                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | 2             | N/2                                     | A                                       |
| Part VII Analysis of Income-Pr                                               | oducing A                             |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| Note: Enter gross amounts unless otherwis                                    | 5 <del>0</del>                        | (A)                | d business income                                                                                               | and the second se | ed by section 612, 513, or | r 514         | (E)                                     |                                         |
| indicated.                                                                   |                                       | Business           | (B)<br>Amount                                                                                                   | (C)<br>Exclu-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (D)<br>Amount              |               | Related or                              |                                         |
| 93 Program service revenue:                                                  |                                       | code               |                                                                                                                 | sion<br>code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |               | function in                             | ncome                                   |
| ADMIN. & CONTRACT                                                            |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| b SERVICE                                                                    |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | 4,675.                                  |
| C ADVERTISING INCOME                                                         |                                       | 110000             |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | 5,188.                                  |
| d ENDORSEMENT INCOME                                                         |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | 9,595.                                  |
| • OTHER PROGRAM SERVI                                                        |                                       |                    |                                                                                                                 | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |               | 3                                       | 5,190.                                  |
| 1 Medicare/Medicaid payments                                                 |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| g Fees and contracts from government :                                       |                                       |                    |                                                                                                                 | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |               | 1 05                                    | <u> </u>                                |
| 94 Membership dues and assessments                                           |                                       |                    | ••••••••••••••••••••••••••••••••••••••                                                                          | $\left  \right $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |               | 1,45                                    | 0,543.                                  |
| 95 Interest on savings and temporary cash Inv                                |                                       |                    |                                                                                                                 | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 260 0                      | ce +          |                                         |                                         |
| 96 Dividends and Interest from securities                                    |                                       | n. Ponensiilaid) 5 | Thirteedatarilationation (#182,3-182, 3) (82,5) (32,5)                                                          | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 260,9                      |               | \$645.4002/826.6.8PM                    | N 200 4 4 5 8 1 181                     |
| 97 Net rental income or (loss) from real es                                  |                                       |                    | Phase and the second | 1998 (1997)<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               | 現出的地址的作用                                | <u>al trena a</u>                       |
| a debt-financed property                                                     |                                       |                    |                                                                                                                 | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |               |                                         |                                         |
| b not debt-financed property                                                 |                                       |                    |                                                                                                                 | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -1,8                       | 05.           |                                         |                                         |
| 98 Net rental income or (loss) from persor                                   |                                       |                    |                                                                                                                 | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | *                          |               |                                         |                                         |
| 99 Other investment income                                                   | •••••                                 |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| 100 Gain or (loss) from sales of assets                                      |                                       |                    |                                                                                                                 | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 47 0                       |               |                                         | 392.                                    |
| other than inventory                                                         |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 47,9                       | 10.           | · · ·                                   | 594.                                    |
| 101 Net income or (loss) from special even                                   |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4,U                        | 10.1          | · · · · ·                               |                                         |
| 102 Gross profit or (loss) from sales of inve<br>103 Other revenue:          | intory                                |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| a MEMBER EXP REIMB                                                           |                                       |                    |                                                                                                                 | 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 65,5                       | 75            |                                         |                                         |
| A MERIDEN ERF RELIND                                                         |                                       | · · · ·            | <u> </u>                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | 1/51          |                                         | and and a second second                 |
| ·                                                                            |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| d                                                                            |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | <del></del> + |                                         |                                         |
| A                                                                            |                                       |                    | ·····                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | -             |                                         |                                         |
| 104 Subtotal (add columns (B), (D), and (E)                                  | \                                     |                    | 0.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 376,7                      | 10.           | 1.68                                    | 5,583.                                  |
| 105 Total (add line 104, columns (B), (D), and (E)                           |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | 2,293.                                  |
| Note: Line 105 plus line 1e, Part I, should e                                | qual the amo                          | unt on line 12     | , Part I.                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | -/-/01                                  |
| Part VIII Relationship of Activit                                            |                                       |                    |                                                                                                                 | t Pur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | poses (See the in.         | structio      | ns.)                                    |                                         |
| Line No. Explain how each activity for which                                 |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | n's                                     |
| exempt purposes (other than by pro                                           |                                       |                    |                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                          |               | -                                       |                                         |
| SEE STATEMENT 1                                                              | L <b>4</b>                            |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
|                                                                              |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
|                                                                              |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
|                                                                              |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| Part IX Information Regarding                                                |                                       | Subsidiari         |                                                                                                                 | ed En                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | truction      | 15,)                                    |                                         |
| (A)<br>Name, address, and FIN of corporation.                                | (B)<br>Percentage of                  |                    | (C)<br>Nature of activities                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (D)<br>Total Income        |               | (E)<br>End-of-                          |                                         |
| Name, address, and EIN of corporation, partnership, or disregarded entity ow | Percentage of<br>mership intere       | st                 |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total Income               |               | 8556                                    | 9 C C C C C C C C C C C C C C C C C C C |
|                                                                              |                                       | %                  |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
| N/A                                                                          |                                       | %                  |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         | · · · · · · · · · · · · · · · · · · ·   |
|                                                                              | · · · · · · · · · · · · · · · · · · · | %                  |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |
|                                                                              |                                       | %                  |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               | -                                       |                                         |
| Rant X Information Regarding                                                 |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | See the       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                         |
| (a) Did the organization, during the year, recel                             |                                       |                    |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nal benefit contract?      |               | 🔄 Yes                                   | X No                                    |
| (b) Did the organization, during the year, pay p                             |                                       |                    |                                                                                                                 | ontract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | *********                  |               | , Ves                                   | X No                                    |
| Note: If "Yes" to (b), file Form 8870 and F                                  | orm 4720 (se                          | e instructions     | i).                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |               |                                         |                                         |

# APR. 29. 2011 10:53AM

| Form 99              |                                                                                                                                                                                            |                                             | 93-024                                         |                              |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------|------------------------------|
| (Part)               | Information Regarding Transfers To and From<br>controlling organization as defined in section 512(b)(13).                                                                                  | Controlled Entil<br>N/A                     | ies. Complete only if the organiz              | vation is a                  |
|                      | d the reporting organization make any transfers to a controlled entity mplete the schedule below for each controlled entity.                                                               |                                             | n 512(b)(13) of the Code? If "Yes,             | "Yes No                      |
|                      | (A)<br>Name, address, of each<br>controlled entity                                                                                                                                         | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>transfer              | (D)<br>Amount of<br>transfer |
| a                    |                                                                                                                                                                                            |                                             |                                                |                              |
| ь<br>                |                                                                                                                                                                                            |                                             |                                                |                              |
|                      | · • • • • • • • • • • • • • • • • • • •                                                                                                                                                    |                                             |                                                |                              |
|                      | Totals                                                                                                                                                                                     |                                             |                                                |                              |
|                      | d the reporting organization receive any transfers from a controlled e<br>mplete the schedule below for each controlled entity.                                                            |                                             |                                                | Yes," Yes No                 |
|                      | (A)<br>Name, address, of each<br>controlled entity                                                                                                                                         | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>tran <del>s</del> fer | (D)<br>Amount of<br>transfer |
| a                    |                                                                                                                                                                                            |                                             |                                                | ·                            |
| ь                    |                                                                                                                                                                                            |                                             |                                                |                              |
| c                    |                                                                                                                                                                                            |                                             |                                                |                              |
|                      | Totals                                                                                                                                                                                     |                                             |                                                |                              |
|                      | d the organization have a binding written contract In effect on August<br>inuities described in question 107 above?                                                                        | -                                           |                                                |                              |
| Please               | Under penalties of perjury, I declare that I have examined this return, including accompar<br>and complete. Declaration of proparer (other than officer) is based on all information of wi | nich preparer has any know                  | iadge.                                         |                              |
| Sign<br>Here         | Signature of officer CANDACE SEAL, TREASURER Type or print name and title                                                                                                                  |                                             | Date                                           |                              |
| Paid                 | Preparer's signature                                                                                                                                                                       | Date                                        | self-                                          | I OF FTIN (See Gon, Inst. X) |
| Preparer<br>Use Only |                                                                                                                                                                                            | )                                           | EIN Phone no. > 503-                           | 697-4118                     |

NO. 2696 P. 10

| APR. 29. 2011 10:53AM                 |                      |                        | NO.                                   | 2696 P. 11           |     |
|---------------------------------------|----------------------|------------------------|---------------------------------------|----------------------|-----|
| OREGON FARM BUREAU FEDERATI           | lon                  |                        |                                       | 93-0242              | 330 |
| FORM 990                              | RENTAL INCOM         | ſE                     | · ·                                   | STATEMENT            | 1   |
| KIND AND LOCATION OF PROPERTY         | 2                    | . 2                    | ACTIVITY<br>NUMBER                    | GROSS<br>RENTAL INC  | OME |
| REAL ESTATE - MADRONA                 |                      |                        | 1.                                    | 114,8                | 79. |
| TOTAL TO FORM 990, PART I, LI         | INE 6A               |                        |                                       | 114,8                | 79. |
|                                       |                      |                        |                                       |                      |     |
| FORM 990                              | RENTAL EXPEN         | ÍSES                   | · · · · · · · · · · · · · · · · · · · | STATEMENT            | 2   |
| DESCRIPTION                           |                      | UVITY<br>MBER AM(      | )ÚNT                                  | TOTAL                |     |
| RENTAL EXPENSES<br>PROPERTY TAXES - S | SUBTOTAL ~           | 1                      | 84,098.<br>32,586.                    | 116,6                | 84. |
| TOTAL TO FORM 990, PART I, LI         | INE 6B               |                        |                                       | 116,6                | 84. |
| FORM 990 GAIN (LOSS) F                | ROM PUBLICLY 1       | RADED SECURI           | ries                                  | STATEMENT            | 3   |
| DESCRIPTION                           | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE                    | NET GAII<br>OR (LOS: |     |
| VARIOUS SECURITIES                    | 1,531,092.           | 1,483,128.             | 0                                     | . 47,90              | 64. |
| TO FORM 990, PART I, LINE 8           | 1,531,092.           | 1,483,128.             | 0                                     | . 47,90              | 64. |

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APR. 29. 2011 10:53AM

NO. 2696 P. 12

## OREGON FARM BUREAU FEDERATION

93-0242330

| FORM 990 GAIN                                              | (LOSS) FROM           | SALE OF OTH            | IER ASSETS         | ST.                | ATEMENT 4               |
|------------------------------------------------------------|-----------------------|------------------------|--------------------|--------------------|-------------------------|
| DESCRIPTION                                                |                       | DATE<br>ACQUIR         |                    |                    |                         |
| VEHICLES                                                   |                       | VARIOU                 | VS VARIOU          | S PURC             | HASED                   |
| NAME OF BUYER SA                                           | GROSS<br>Ales Price ( | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | DEPREC             | NET GAIN<br>OR (LOSS)   |
| VARIOUS                                                    | 6,056.                | 5,664.                 | 0.                 | 0.                 | 392.                    |
| TO FM 990, PART I, LN 8                                    | 6,056.                | 5,664.                 | 0.                 | 0.                 | 392                     |
| FORM 990                                                   | SPECIAL EVE           | ENTS AND ACT           | IVITIES            | ST.                | ATEMENT 5               |
| DESCRIPTION OF EVENT                                       | GROSS<br>RECEIPTS     | CONTRIBUT.<br>INCLUDED | GROSS<br>REVENUE   | DIRECT<br>EXPENSES | NET INCOME<br>OR (LOSS) |
| 75TH ANNIVERSARY BAXTER<br>BLACK EVENT<br>75TH ANNIVERSARY | 4,010.                | . 0.                   | 4,010.             |                    | 4,010.                  |
| COMMEMORATIVE BLANKET<br>SALE                              | 25,300.               | . 0.                   | 25,300.            | 25,300.            | 0.                      |
| TO FM 990, PART I, LINE                                    | 9 29,310.             | 0.                     | 29,310.            | 25,300.            | 4,010.                  |
| FORM 990 OTHER CH                                          | ANGES IN NET          | F ASSETS OR            | FUND BALANC        | ES ST.             | ATEMENT 6               |
| DESCRIPTION                                                |                       |                        |                    |                    | AMOUNT                  |
| UNREALIZED GAIN OR LOSS (                                  | <u> </u>              | חיז                    |                    |                    | -2,190,658.             |
|                                                            |                       | ΝТ                     |                    |                    |                         |
| TOTAL TO FORM 990, PART                                    | L, LINE 20            |                        |                    |                    | -2,190,658.             |

## APR. 29. 2011 10:53AM

OREGON FARM BUREAU FEDERATION

## NO. 2696 P. 13

.

93-0242330

8

| FORM 990               | OTHER        | STATEMENT 7                |                                       |                    |
|------------------------|--------------|----------------------------|---------------------------------------|--------------------|
| DESCRIPTION            | (A)<br>TOTAL | (B)<br>Program<br>Services | (C)<br>MANAGEMENT<br>AND GENERAL      | (D)<br>FUNDRAISING |
| AMERICAN FARM BUREAU   |              |                            |                                       |                    |
| DUES                   | 219,256.     | 1                          |                                       |                    |
| FEELDS EXPENSE         | 32,509.      |                            |                                       |                    |
| INFORMATION & PUBLIC   | 5275051      |                            |                                       |                    |
| RELATIONS              | 146,172.     |                            |                                       |                    |
| GOVERNMENT AFFAIRS     | 50,019.      |                            |                                       |                    |
| FIELD SERVICES         | 42,088.      |                            |                                       | •                  |
| INSURANCE              | 35,821.      |                            |                                       |                    |
| BAD DEBT EXPENSE       | 2,774.       |                            |                                       |                    |
| DUES AND DOANTIONS     | 13,885.      |                            |                                       |                    |
| INVESTMENT ADVISORY    |              | *<br>-                     |                                       |                    |
| FEES                   | 46,176.      |                            |                                       |                    |
| ADMINISTRATIVE &       |              |                            |                                       |                    |
| GENERAL                | 5,000.       |                            |                                       |                    |
| OTHER                  | 14.          |                            |                                       |                    |
| TOTAL TO FM 990, LN 43 | 593,714.     |                            | • • • • • • • • • • • • • • • • • • • |                    |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III

#### EXPLANATION

THE FEDERATION ASSISTED APPROZIMATELY 50,000 MEMBERS WITH ISSUES CONCERNING THE FARM, FARM HOME AND RURAL COMMUNITIES, CORRDINATED ACTIVITIES OF MEMBER COUNTY FARM BUREAUS, ANS PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS.

| FORM 990 DEPRECIATION OF AS       | SETS HELD FOR          | INVESTMENT                  | STATEMENT 9 |
|-----------------------------------|------------------------|-----------------------------|-------------|
| DESCRIPTION                       | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | BOOK VALUE  |
| BUILDING AND EQUIPMENT            | 2,469,287.             | 720,038.                    | 1,749,249.  |
| TOTAL TO FORM 990, PART IV, LN 55 | 2,469,287.             | 720,038.                    | 1,749,249.  |

| APR. 29. 2011 10:53AM                                            |                     |                     | NO.2696 P.14                 |
|------------------------------------------------------------------|---------------------|---------------------|------------------------------|
| OREGON FARM BUREAU FEDER                                         | ATION               |                     | 93-0242330                   |
| FORM 990                                                         | OTHER INVESTMENTS   |                     | STATEMENT 10                 |
| DESCRIPTION                                                      |                     | VALUATION<br>METHOD | AMOUNT                       |
| MÚTUAL FUNDS<br>CERTIFICATE OF DEPOSITS                          |                     | COST<br>COST        | 1,477,287.<br>1,048,106.     |
| TOTAL TO FORM 990, PART IV                                       | , LINE 56, COLUMN B |                     | 2,525,393.                   |
| FORM 990                                                         | OTHER SECURITIES    |                     | STATEMENT 11                 |
| SECURITY DESCRIPTION                                             |                     | COST/FMV            | OTHER<br>SECURITIES          |
| EQUITY SECURITIES<br>DEBT SECURITIES<br>MORTGAGES AND SECURITIES |                     | FMV<br>FMV<br>FMV   | 1,971,772.<br>721,285.<br>0. |

TO FORM 990, LINE 54B, COL B

2,693,057.

APR. 29. 2011 10:53AM

## OREGON FARM BUREAU FEDERATION

93-0242330

| FORM 990 PART V-A - LIST OF<br>TRUSTEES                         | STATEMENT 12             |          |                                 |         |
|-----------------------------------------------------------------|--------------------------|----------|---------------------------------|---------|
| NAME AND ADDRESS                                                | TITLE AND<br>AVRG HRS/WK |          | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE |
| BARRY BUSHUE<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302    | PRESIDENT<br>20.00       | 36,000.  | 0.                              | 0.      |
| MARY GRIMES<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302     | 4TH VICE PRES<br>1.00    | 0.       | 0.                              | 0.      |
| BARB IVERSON<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302    | 3RD VICE PRES<br>1.00    | 0.       | 0.                              | 0.      |
| BILL RYAN<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302       | REGION 11<br>1.00        | 0.       | 0.                              | 0.      |
| BOB FRIEND<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | REGION 5<br>1.00         | .0 .     | 0.                              | 0.      |
| CANDACE SEAL<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302    | TREASURER<br>31.00       | 58,400.  | 0.                              | 0.      |
| DALE BUCK<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302       | REGION 8<br>1.00         | 0.       | 0.                              | 0.      |
| DAN THACKABERRY<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302 | REGION 10<br>1.00        | 0.       | 0.                              | 0.      |
| DAN ANDERSEN<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302    | REGION 13<br>1.00        | 0.       | 0.                              | 0.      |
| DAVE DILLION<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302    | EXECUTIVE VP<br>39.00    | 100,000. | 0.                              | 0.      |
| DEAN FREEBORN<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302   | REGION 9<br>1.00         | 0.       | 0.                              | 0.      |

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|-------------------------------------------------------------------|------------------------|----|-----------|--------|
| OREGON FARM BUREAU FEDERATION                                     | 1                      |    | 93-0      | 242330 |
| DON HANSEN<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302        | REGION 16<br>1.00      | 0. | 0.        | 0.     |
| DR. THAYNE DUTSON<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302 | DEAN OF AG OSU<br>1.00 | 0. | 0.        | 0.     |
| EDMUND DUYCK<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | REGION 14<br>1.00      | 0. | 0.        | 0.     |
| EUGENE HAWES<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | REGION 2<br>1.00       | 0. | 0.        | 0.     |
| GARY JOHNSON<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | 2ND VICE PRES<br>1.00  | 0. | 0.        | 0.     |
| LARRY CURTIS<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | EX OFFICIO<br>1.00     | 0. | 0.        | 0.     |
| LARRY LEAR<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302        | REGION 1<br>1.00       | 0. | 0.        | 0.     |
| LONNIE WRIGHT<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302     | REGION 6<br>1.00       | 0. | 0.        | 0.     |
| LYNDON KERNS<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302      | REGION 4<br>1.00       | 0. | 0.        | 0.     |
| PETE POSTLEWAIT<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302   | REGION 7<br>1.00       | 0. | 0.        | 0.     |
| SHARON WATERMAN<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302   | REGION 12<br>1.00      | 0. | 0.        | 0.     |
| STEVE HAMMOND<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302     | REGION 3<br>1.00       | 0. | Ο.        | 0.     |
| TRACEY LISKEY<br>3415 COMMERCIAL STREET SE<br>SALEM, OR 97302     | 1ST VICE PRES<br>1.00  | 0. | 0.        | 0.     |

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| 0.0.5 | PR. 29. 2011 10:54AM                                                                     |                                          | Ν               | O. 2696 P. 17 | 7    |
|-------|------------------------------------------------------------------------------------------|------------------------------------------|-----------------|---------------|------|
| ORE   | GON FARM BUREAU FEDERATION                                                               |                                          |                 | 93-024        | 2330 |
| 3415  | IN HENDERSEN<br>COMMERCIAL STREET SE<br>1, OR 97302                                      | YF&R CHAIR<br>1.00                       | 0.              | 0.            | 0.   |
| 3415  | CHAPIN<br>COMMERCIAL STREET SE<br>1, OR 97302                                            | REGION 15<br>1.00                        | 0.              | 0.            | 0.   |
| TOTAL | S INCLUDED ON FORM 990, PA                                                               | RT V-A                                   | 194,400.        | 0.            | 0.   |
| FORM  |                                                                                          | ION OF RELATED OR(<br>PART VI, LINE 80B  | GANIZATIONS     | STATEMENT     | 13   |
| NAME  | OF ORGANIZATION                                                                          |                                          | EXE             | MPT NONEXI    | емрт |
| OREGO | N ARGRÍCULTURAL EDUCATION D<br>N ARGRICULTURAL LEGAL FOUND<br>N FARM BUREAU POLITICAL AC | DATION                                   |                 | X<br>X<br>X   |      |
| FORM  |                                                                                          | ATIONSHIP OF ACTIV<br>ENT OF EXEMPT PURI |                 | STATEMENT     | 14   |
| LINE  | EXPLANATION OF RELATIONS                                                                 |                                          |                 |               |      |
| 93-A  | ADMIN & CONTRACT SERVICES                                                                |                                          | S MEMBERSHIP IN | COME AND      |      |

APR. 29. 2011 10:54AM

# NO. 2696 P. 18

| Descense of to Transar         Card proxy tax under section 6033(e))         Card proxy and volume 12007. decempt OCT 31, 2008         Descense of the transart of the transaction of t                     | Form <b>990-T</b>                                                                                                         | Exempt Organization Bu                                                               | sine                                  | ss Income T                             | ax Return                              | OMB No. 1545-0687                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------|--|--|
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Department of the Treasury<br>Internal Revenue Service (77)                                                               | (and proxy tax under section 6033(e))                                                |                                       |                                         |                                        |                                                                                       |  |  |
| a Description of action P and DREGON PARM BUREAU PEDERATION 93-0242330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Check box if Name of organization ( Check box If name changed and see Instructions.) |                                       |                                         |                                        |                                                                                       |  |  |
| ▲ Display       Monter, stretz and room or stills in £ P.0. box, see apage of instructions.       ■ provide and the stretz and room or stills in £ P.0. box, see apage of instructions.       ■ provide and the stretz and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and room or stills in £ P.0. box, see apage of instructions.       ■ provide and the string an                                                                                                                                                                    |                                                                                                                           | nder section Print OREGON FARM BUREAU FEDERATION 93-0242330                          |                                       |                                         |                                        |                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Tree   Number, street and room of suite no. If a P.O. D                              | ox, see p                             | age 9 of instructions.                  | E Unro<br>(See                         | inted business activity codes                                                         |  |  |
| □ 36(a)       ISALEM. OR       97302       110000         a text of typer       0 Seck value at 10 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | 3415 COMMERCIAL STREE                                                                | T SE                                  | , NO. G                                 | on p                                   | age 9.)                                                                               |  |  |
| 0 Book which of Bit sets the Excluse segmention number (see inductions for Block F.).       [2 100000         0 Book wight and the arguing the exclusions and the part of Book F.).       [3 Oneck organization has been segmentation to the part of Book F.).       [3 Oneck organization has been segmentation begmentatis been segmentation been segmentation been s                                                       |                                                                                                                           |                                                                                      |                                       |                                         |                                        |                                                                                       |  |  |
| at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                                                                      |                                       |                                         | 110                                    | 0000                                                                                  |  |  |
| 7,605,921.       Event0e the organization and antibated purple or a parameterized dary or controlled group?       L Ves       L Ves       X No         1 During the tax year, was the corporation & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 During the tax year, was the corporation & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 During the tax year, was the corporation & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 During the tax year, was the corporation & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 During the tax year, was the corporation & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 Brook control & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         1 Brook control & a subdidary in an affiliated group or a parameterized dary controlled group?       L Ves       X No         2 Cost of group (group Group Gro                                                                                                                                                                                                                                                                                                                                                                                    | at end of year                                                                                                            |                                                                                      |                                       | E01/a) trulat                           |                                        |                                                                                       |  |  |
| 1 During the taxyer, was the exprovation a substituty in an affiliated group or a parent-subsidiary controlled group?         ↓ ↓ Yes         ↓ ↓ ↓ Yes         ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7,606,921.                                                                                                                |                                                                                      |                                       |                                         | 401(a) trust                           | Other trust                                                                           |  |  |
| If "est ent the name and Ugentifying number of the parent comparison.       >         I he books are not of U CADDACE SEBAL       Telebohane number > 503-399-1701         I a Grass receiple or safets       (a) Instance       (b) Instance         1 a Grass receiple or safets       (c) Net         2 cost of poods sold (Schedule A, line 7)       (c) Net         2 cost of poods sold (Schedule A, line 7)       (c) Net         2 cost of poods sold (Schedule A, line 7)       (c) Net         3 Grass profit. Subtract file 2 from Nine 1c       (c) Net         4 a Capital pain art income (state) Schedule 0)       (d)         5 Intome (loss) from 4727, Part II, line 17) (state) form 4737)       (d)         6 Bert income (schedule C)       (e)         1 Intrast, and (schedule C)       (e)         9 Investment Income of a section 501(c)(7), (9), or (7) organization       (g)         10 Exploid a seampt add/with income (Schedule F)       (f)         11 Addersing income (Schedule I)       (f)         12 Other income (schedule C)       (g)         13 Total. Combinal lines aftrong ontrolled organizations (schedule 1)       (f)         14 Compensation of differr, directora, attach schedule 1)       (f)         15 Total. Combinal line inform controlled organizations on ecourchines.       (f)         16 Total. Combinal lines aftrongh 12 <td>H Describe the organization</td> <td>n's primary unrelated business activity. 🕨 PUBLIC.</td> <td>ATIO</td> <td>N-ADV</td> <td>······································</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | H Describe the organization                                                                                               | n's primary unrelated business activity. 🕨 PUBLIC.                                   | ATIO                                  | N-ADV                                   | ······································ |                                                                                       |  |  |
| J The basics are incare of ▶ CANDACE_SEAL         Telephone number ▶ 503-399-1701           (Perturn)         (A) Income         (B) Expanses         (C) Net           a Gross receipts or sales         0 Bannes         (a) Income         (b) Expanses         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net         (c) Net           a Gross receipts or sales         0 Bannes         10         (c) Net         (c) Net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I During the tax year, was                                                                                                | the corporation a subsidiary in an affiliated group or a par                         | ent-subsi                             | idiary controlled group?                |                                        | es X No                                                                               |  |  |
| Image: Construction of a loss of the standard o |                                                                                                                           |                                                                                      |                                       |                                         |                                        |                                                                                       |  |  |
| 1a       Gess receipts or sales         b       Less returns and allowances       0         2       Cost of goods odd (Schulde A, Iller 7)       2         3       Gress profit. Subtract line 2 from line 1o       3         4       Capital gains constructions. Schedule D)       4         4       Capital gains constructions. Schedule D)       4         5       Income (Ges) from Argar. Part II, line 17) (attach Form 4797)       45         4       Income (Ges) from arterships and S corporations (attach tatement)       6         5       Income (Ges) from arterships and S corporations (attach tatement)       6         6       Interest, annufits, royables, and rents from controlled organizations (Sch. F)       8         9       Investment lincome (Gestidule C)       7         10       Exploited astructions, attach schedule I)       10         11       16 / 188 .       104 / 927 / -88 / 739 / 13         13       Total. Combine lines different and schedule.       11         14       Conpensation of officers, directors, and trustess (Schedule K)       13         15       Total. Combine lines different and wages       14         16       Reparts and mainterance       16         17       Interest, schedule A, and trustess (Schedule K)       13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                      |                                       |                                         |                                        |                                                                                       |  |  |
| Cross profile Subtract In 2 from line to         4         2         2           4 a Capital gain net income (attain Schedule D)         4a         4a </td <td></td> <td></td> <td>·</td> <td>(A) income</td> <td>(B) EXPENSES</td> <td>(C) Net</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                      | ·                                     | (A) income                              | (B) EXPENSES                           | (C) Net                                                                               |  |  |
| Cross profile Subtract In 2 from line to         4         2         2           4 a Capital gain net income (attain Schedule D)         4a         4a </td <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>10</td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                | 10                                    |                                         |                                        |                                                                                       |  |  |
| 3       Gross profile. Subtract line 2 from line 10       3       3       Bit Subtract line 2 from line 10       42         4       Capital joss deduction for trusts       42       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       15       15       15       15       15       15       15       15       15       16       16       14       15       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                                                      | 2                                     |                                         |                                        | antina antina dia mandra dia mandra dia mandra dia dia dia dia dia dia dia dia dia di |  |  |
| 44       Capital gain (action (attach Schedule D)         b       Net gain (loss) (Form 4797, Part II, film 17) (attach Form 4797)       40         40       Capital gain (loss) (Form 4797, Part II, film 17) (attach Form 4797)       40         50       Income (loss) from partnerships and S corporalions (attach statement)       6         6       Mathematical Schedule C)       6         7       1       6         9       Interest, annulties, royables, and rots from controlled organizations (Sch. F)       8         9       Investment Income of section 501c)(7), (9), or (17) organization       9         10       Exploited schedule 0)       10         11       1.6 , 1.88 .       1.0 4 , 9.27 .         12       Derincome (See instructions; attach schedule.)       11         13       Total. Combine lines 3 through 12       13       1.6 , 1.88 .       1.0 4 , 9.27 .       -88 , 7.39 .         13       Total. Combine lines 3 through 12       11       1.6 , 1.88 .       1.0 4 , 9.27 .       -88 , 7.39 .         14       Caparia and maintenance       13       1.0 4 , 9.27 .       -88 , 7.39 .         15       Stating and maintenance       14       5         16       respirs and maintenance       16       7         17 <td>3 Gross profit. Subtrac</td> <td></td> <td></td> <td>····</td> <td></td> <td>(1) (Instantin 171, d''(2, vit de site)</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 Gross profit. Subtrac                                                                                                   |                                                                                      |                                       | ····                                    |                                        | (1) (Instantin 171, d''(2, vit de site)                                               |  |  |
| b       Abstrain (loss) (Form 4797, Part II, III 77) (attach Form 4797)       40       40         c       Capital loss deduction for trusts       40       40         income (loss) (Form partnerships and 8 corporations (attach statement)       6       6         6       Heat isome (Schedule C)       7       6         7       1       6       7       7         6       Interest, annufes, royables, and rents from controlled organizations (Sch. F).       8       7         10       Exploited exempt activity income (Schedule C)       0       10       10         11       1.6 , 1.88 .       1.04 ., 9.27 .       -88 ., 7.39 .       12         12       During income (Schedule C)       10       10       10.4 ., 9.27 .       -88 ., 7.39 .         12       Other income (Schedule C)       11       1.6 , 1.88 .       1.04 ., 9.27 .       -88 ., 7.39 .         13       Total. Combine lines 3 through 12       11       1.6 ., 1.88 .       1.04 ., 9.27 .       -88 ., 7.39 .         14       Compensation of officers, and trustes (Schedule K)       11       1.0 4 ., 9.27 .       -88 ., 7.39 .         15       Total. Combine lines 3 through 12       Income (Schedule K)       14       15         13       Total activitions, detechers,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                                                                      | 4a                                    |                                         |                                        |                                                                                       |  |  |
| e Capital loss deduction for trusts       4e       Mathematics         5 Income (loss) from partnerships and S corporations (attach statement)       5       5         6 Rent income (Schedule C)       7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b Net gain (loss) (Forπ                                                                                                   | 4797, Part II, line 17) (attach Form 4797)                                           | 4b                                    |                                         |                                        |                                                                                       |  |  |
| 5       Income (loss) from partnerships and S corporations (attach statement)       6         6       7         7       7         8       1         9       Investment income of a section 501(c)(7), (9), or (17) organizations (Sch. F),       8         9       Investment income of a section 501(c)(7), (9), or (17) organizations (Sch. F),       8         10       Exploited exempt autify income (Schedule I)       10         11       Advertising income (Schedule I)       10         12       Investment income of a section 501(c)(7), (9), or (17) organization       9         11       Advertising income (Schedule I)       10         12       Investment income (Schedule I)       11         13       16, 1.188, 1.04, 927,       -88, 739,         FearthUIE       Deductions Not Taken Elsewhere (See instructions for imitations on deductions.)       104, 927,         14       Compensation of diffeers, directors, and trustees (Schedule K)       14       15         15       Salaries and maintenance       16       17         16       17       18       Interest (attach schedule)       18         17       Trainable contributions (See instructions for limitation rules.)       20       20         17       Trainable contrib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul> <li>Capital loss deductio</li> </ul>                                                                                 | n for trusts                                                                         | 4c                                    |                                         |                                        |                                                                                       |  |  |
| 6       Retri income (Schedule C)       6       7         7       Unrelated debt-financed income (Schedule E)       7       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Sch.F)       8       9         10       Exploited skewpt activity income (Schedule I)       10       9         11       Advertising income (Schedule J)       10       11         12       Exploited skewpt activity income (Schedule J)       11       1.6, 1.88.       1.04, 9.27.       -88, 739.         12       Interest, and trough 12       1.6, 1.88.       1.04, 9.27.       -88, 739.         13       Total. Combine lines 3 through 12       1.6, 1.88.       1.04, 9.27.       -88, 739.         14       Interest, and maintenance       16       16       17         14       Interest, and maintenance       16       17       18         15       Salaries and maintenance       18       19       20       20         16       Interest, and maintenance       18       19       20       21       22       22       22       22       22       22       22       22       22       22       22       22       22       22       22       22       22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 Income (loss) from p                                                                                                    | artnerships and S corporations (attach statement)                                    | 5                                     |                                         |                                        |                                                                                       |  |  |
| 8       Interest, annulties, royaltiss, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization       9         10       Exploited exempt activity income (Schedule I)       10       10         11       Advertising income (Schedule I)       11       16, 188.       104, 927.         13       Total. Combine (See instructions, statch schedule.)       11       16, 188.       104, 927.         13       Total. Combine (See instructions, and trustees (Schedule K)       12       13       16, 188.       104, 927.       -88, 739.         14       Componention of officers, directors, and trustees (Schedule K)       13       16, 188.       104, 927.       -88, 739.         15       Salaries and wages       16       16       16       16         16       18       19       10       10       10       10         17       Takes and liteness       19       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10 <t< td=""><td></td><td></td><td>6</td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                      | 6                                     |                                         |                                        |                                                                                       |  |  |
| 9       Investment income of a section 501(c)(7), (9), or (17) organization<br>(Scheduls G)       9         11       Lexploide exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       Intermeter (Schedule J)       11         13       Total. Combine lines 3 through 12       12         14       16, 188 +       104, 927 +         15       Intermeter (Schedule J)       11         16       12       Intermeter (Schedule J)         17       Total. Combine lines 3 through 12       -88,739 -         (Except for contributions, deductions must be directify connected with the unrelated business income.)       14         Salaries and wages       16       17         18       Repairs and maintenance       16         19       12       14         10       14       15         11       11       16         12       14       15         13       Interest (attach schedule)       16         14       15       18         15       19       20         16       12       20         17       18       Interest (attach schedule)       21         22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7 Unrelated debt-finant                                                                                                   | ed income (Schedule E)                                                               | 7                                     |                                         |                                        |                                                                                       |  |  |
| (Schedule Q)       9         10       Exploited exempt add/W Income (Schedule I)       10         11       1.6,188.       1.04,927.         12       Other income (Schedule J)       11         13       1.6,188.       1.04,927.         14       11       1.6,188.       1.04,927.         15       16,188.       1.04,927.         16       188.       1.04,927.         17       11       1.6,188.       1.04,927.         18       1.6,188.       1.04,927.       -88,739.         19       Tatal. Combine lines 3 through 12.       11       1.6,188.       1.04,927.       -88,739.         19       Tatal. Combine lines 3 through 12.       11       1.6,188.       1.04,927.       -88,739.         11       1.6,188.       1.04,927.       -88,739.       1.6       1.6       1.6         18       Charchale continutions, deductions must be directly connected with the unrelated business income.)       14       15       16       17       18       17       18       16       18       18       12       12       12       12       12       12       12       12       12       12       12       12       12       12 <t< td=""><td></td><td></td><td>8</td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                      | 8                                     |                                         |                                        |                                                                                       |  |  |
| 10       Exploited exempt addity income (Schedule I)       10         11       Advertising income (Schedule J)       11       16,188       104,927       -88,739         13       Total. Combine lines 3 through 12       12       Image: Schedule J)       13       16,188       104,927       -88,739         13       Total. Combine lines 3 through 12       13       16,188       104,927       -88,739         14       Image: Schedule J)       13       16,188       104,927       -88,739         14       Image: Schedule J       13       16,188       104,927       -88,739         15       Schedule J       14       15       15         16       Repairs and mainteance       16       17       16       16         17       Interest (attach schedule)       16       17       18       16       17         18       Interest (attach schedule)       18       20       20       20       20       20       20       20       21       22       22       22       23       23       24       25       25       25       25       26       25       26       26       27       20       27       20       27       20       27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                      |                                       |                                         |                                        |                                                                                       |  |  |
| 11       Advertising income (Schedule J)       11       16,188.       104,927.       -88,739.         12       Other income (Sce instructions; attach schedule.)       13       16,188.       104,927.       -88,739.         12       Image: Structure (Sce instructions of through 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Schedule G)                                                                                                              |                                                                                      | 9                                     |                                         |                                        | · ·                                                                                   |  |  |
| 12       Other income (see instructions, attach schedule.)       12       13       16,188, 104,927, -88,739.         13       Total. Combine lines 3 through 12       14       16,188, 104,927, -88,739.         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         15       Salaries and wages       16       18         16       Repairs and maintenance       16       17         17       Interest (attach schedule)       17       18         17       Taxes and licenses       19       20         20       Charitable contributions (see instructions for ilmitation rules.)       20       20         21       Ezab       22a       22b       22b         22       Less depreciation claimed on Schedule A and elsewhere on return       23       24         22       Less depreciation claimed on Schedule 1)       25       26         23       Employee benefit programs       26       26         24       Contributions to deferred compensation plans       26       27         25       26       28       28       28         26       27       20       27       20       27         28       Total deductions. Add lines 14 through 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 Exploited exempt act                                                                                                   | VIV Income (Schedule I)                                                              | 10                                    | 10 100                                  | 101 000                                |                                                                                       |  |  |
| 13 Total. Combine lines 3 through 12.       13       16, 188.       104, 927.       -88,739.         ParkIII Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.)       14         15       Salaries and wages       14         16       Repairs and maintenance       16         17       Bad debts       16         18       Interest (attach schedule)       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (allend on Schedule A and elsewhere on return       22         22       Less depreciation (allend on Schedule A and elsewhere on return       23         23       Contributions to deferred compensation plans       24         24       25       26         27       Contributions (Schedule I)       26         28       29       26         29       26       26         20       26       26         21       28       26         22       28       26         24       26       26         25       28       28         26       27       28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12 Other income (See in                                                                                                   | Scileaule J                                                                          | 11                                    |                                         |                                        |                                                                                       |  |  |
| Partities       Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)         (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       15         15       16         16       15         17       16         18       17         19       Taxes and maintenance         10       17         11       Interest (attach schedule)         11       10         11       11         11       Interest (attach schedule)         12       18         13       18         24       20         25       20         26       22         27       20         28       28         29       29         29       24         29       24         21       22         22       28         23       22         24       25         25       26         26       27         27       28         28       29         29       10         29 </td <td>13 Total Combine lines</td> <td>3 through 12</td> <td>12</td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 Total Combine lines                                                                                                    | 3 through 12                                                                         | 12                                    |                                         |                                        |                                                                                       |  |  |
| Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       15         16       15         17       16         18       17         19       14         10       17         11       16         11       17         12       18         13       14         14       16         15       16         17       18         18       17         19       Taxes and licenses         10       Taxes and licenses         11       18         12       20         21       22         22       22         22       22         22       22         23       24         24       25         25       26         26       27         27       28         28       29         29       0.         29       0.         20       27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part II Deductio                                                                                                          | ons Not Taken Elsewhere (See instructions t                                          | ior limita                            | tions on deductions )                   | 104,94/.                               | 00,/39.                                                                               |  |  |
| 15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation calmed on Schedule A and elsewhere on return       22a         22       Depleton       23         24       Contributions to deferred compensation plans       26         25       Explose benefit programs       26         26       Zexess readership posts (Schedule I)       27         29       Other deductions (attach schedule)       28         29       Other deductions, add lines 14 through 28       29         29       O.       30       -88,739.         31       Wit operating loss deduction (limited to the amount on line 30)       31         31       Wit operating loss deduction (limited to the amount on line 30.       32         33       1,000.       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Except for                                                                                                               | contributions, deductions must be directly connected                                 | ed with t                             | he unrelated business                   | income.)                               |                                                                                       |  |  |
| 15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation calmed on Schedule A and elsewhere on return       22a         22       Depleton       23         24       Contributions to deferred compensation plans       26         25       Explose benefit programs       26         26       Zexess readership posts (Schedule I)       27         29       Other deductions (attach schedule)       28         29       Other deductions, add lines 14 through 28       29         29       O.       30       -88,739.         31       Wit operating loss deduction (limited to the amount on line 30)       31         31       Wit operating loss deduction (limited to the amount on line 30.       32         33       1,000.       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14 Compensation of of                                                                                                     | ficers, directors, and trustees (Schedule K)                                         |                                       | <u> </u>                                | 14 -                                   |                                                                                       |  |  |
| 16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       21       20         21       22a       22b         22       22a       22b         23       24       25         24       25       26         25       26       27         26       27       26         27       26       27         29       Other deductions (attach schedule 1)       26         26       27       26         27       26       27         29       Other deductions (attach schedule 1)       26         29       Total deductions (attach schedule)       28         29       Total deductions (attach schedule)       30       -88,739.         31       Unrelated business taxable income b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15 Salaries and wages                                                                                                     |                                                                                      |                                       |                                         | 15                                     |                                                                                       |  |  |
| 17       Bad debts       17         18       Interest (atach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (atach Form 4562)       21         22       Z2b       22b         23       Contributions to deferred compensation plans       23         24       Contributions to deferred compensation plans       26         25       Excess exempt expenses (Schedule I)       26         26       27       28         27       Defetions (attach schedule)       28         28       Contributions (attach schedule)       27         29       Other deductions (attach schedule)       28         29       Total deductions, add lines 14 through 28       28         29       O.       30       -88, 739.         31       Net operating loss deduction. Subtract line 29 from line 13       30       -88, 739.         32       -88, 739.       33       1, 000.       31         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1, 000.         34       -88, 739.       34       -88, 739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16 Répairs and mainter                                                                                                    | апсе                                                                                 |                                       |                                         | 16                                     |                                                                                       |  |  |
| 18       Interest (attach schedule)       16         19       Taxes and licenses       19         20       20         21       20         22       Less depreciation (attach Form 4562)       21         23       22a       22b         24       25       Employee benelit programs       26         25       Employee benelit programs       26         26       27       26       27         27       Other deductions, (attach schedule)       26       27         26       26       27       20         27       Other deductions, (attach schedule)       27       20         28       Employees benelit programs       26       27         29       Other deductions, (attach schedule)       27       20         29       Total deductions, (attach schedule)       28       29       0.         29       Total deductions, Add lines 14 through 28       20       0.       31         20       Unrelated business taxable income before net operating loss deduction. Subtract line 31 from line 30       32       -88, 739.         31       Unrelated business taxable income before specific deductions for exceptions)       33       1,0000.         32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17 Bad debts                                                                                                              |                                                                                      |                                       |                                         | 17                                     |                                                                                       |  |  |
| 19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       22         22       Less depreciation (attach Form 4562)       21         23       22b         24       23         25       26         26       25         27       26         28       27         29       0.         20       27         20       28         27       26         28       27         29       0.         29       0.         20       28         29       0.         20       28         29       0.         20       28         29       0.         20       0.         21       28         22       29         29       0.         20       0.         21       28         220       0.         231       29         24       29         25       28         26       29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16 Interest (attach sch                                                                                                   | idule)                                                                               |                                       |                                         | 18                                     |                                                                                       |  |  |
| 21       Depreciation (attach Form 4562)       21       22b         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Other deductions (attach schedule)       27         29       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       -88,739.       31       30       -88,739.         31       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       31       32       -88,739.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.       33       1,000.         34       -88,739.       34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19 Taxes and licenses                                                                                                     |                                                                                      |                                       |                                         | 19                                     |                                                                                       |  |  |
| 22       Less depreclation claimed on Schedule A and elsewhere on return       22a       22b         23       23         24       23         25       24         26       26         27       26         28       27         29       0.1         29       0.1         29       0.1         29       0.1         29       0.1         29       0.1         29       0.1         29       0.1         29       0.1         20       0.1         21       28         22       28         29       0.1         20       0.1         21       22         22       28         29       0.1         20       0.1         21       28         22       0.1         23       0.1         24       28         29       0.1         20       0.1         21       28         22       0.1         23       0.1         24       28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20 Charitable contribut                                                                                                   | ons (See instructions for limitation rules.)                                         | • • • • • • • • • • • • • • • • •     | ,                                       | 20                                     |                                                                                       |  |  |
| 23       Depietion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       27         27       28         29       O.         30       -88,739.         31       32         20       -88,739.         33       1,0000.         34       -88,739.         35       Specific deduction (Generally \$1,000, but see instructions for exceptions)         33       1,0000.         34       -88,739. <td>21 Depreciation (attach<br/>23 Less depreciation of</td> <td>rorm 4562)</td> <td></td> <td></td> <td>لدها بالأباد</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21 Depreciation (attach<br>23 Less depreciation of                                                                        | rorm 4562)                                                                           |                                       |                                         | لدها بالأباد                           |                                                                                       |  |  |
| 24       Contributions to deterred compensation plans       24         25       Employee benefit programs       25         26       26       26         27       28       27         28       29       0         29       0.4       28         29       0.4       28         29       0.4       29         30       -88,739.         31       Net operating loss deduction. Subtract line 29 from line 13         30       -88,739.         31       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13         30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)         32       -88,739.         33       1,000.         34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23 Depietion                                                                                                              |                                                                                      | «I-\/-II/I//                          | 228                                     |                                        |                                                                                       |  |  |
| 25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       -88,739.       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 24 Contributions to def                                                                                                   | arrad compensation plane                                                             | · · · · · · · · · · · · · · · · · · · | ••••••••••••••••••••••••••••••••••••••• | 23                                     |                                                                                       |  |  |
| 26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         29       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       -88,739.       31         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,0000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25 Employee benefit pr                                                                                                    | 25 Employee henelit programs                                                         |                                       |                                         |                                        |                                                                                       |  |  |
| 27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       -88,739.       31         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 26 Excess exempt expe                                                                                                     | 20                                                                                   | -                                     |                                         |                                        |                                                                                       |  |  |
| 28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       -88,739.       31         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27 Excess readership c                                                                                                    | 20                                                                                   | <u>,</u>                              |                                         |                                        |                                                                                       |  |  |
| 29       Total deductions. Add lines 14 through 28         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13         31       Net operating loss deduction (limited to the amount on line 30)         32       -88,739.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)         34       -88,739.         728761       June 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B Other deductions (attach schedule)                                                                                      |                                                                                      |                                       |                                         |                                        | · · · · · · · · · · · · · · · · · · ·                                                 |  |  |
| 30       -88,739.         31       Net operating loss deduction (limited to the amount on line 30)         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)         34       -88,739.         728761       June and Partice Allows and Partine Allows and Partice Allows and Partice Allows and Par                                                                                                                                                                                                                           | 29 Total deductions                                                                                                       | 29 Total deductions. Add lines 14 through 28                                         |                                       |                                         |                                        |                                                                                       |  |  |
| 31       Net operating loss deduction (Ilmited to the amount on line 30)       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       -88,739.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.         34       -88,739.       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30 Unrelated business i                                                                                                   | exable income before net operating loss deduction. Subtra                            | ct line 29                            | from line 13                            | 30                                     |                                                                                       |  |  |
| 32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       -88,739.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 31 Net operating loss d                                                                                                   | eduction (limited to the amount on line 30)                                          |                                       | ,                                       | 31                                     |                                                                                       |  |  |
| 33       Specific deduction (Generally \$1,000, but see instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       -88,739.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 32 Unrelated business f                                                                                                   | axable income before specific deduction. Subtract line 31 f                          | rom line :                            | 30                                      | 32                                     | -88,739.                                                                              |  |  |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller<br>of zero or line 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 33 Specific deduction (Generally \$1,000, but see instructions for exceptions)                                            |                                                                                      |                                       |                                         |                                        | 1,000.                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller |                                                                                      |                                       |                                         |                                        |                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 729701<br>02-18-08 LHA For Priv                                                                                           | acy Act and Paperwork Reduction Act Notice                                           | tions                                 |                                         | 34                                     |                                                                                       |  |  |

# APR. 29. 2011 10:54AM

# NO. 2696 P. 19

| Form 990-T (        | 2007) OREGON FAR                                                                                     | M BUREAU FEDERA                                                                      | TION                                                          |                                             | 93-02                    | 42330                 | Page 2       |
|---------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|--------------------------|-----------------------|--------------|
|                     | Tax Computation                                                                                      |                                                                                      |                                                               |                                             |                          |                       |              |
| 35                  | Organizations Taxable as Corpo                                                                       | rations. See instructions for tax o                                                  | omputation.                                                   |                                             | h                        | 的编辑                   |              |
| (                   | Controlled group members (secti                                                                      | ons 1561 and 1563) check here ]                                                      | See Instructions a                                            | n¢:                                         |                          |                       |              |
| a                   | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): |                                                                                      |                                                               |                                             |                          |                       |              |
|                     | 1) \$                                                                                                | (2) 🖇                                                                                | (3) \$                                                        |                                             |                          |                       |              |
| b E                 | inter organization's share of: (1)                                                                   | Additional 5% tax (not more than                                                     | \$11,750)                                                     |                                             |                          | 10000                 |              |
| (                   | 2) Additional 3% tax (not more t                                                                     | han \$100,000)                                                                       |                                                               |                                             |                          |                       |              |
| 1 0                 | ncome tax on the amount on line                                                                      | 34                                                                                   |                                                               |                                             | ►                        | 350                   | 0.           |
| 36 ]                | Tusts Taxable at Trust Rates, S                                                                      | e instructions for tax computatio                                                    | n. Income tax on the amount                                   | on line 34 from:                            |                          |                       |              |
| L                   | Tax rate schedule or                                                                                 | Schedule D (Form 1041)                                                               |                                                               |                                             | ►                        | 36                    |              |
| 37 6                | roxy tax. See Instructions                                                                           |                                                                                      |                                                               |                                             | •                        | 37                    |              |
| QD P                | viter hative (minimum tax                                                                            |                                                                                      |                                                               |                                             |                          | 38                    |              |
|                     | Tax and Paymente                                                                                     | 35c or 36, whichever applies                                                         |                                                               |                                             |                          | 39                    | 0.           |
|                     | Tax and Payments                                                                                     |                                                                                      |                                                               |                                             |                          |                       |              |
| 408 F               |                                                                                                      | tach Form 1118; trusts attach For                                                    |                                                               |                                             |                          |                       |              |
|                     | • • •                                                                                                | re and Indicate which forms are a                                                    | 441 - 7.                                                      | 40b                                         |                          |                       |              |
| Г                   |                                                                                                      |                                                                                      |                                                               |                                             |                          |                       |              |
| 40                  |                                                                                                      | (specify) ►<br>(attach Form 8801 or 8827)                                            |                                                               | 400                                         |                          | -                     |              |
|                     | intel cradite Add lines 40a through                                                                  | (attach Form 660 ) of 8627)                                                          |                                                               | 400                                         |                          |                       |              |
| 41 5                | untract line 40e from line 30                                                                        | gh 40d                                                                               |                                                               |                                             |                          | 400                   |              |
| 42 0                | When taxes Check if from:                                                                            | orm 4255 🔲 Form 8611 🗌                                                               |                                                               |                                             |                          | 41                    | 0.           |
| 43 T                | otel tax. Add lines 41 and 42                                                                        |                                                                                      |                                                               | obb 🛄 Other (a                              | iltach schedule)         |                       |              |
| 44a P               | avments" A 2006 overnavment                                                                          | redited to 2007                                                                      |                                                               |                                             |                          | 49<br>84846.4         | 0.           |
| b 2                 | 007 estimated tax payments                                                                           |                                                                                      |                                                               | 448                                         |                          |                       |              |
| c T                 | ax deposited with Form 8868                                                                          |                                                                                      | ******                                                        | 440                                         |                          |                       |              |
| d F                 | oreign organizations: Tax paid or                                                                    | withheld at source (see instructio                                                   |                                                               | 440                                         |                          | -                     |              |
| e B                 | ackup withholding (see instructio                                                                    | ons)                                                                                 |                                                               | 440                                         |                          | - 2983                |              |
| 1 0                 | ther credits and payments;                                                                           | Form 2439                                                                            |                                                               |                                             |                          | 1. 19.31<br>2. 19.31  |              |
|                     |                                                                                                      | Other                                                                                | Total                                                         | 54F                                         |                          | 392108                |              |
|                     |                                                                                                      | ough 441                                                                             |                                                               |                                             | ** *                     | - ニュ 赤鸟<br>           |              |
| 46 E                | stimated tax penalty (see instruct                                                                   | ions). Check if Form 2220 is attac                                                   | thed 🕨 🔲                                                      |                                             |                          | 46                    |              |
| 47 T                | ax due. If line 45 is less than the                                                                  | total of lines 43 and 46, enter amo                                                  | punt owed                                                     |                                             |                          | 47                    | 0.           |
| 48 0                | verpayment. If line 45 is larger t                                                                   | ian the total of lines 43 and 46, er                                                 | iter amount overbald                                          |                                             | ······                   | 48                    | 0.           |
| 49 E                | nter the amount of line 48 you w                                                                     | ant Credited to 2008 estimated (                                                     | tax 🕨                                                         | Ref                                         | inded 🕨                  | 49                    |              |
| Part V              | Statements Regard                                                                                    | ng Certain Activities a                                                              | and Other Informati                                           | on (See instruc                             | tions on page            | e 18)                 |              |
| 1 Atany             | time during the 2007 calendar y                                                                      | ear, did the organization have an I                                                  | nterest in or a signature or o                                | ther authority ove                          | r a financial acc        | count                 | Yes No       |
| (bank,              | securities, or other) in a foreign                                                                   | country? If YES, the organization                                                    | may have to file Form TD F 9                                  | 0-22.1. If YES, e                           | nter the name o          | of the                | X            |
| foreigi<br>2 During | n country here                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                |                                                               |                                             |                          |                       | 植物原则         |
| L' Duning<br>L'YES, | see page 6 of the instructions for other                                                             | o a distribution from, or was it the gran<br>forms the organization may have to file | tor ol, or transforor to, a foreign tri                       | 1517                                        |                          |                       | X            |
| 3 Enter 1           | the amount of tax-exempt interes                                                                     | t received or accrued during the t                                                   | ax year 🍉 S                                                   |                                             |                          |                       | 關於同學成了       |
| Schedu              | le A - Cost of Goods S                                                                               | old. Enter method of Invent                                                          | ory valuation 🕨 N/A                                           | L                                           |                          |                       |              |
|                     |                                                                                                      |                                                                                      |                                                               |                                             |                          |                       |              |
|                     | ory at beginning of year                                                                             | 1                                                                                    | 6 inventory at end of year                                    |                                             |                          | 6                     |              |
| 2 Purch             | •••••••••••••••••••••••••••••••••••••••                                                              | 2                                                                                    | 7 Cost of goods sold, Su                                      | btract line 6                               |                          |                       |              |
| 3 Cost o            | f labor                                                                                              | 3                                                                                    | from line 5. Enter here a                                     |                                             |                          | 7                     |              |
| 4 a Additid         | onal section 263A costs                                                                              | 4a                                                                                   | 8 Do the rules of section                                     | 263A (with respe                            | ect to                   |                       | Yes No       |
| b Other             | costs (attach schedule)                                                                              | 4b                                                                                   | property produced or a                                        |                                             |                          |                       | State State  |
| 5 Total.            | Add lines 1 through 4b                                                                               | 5                                                                                    | the organization?                                             |                                             |                          |                       | 🛛 🕱 🗌        |
| Sign                | correct, and complete. Declaration of                                                                | hat I have examined this return, includin<br>preparet (other than taxpayer) is based | ng accompanying schedules and a<br>niormation of which prepar | tatements, and to th<br>er has any knowledg | e best of my know<br>19, | wledge and bellef, il | i la Irue,   |
| Here                |                                                                                                      | 1                                                                                    |                                                               |                                             |                          | ay the IRS discuss I  |              |
|                     | Signature of officer                                                                                 | Date                                                                                 | TREASUR                                                       | ER                                          |                          | a preparer shown be   |              |
|                     |                                                                                                      |                                                                                      | Title                                                         |                                             |                          | structions)? 🔀        |              |
| Paid                | Preparer's<br>signature                                                                              |                                                                                      | Date                                                          | Check if                                    |                          | parer's SSN or F      | νTIN         |
| Preparer's          |                                                                                                      | <u>م.</u> ד. ד.                                                                      | -                                                             | self-employed                               |                          |                       |              |
| Use Only            | yours if self-<br>emplayed), 4500                                                                    | SW KRUSE WAY, 1                                                                      |                                                               |                                             |                          | -041871               |              |
|                     | 3007055, 300                                                                                         | OSWEGO, OR 970                                                                       |                                                               |                                             | Phone no.                | 503-697               | -4118        |
| 723711/02-10        |                                                                                                      | COMEGO, OR 9/0.                                                                      | J _J                                                          |                                             |                          |                       |              |
| 120711702-10        | 3-00                                                                                                 |                                                                                      |                                                               |                                             |                          | Form                  | 990-T (2007) |

| dest of or allocable to debt-financedu     of allocable to financed property<br>(attach schedule)     by column \$     reportable (column<br>2 × column \$)     (column 6 × lo<br>3 (a)       (1)     %       (2)     %       (3)     %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | u. on pg 20                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| (1)       (2)         (3)       2 Finit received or accrued         (4)       2 Finit received or accrued         (4)       2 Finit received or accrued         (a)       2 Finit received or accrued         (a)       2 Finit received or accrued         (a)       2 Finit received or accrued         (b) From personal property (If the percentage of property (If the percentage other the based on point or brown)       3 Deductions directly connocied with the column 2(a) and 2(b) (attach sched to point or brown)         (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| (2)         (3)         (4)         2 Fent received or accrued         (a) From personal property (if the personal p                                                                                       |                                            |
| (3)       2 Rent received or accrued         (4)       2 Rent received or accrued         (a) From personal property (if the poremage of property if the poremage of the more than 50%)       (b) From real and property diverseds 50% or if the personal property diverseds 50% or if the personal property diverseds 50% or if the poremage of the more than 50%)       3 Deductions directly connected with the column 2(a) and 2(b) (stack eched the colu                                                                       |                                            |
| (4)       2 Fant received or sacrued       3 Daductions directly connected with the personal property (if the personal p | -                                          |
| (a) From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on plot of income)       3 Deductions directly connected with the columns 2(a) and 2(b) (attach ached of the rent is based on plot of income)         (1)       (2)       (3)         (3)       (4)       (1)         (4)       (1)       (1)         (1)       (2)       (2)         (3)       (3)       (3)         (4)       (1)       (1)         (5) Deductions (2(a) and 2(b). Enter       (1)         (1)       (2)       (1)         (1)       (2)       (1)         (2)       (2)       (1)         (2)       (2)       (2)         (3)       (2)       (2)         (4)       (2)       (2)         (1)       (2)       (2)         (1)       (2)       (3)         (4)       (4)       (4)         (4)       (4)       (4)         (4)       (4)       (4)         (2)       (4)       (4)         (3)       (4)       (4)         (2)       (4) <td< td=""><td></td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |
| The full of personal property is ware than<br>10% out not more than 50%)       Control for personal property exceeds 30% or if the full is based on profit or income)       Control for the full is based on profit or income)         (1)       (2)       (3)       (4)       (4)         (2)       (2)       (3)       (1)       (1)       (1)         (2)       (2)       (2)       (3)       (1)       (1)       (1)         (2)       (2)       (2)       (2)       (2)       (2)       (2)         (3)       (2)       (3)       (3)       (3)       (4)       (4)       (4)         (1)       (2)       (2)       (3)       (2)       (3)       (3)       (4)       (4)       (5)       (5)       (5)       (6)       (1)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (7)       (7)       (6)       (6)       (6)       (6)       (7)       (7)       (7)       (6)       (6)       (6)       (6)       (6)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| (2)       (3)         (3)       (4)         Total       0.         Total       0.         Total       0.         Total neome. Add totals of columns 2(a) and 2(b). Enter       Total         Total of page 1, Part I, line 6, column (A)       Total deductions.         Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)       3 Doductors directly connected with or allocation or allocable to debt-financed property         1 Description of debt-financed property       2 Gress Income from or allocable to debt-financed property       3 Doductors directly connected with or allocable to debt-financed property         (1)       (3)       (4)       (4)       (4)         4 Amount of average adjusted basis of a dilocable to debt-financed property (attach schedule)       5 Average adjusted basis of a dilocable to debt-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gress Income reportable (column 2 × column 6)       6 Allocable (column 5 × column 6)         (4)       5 Average adjusted basis of a dilocable to debt-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gress Income reportable (column 2 × column 6)       6 Allocable (column 5 × column 6)         (2)       %       (3)       (4)       (4)       (4)       (5)         (3)       (4)       %       (4)       (4)       (4) <td< td=""><td>income in<br/>iulo)</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | income in<br>iulo)                         |
| (3)       (4)         Total       0.       Total       0.         Total Income. Add totals of columns 2(a) and 2(b). Enter       Total       0.       Total deductions.<br>Enter here and on page 1, Part I, line 6, column (A)         Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)       0.       Fart I, line 6, column (B)         I Description of debt-financed property       2 Gross Income from or allocable to debt-financed property       3 Deductors directly connected with or allocable to debt-financed property         (1)       (a)       Straight line dp.column (B)       (b)         (2)       (a)       (b)       (c)         (1)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c) <td< td=""><td></td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| (4)       Total       0 .         Total       0 .       Total       0 .         Total Income. Add totals of columns 2(a) and 2(b). Enter       Total       0 .         Briter here and on page 1, Part I, line 5, column (A)       Income (See instructions on page 20)       Total deductions.         Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)       3 Deductors directly connected with or alloes to debt-financed property         1 Description of debt-financed property       2 Gross income from or allocable to debt-financed property       3 Deductors directly connected with or allocable to debt-financed property         (1)       (a)       (a)       (b) Other directly contact on the debt-financed property (attach schedule)       (b) Other directly contact on the debt-financed property         (4)       (a)       (b) Chard divided basis of a bef-financed property (attach schedule)       5 Average adjusted basis of a bef-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gross income (column 8)       8 Allocable (column 8)         (1)       (b) chard property (attach schedule)       5 Average adjusted basis of column 5       6 Column 4 divided by column 5       7 Gross income (column 8)       8 Allocable (column 8)         (1)       (b) chard property (attach schedule)       %       (column 8)       (column 8)       (column 8)         (3)       %       %       (column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| Total       O .       Total       O .         Otal Income. Add totals of columns 2(a) and 2(b). Enter       Total deductions.       Total deductions.         Iare and on page 1, Part 1, line 6, column (A)       Image: Strate of the column (B)       Total deductions.         Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)       9 Doductors directly connected with or allocable to debt.         1 Description of debt-financed property       2 Gross Income from or allocable to debt.       9 Doductors directly connected with or allocable to debt.         (1)       (1)       (2)       (3)       5 Average adjuated basis of allocable to debt.       6 Column 4 divided by column 5       7 Gross Income reported (column 2)       (6) Other 4 (column 2)         (1)       (2)       (3)       5 Average adjuated basis of allocable to debt.       6 Column 4 divided by column 5       7 Gross Income reported (column 2)       (2) Allocable (column 2)         (1)       (2)       (3)       (4)       (4)       (2)       (4)       (2)       (4)       (2)       (4)       (4)       (5)       (6)       (2)       (2)       (3)       (4)       (4)       (4)       (2)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |
| Otal Income. Add totals of columns 2(a) and 2(b). Enter     Total deductions.       Bere and on page 1, Part 1, line 6, column (A)     Total deductions.       Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)     3 Doductions directly connected with or allocable to debt-financed property       1 Description of debt-financed property     2 Gross Income from or allocable to debt-financed property     3 Doductions directly connected with or allocable to debt-financed property       (1)     (a) Straight line doproclation (strain ecd property (strain ecdd) ecd property (strain ecd                                                                                                               |                                            |
| Itere and on page 1, Part I, line 6, column (A)       Image 1, Part I, line 6, column (A)       Image 1, Part I, line 6, column (B)         Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)       3 Doductions directly connected with or allocable to debt-financed property         1 Description of debt-financed property       2 Gross Income from or allocable to debt-financed property       3 Doductions directly connected with or allocable to debt-financed property         (1)       (allocable to debt-financed property       (allocable to debt-financed property       (b) Other d (attach schedule)         (4)       (4)       (allocable to debt-financed property (attach schedule)       5 Average adjusted basis of of allocable to debt-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gross Income reportable (column 2 x column 6)       6 Allocable (column 6 x) (colum                                                                                                                                                                                                                     |                                            |
| 1 Description of debt-financed property       2 Gross income from or allocable to debt-financed property       3 Deductions directly connected with or allocable to debt-financed property         (1)       (a) Straight line deproclation (strach schedule)       (b) Other d (strach schedule)         (2)       (a) Straight line deproclation (strach schedule)       (b) Other d (strach schedule)         (3)       (b) Chard d (strach schedule)       (c) Other d (strach schedule)         (4)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (4)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (1)       (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (1)       (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (1)       (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (1)       (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)         (3)       (c) Other d (strach schedule)       (c) Other d (strach schedule)       (c) Other d (strach schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (                                          |
| 1 Description of debt-financed property       2 Gross Income from or allocable to debt-financed property       to debt-financed property         (1)       (a) Straight line depreciation (attach schedule)       (b) Other d (attach schedule)         (3)       (a) Straight line depreciation (attach schedule)       (b) Other d (attach schedule)         (4)       (a) Straight line depreciation (attach schedule)       (b) Other d (attach schedule)         (4)       (a) Straight line depreciation (attach schedule)       (c) Other d (attach schedule)         (4)       (a) Straight line depreciation (attach schedule)       (c) Other d (attach schedule)         (4)       (a) Straight line depreciation (attach schedule)       (c) Other d (attach schedule)         (b) Other d (attach schedule)       (c) Other d (attach schedule)       (c) Other d (attach schedule)         (1)       (c) Other d (c)                                                                                                                                                                                                                                                                                                                                                        |                                            |
| (1)     (2)     (3)     (4)     (attach schedulo)     (b) Cher d<br>(attach schedulo)       (4)     (3)     (attach schedulo)     (b) Cher d<br>(attach schedulo)       (1)     (2)     (attach schedulo)     (b) Cher d<br>(attach schedulo)       (1)     (1)     (attach schedulo)     (attach schedulo)       (2)     (attach schedulo)     (attach schedulo)     (attach schedulo)       (3)     (attach schedule)     (attach schedule)     (attach schedulo)       (1)     (attach schedule)     (attach schedule)     (attach schedule)       (1)     (attach schedule)     (attach schedule)     (attach schedule)       (1)     (attach schedule)     (attach schedule)     (attach schedule)       (3)     (attach schedule)     (attach schedule)     (attach schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | adle                                       |
| (2)     (3)       (4)     5 Average adjusted basis<br>of or allocable to debt-financed<br>property (attach schedule)     5 Average adjusted basis<br>of or allocable to debt-financed<br>property (attach schedule)     6 Column 4 divided<br>by column 5     7 Gross Income<br>reportable (column<br>2 x column 6)     8 Allocable<br>(column 6 x lo<br>g(a) ar       (1)     %       (2)     %       (3)     %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | laductions<br>chedulo)                     |
| (2)     (3)       (4)     5 Average adjusted basis<br>of or allocable to debt-financed<br>property (attach schedule)     5 Average adjusted basis<br>of or allocable to debt-financed<br>property (attach schedule)     6 Column 4 divided<br>by column 5     7 Gross Income<br>reportable (column<br>2 x column 6)     8 Allocable<br>(column 6 x lo<br>g(a) ar       (1)     %       (2)     %       (3)     %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| (3)       (4)         (4)       (4)         debt on or allocable to debt-financed property (attach schedule)       5 Average adjusted basis of of allocable to debt-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gross Income (column 6)         (1)       %       %         (3)       %       %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |
| 4)     5 Average adjusted basis<br>of or allocable to<br>debt-financed<br>property (attach schedule)     6 Column 4 divided<br>by column 5     7 Gross Income<br>reportable (column<br>2 x column 6)     8 Allocable<br>(column 6 x column<br>2 x column 6)       (1)     %       (2)     %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)       5 Average adjuated basis of or allocable to debt-financed property (attach schedule)       6 Column 4 divided by column 5       7 Gross Income reportable (column 3 × column 6)       8 Allocable to 3(a) ar         (1)       %       %            3(a) ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| (2) <u>%</u><br>(3) <u>%</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e deductions<br>bial of column<br>nd 3(b)) |
| (2) <u>%</u><br>(3) <u>%</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| (3) %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |
| (4) %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |
| Enter here and on page 1, Enter here and or<br>Part I, Iline 7, column (A). Part I, I'ne 7, colu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| Totals O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C                                          |
| Total dividends-received deductions included in column 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |
| schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ge 21)                                     |
| 2         3         4         5 Part of column 4 that is<br>included in the comprolling         6 Deduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ions directly<br>with income               |
| Number (loss) (see Instructions) payments made organization's gross income in colu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uma (5)                                    |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |
| 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |
| Ionexempt Controlled Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| <ul> <li>7 Texable Income</li> <li>8 Net unrelated income (loss)<br/>(see instructions)</li> <li>9 Total of specified payments<br/>made</li> <li>10 Part of column 9 that is included<br/>in the controlling organization's<br/>gross income</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tly connected<br>olumn 10                  |
| 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |
| Add columns 5 and 10. Add columns 6 and 11<br>Enter hare and on page 1, Part 1, Enter here and on page<br>line 8, column (A). line 8, column (B).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| otals O •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |

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|                                        | FARM BURE                                                         |                                |                    |                                                                                                                            |                                                     |                                | 93-(      | 0242330                                | 0Pa                                                                                             |  |          |  |        |  |            |  |  |  |  |  |           |
|----------------------------------------|-------------------------------------------------------------------|--------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|-----------|----------------------------------------|-------------------------------------------------------------------------------------------------|--|----------|--|--------|--|------------|--|--|--|--|--|-----------|
| Schedule G - Investme<br>(see inst     | ructions on page 22)                                              | Section 5                      | )1(c)(7            | ), (9), or (17) Oi                                                                                                         | rganizati                                           | on                             |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| 1 Description of Income                |                                                                   |                                |                    | 2 Amount of Income                                                                                                         | 3 Dedu<br>direotly co                               | ctions<br>nnected              | 4         | Spt-asidos                             | 5 Total deduction<br>and set-asides                                                             |  |          |  |        |  |            |  |  |  |  |  |           |
| (1)                                    | ·····                                                             |                                |                    |                                                                                                                            | (Stizch so                                          | hodulo)                        | (atla     | ich schedule)                          | (col. 3 plus col, 4                                                                             |  |          |  |        |  |            |  |  |  |  |  |           |
| (2)                                    |                                                                   |                                |                    | · · · · · · · · · · · · · · · · · · ·                                                                                      |                                                     |                                |           | -                                      |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (3)                                    |                                                                   |                                |                    |                                                                                                                            |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (4)                                    |                                                                   |                                |                    |                                                                                                                            |                                                     |                                |           | 1 = 10                                 |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                | E                  | nter here and on page 1,                                                                                                   | Re databases                                        | 121212121231232 2.32.61*       | atten på  | aline abdammaa                         | 20 P                                                                                            |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                | P                  | arki liwa 0 aniumia 765                                                                                                    |                                                     |                                |           |                                        | Enter here and on pag<br>Part I, line 9, column (                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| Totals                                 |                                                                   |                                | ▶                  | 0.                                                                                                                         |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| Schedule I ~ Exploited                 | Exempt Activity                                                   | Income,                        | Other              | Than Advertisi                                                                                                             | ing Incor                                           | ne                             |           | <u></u>                                | ·I                                                                                              |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                |                    | A Net Income                                                                                                               |                                                     |                                | l         |                                        | 1                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| 1 Doscription of<br>exploited activity | 2 Gross<br>unrelated business<br>Income from<br>trade or business | Income fram                    |                    | (loss) from<br>unrelated trade<br>of business<br>(column 2 minus<br>column 3). If a<br>gain, compute<br>cols. 5 through 7, | 5 Gross I<br>from activ<br>is not unr<br>businoss i | iy that<br>elated              | allr      | Expenses<br>ibutable to<br>plumn 6     | 7 Excoss exempt<br>expenses (column<br>6 minus column 5,<br>bui not more than<br>column 4).     |  |          |  |        |  |            |  |  |  |  |  |           |
| (1)                                    |                                                                   |                                |                    |                                                                                                                            | · · · · ·                                           |                                |           |                                        | <u> </u>                                                                                        |  |          |  |        |  |            |  |  |  |  |  |           |
| (2)                                    |                                                                   |                                |                    |                                                                                                                            |                                                     |                                | -         |                                        | 1                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| (3)                                    |                                                                   |                                | <u> </u>           |                                                                                                                            |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (4)                                    |                                                                   |                                |                    |                                                                                                                            | -                                                   |                                | ••••••    |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| <u> </u>                               | Enter here and on<br>page 1, Part I,                              | Enter here and<br>page 1, Part | ion N              |                                                                                                                            |                                                     | all na singe                   |           | 副の見てい                                  | Enter here and                                                                                  |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        | lina 10, col. (A).                                                | line 10, col. (                | B).                |                                                                                                                            |                                                     |                                |           |                                        | on page 1,<br>Part II, line 26.                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| Totals ►                               | 0.                                                                |                                | 0.                 |                                                                                                                            |                                                     |                                |           |                                        | (                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| Schedule J - Advertisi                 | ng Income (see Ir                                                 | istructions or                 | n page 2           | 2)                                                                                                                         |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| Part I Income From I                   | Periodicals Repo                                                  | orted on a                     | Cons               | olidated Basis                                                                                                             |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| 1 Name of periodical                   | 2 Gross<br>advertising<br>Income                                  | 3 Diro<br>sávertisin           | ot<br>g costs      | 4 Advoriising<br>gain or (loss) (col.<br>2 minus col. 3), if<br>a gain, computo<br>cole. 5 through 7.                      | 5 Circu<br>inco                                     |                                |           | adership<br>Seals                      | 7 Excess<br>readership costs<br>(column 9 minus<br>column 5, but not<br>more than<br>column 4). |  |          |  |        |  |            |  |  |  |  |  |           |
| (1)                                    |                                                                   | · · ·                          |                    |                                                                                                                            |                                                     |                                |           | it.                                    |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (2)                                    | · · · · · · · · · · · · · · · · · · ·                             |                                | ,                  |                                                                                                                            | b b                                                 |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (3)                                    |                                                                   |                                |                    |                                                                                                                            |                                                     |                                | <u>.</u>  |                                        | 0<br>#                                                                                          |  | <u> </u> |  | 6<br>1 |  | 4 <u>6</u> |  |  |  |  |  | 的自己的法律的任何 |
| (4)                                    |                                                                   |                                |                    |                                                                                                                            | ių.                                                 |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                |                    | DAMAGENET ADDR. REPORTS OF 1 + 4 141                                                                                       |                                                     |                                |           |                                        | Reality States Concernent                                                                       |  |          |  |        |  |            |  |  |  |  |  |           |
| Totals (carry to Part II, line (5))    | ▶  0                                                              | ).                             | 0.                 |                                                                                                                            |                                                     |                                |           |                                        | C                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| Part II Income From I                  | Periodicals Repo                                                  | orted on a                     | Separ              | rate Basis (For e                                                                                                          | ach period                                          | Ical listed                    | 1 in Par  | t II, fill in                          |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| -                                      | 7 on a line-by-line bas                                           | 3IS.)<br>                      |                    | 1                                                                                                                          | 1                                                   |                                |           | ······································ | ······································                                                          |  |          |  |        |  |            |  |  |  |  |  |           |
| (1) OREGON                             | 17 100                                                            | 100                            | 007                | 00 700                                                                                                                     |                                                     |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (2) AGRICULTURE                        | 16,188                                                            | 3. 104,                        | 927.               | -88,739                                                                                                                    | •                                                   |                                |           |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (3)                                    |                                                                   |                                |                    |                                                                                                                            |                                                     |                                |           |                                        | •••••                                                                                           |  |          |  |        |  |            |  |  |  |  |  |           |
| (4)                                    |                                                                   | <u> </u>                       |                    | 1. 1. March 1800, 1840, 514.                                                                                               | TU ALL GRAGAME                                      | Riterantiaster                 | neumonice | 1011010-0.1.2000-13                    |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| (5) Totals from Part I                 | Enter here and or                                                 | ) . Enter here                 | 0.                 |                                                                                                                            |                                                     |                                |           |                                        | (                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| Totals, Part II (lines 1-5)            | page 1, Part I,<br>line 11, col. (A).                             | page 1,<br>line 11, c          | Ferti<br>Içi, (B). |                                                                                                                            |                                                     |                                |           |                                        | Enter hore and<br>on page 1,<br>Part II, line 27,                                               |  |          |  |        |  |            |  |  |  |  |  |           |
| Schedule K - Compensi                  | sation of Officer                                                 | s, Directo                     | rs, and            | d Trustees (see                                                                                                            | Instruction                                         | s on pag                       | e 23)     | C CANALON OF ADDRESS                   |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| л                                      | lame                                                              | · · ·                          |                    | 2 Tille                                                                                                                    |                                                     | 9 Percentime devote<br>busines | od to     |                                        | nsation attributable<br>Ialed business                                                          |  |          |  |        |  |            |  |  |  |  |  |           |
| · · ·                                  |                                                                   |                                |                    |                                                                                                                            | <del></del> ···                                     | ousinds                        | s<br>%    |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
| · · · · · · · · · · · · · · · · · · ·  |                                                                   |                                |                    | • ••••                                                                                                                     |                                                     |                                | %         |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                |                    |                                                                                                                            |                                                     |                                | %         |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        |                                                                   |                                |                    | ······································                                                                                     |                                                     |                                | 70<br>%   |                                        |                                                                                                 |  |          |  |        |  |            |  |  |  |  |  |           |
|                                        | Part II, line 14                                                  |                                |                    |                                                                                                                            |                                                     |                                | /0        |                                        | (                                                                                               |  |          |  |        |  |            |  |  |  |  |  |           |

Form **990-**T (2007)

| 9900<br>Error         Status         Description on my have to use accept of the internal flowerse God (case) that language interventions         Description           A for the 2006 calleding version may have to use accept of the intervent index that incoming requirements         Description may have to use accept of the intervent index that incoming requirements         Description may have to use accept of the intervent index that incoming requirements           A for the 2006 calleding version may have to use accept of the intervent index that incoming requirements         Description may have to use accept of the intervent index that incoming requirements         Description may have to use accept of the intervent index that incoming requirements           A for the 2006 calleding version intervent                                                                                                                                   |                |                        |                                                                                          | . Marson                                  |                                        |                                        | and the second                        |            |                            |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|----------------------------------------|---------------------------------------|------------|----------------------------|----------------------------------------|
| Form       Under section SU(c), 522, er 637((x)) of the intervent Excle (cacept Utak Integender Network Section 100, 100, 100, 100, 100, 100, 100, 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | <b>1</b>               | <b>~</b> ~                                                                               |                                           | ι                                      |                                        | · · · · · ·                           |            | -                          | OMP No. 1545,0047                      |
| Descent of a number         Note of grantation may have the use a copy of the form to seleky of the  |                | q                      | 90                                                                                       |                                           |                                        |                                        |                                       |            |                            | 2006                                   |
| Determinant entry         Image and the second set of the neutron in stately date sport/ing requirements.         Other sport of the neutron in stately date sport/ing requirements.         Other sport of the neutron in stately date sport/ing requirements.         Other sport of the neutron in stately date sport of the neutron in the n                             | For            | n                      | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung |                                           |                                        |                                        |                                       |            |                            | LUUU                                   |
| A For the 2006 schedar year, of taxy set kegning       DEC 1, 2006 and ending NOV 30, 2007         B contain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                        |                                                                                          |                                           | •                                      | -                                      |                                       |            | L                          |                                        |
| B         Construction         D Employer identification number           Address         AmERICAN PARM FURBAL PEDERATION         36-0725160           Brance         Nonbert and street (or P.0. box 1 mails incl delayed to street address)         Rounduals         E Telephone number           Address         Coll MARTHAND AVES         SW         10.000%         202-406-3600           Address         Coll or town, state and state address and 447(10) constant (dariable test)         H and pare not applicable to state and town for address         H and pare not applicable to state and town for address         N/A           C         Weshein:         WWW, FB. COM         Coll or town state and to accompare to state and town for address         N/A         N/A           Organization gaves and welly FLX (50(1) (5.01 / 5.01 / 6.01 m in attree town for address of the state and town for the sta                                                                                                                                                                                                                                                                                                                                        |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| contains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _              |                        | 1                                                                                        |                                           | DEC 1, 2006                            | ande                                   | naing NOV                             |            |                            |                                        |
| Image: The second s | В              | Check if<br>applicable | , [riease]                                                                               | lame of organization                      |                                        |                                        |                                       | DEn        | iployer                    | identification number                  |
| Image of the second | <u> </u>       |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            | 795160                                 |
| Image: Section 5000 MARKIAND AVE. SW       1000W       22.4.265-3600         Image: Section 501(3) manufactions and Ref(N1) nonsement daritable brusts must stand a completed Statedies A (Form 580 or 980-62).       H and i are not apportable to accurity AVA (Form 580 or 980-62).         Image: Section 501(3) manufactions and AF(N1) nonsement daritable brusts must state a completed Statedies A (Form 580 or 980-62).       H and i are not apportable to accurity AVA (Form 580 or 980-62).         Image: Section 501(3) manufactions and AF(N1) nonsement daritable brusts must state a completed Statedies A (Form 580 or 980-62).       H and i are not apportable to accurity AVA (Form 580 or 980-62).         Image: Section 501(3) supporting cognization and its process must and an accurity a promoving or section for accurity a promoving cognization and its process must be accurity a promoving cognization and its process must be accurity and accurity accurity and accurity accurity and accurity accurity and accurity                                                                                                                                                       | -              | Name                   | type.                                                                                    |                                           |                                        | 、<br>、                                 | <b>D</b> = === (+, +)                 |            |                            |                                        |
| Internal Network         Image: Additional status of a construction, and 2/P + 4         Framework         Framework         Case (X) Access           Average Mark Structure (PON)         DC 2 0.0.2.4         Image: Additional structure (PON)         DC 2 0.0.2.4         DC 2 DESC,                                                                                                                                                                                                                                                                                                                                                                                                              |                | Initial                | Bee N                                                                                    |                                           |                                        | }                                      |                                       |            |                            |                                        |
| The second base         Total Control of and the second secon |                |                        | Instruc-                                                                                 |                                           |                                        |                                        | 11000                                 |            |                            |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | _lretum<br>∏Amend      |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| Image:       Bit and a completed Schedule A (Form 990 or 990-EZ).       H(a) is this a group return for atfliates       M/A         0       Organization to piter daw officity       X/A       Ves       X/A         0       Organization to piter daw officity       X/A       Ves       X/A         0       Organization to piter daw officity       X/A       Ves       X/A         0       Organization to piter daw officity       X/A       Ves       X/A         0       Monosci and the organization is not according organization and its pression on the required to attach softward by a group cultured by a group cult                                                                                                                                                                                                                                                                                                                       | -              | Applica                | ation Section                                                                            |                                           |                                        | sts                                    | H and Lare not:                       | apolicabl  |                            |                                        |
| 6         Website: ►WWY.F.FB. COM         IP(0)         IP(0) </td <td></td> <td>ıpendin</td> <td>must :</td> <td>attach a completed Schedule A (Form 9</td> <td>90 or 990-EZ).</td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | ıpendin                | must :                                                                                   | attach a completed Schedule A (Form 9     | 90 or 990-EZ).                         |                                        |                                       |            |                            |                                        |
| 3         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G              | Nebsite                | • ►WWW . F                                                                               | B.COM                                     |                                        |                                        |                                       |            |                            |                                        |
| K       Check here bill the organization is at 509(v)(3) supporting organization and its gross receipts are normally and more than \$25,000. A return is not required, but if the organization organization check bills a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization check bill the a separate return the bit y an organization is not required to attach set to the a complete return.         L       Gross moniphts: Add lines 60, 8b, 9b, and 10b to line 12 bits a separate return with the tot y an organization is not required to attach set.         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances         1       Contributions of onor advest funds         a       Contributions of onor advest funds         b       Direct public support (nut included on line 1a)       1a         c       Interest at more public support (nut included on line 1a)       1a         d       Idvest and assessments       3       24,934,338.         4       Interest on aviving and theoreary resist instantions       4       4         5       Dividend and interest from securities       5       1,348,700.         6       Get       6       6       6         d       Bores                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                        |                                                                                          |                                           | rt no.) 4947(a)(1) or                  | 527                                    | H(c) Are all affilia                  | tes includ |                            |                                        |
| receipts are normally as more than \$25,000. A return is not required, but if the organization chooses to life a return, be sure to life a complete return.       I       Group Description Number >       N/A         L cross receipts: Add lines 60, 80, 90, and 10h to line 12>       28,607,037.       M       Chock > X       M       Sch. 8 (from 980, 990+27, or 980-87).         Part II Reverue, Expenses, and Changes in Net Assets or Fund Balances       1       Contributions, oftward with a manuals received:       1       1       0       Sch. 8 (from 980, 990+27, or 980-87).         I Contributions, oftward with the line 12>       28,607,037.       1       M       Chock > X       9         I Contributions, oftward with the line 12>       28,607,037.       1       M       Chock > X       9         I Contributions, oftward with the line 12>       1       Contributions, oftward with the line 12>       1       1       0       0         I Contributions, oftward with the line 12>       1       1       1       1       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                        |                                                                                          |                                           |                                        | SS                                     |                                       |            |                            | •                                      |
| I Group Everypion Number ► N/A         L Group Everypion Number ►       N/A         M       Check ► [X] if the organization is not required to attach sock if from 500, 909-12, or 930-17).         Partial I       Centrohumon, etc.       If a contributions, etc., and anothis received:         a       Contributions (fragment and similar anothis received:       1         a       Contributions (fragment anothis fragment anothis received:       1         b       If the organization is not anothis received:       1         c       If the organization anothis received:       1         d       If the organization anothis received:       1         d       If the organization anothis received:       1         a       Contrast contrast investment income anothis received:       1         a       Contrast anothis and the presence income anothis received:       1         b       Liss: rinki indeprese       1       3         b       Liss: rinki indeprese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                        |                                                                                          |                                           |                                        |                                        | ganization c                          | overed by  | rn meu i<br>'a grout       | oruling? Yes X No                      |
| L Gross mechanic Add lines (h), By, and 10h to line 12) 28, 507, 037. Sch. B (Form 1900, 980-E2 or 990-PF).          Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances         1       Contributions, gifts, grants, and similar amounts received:         a Contributions, gifts, grants, and similar amounts received:       1a         b Oriez public support (not included on line 1a)       1b         c Indirect public support (not included on line 1a)       1b         c Indirect public support (not included on line 1a)       1c         c Indirect public support (not included on line 1a)       1c         d Id       3d         B Torget assessments:       3         a Hombership dues and assessments:       3         c Noted in san savings and temporary cash investment       3         b Liss: contal oppenes       6a         c Note and interest (rom securities       6a         d Interest income or (loss). Subtract line 6b from line 6a       7         7       Other investment income or (loss). Subtract line 6b from line 6a         a Goss anount from sales of assets other       2, 322, 1552.       8a         e Gai or (loss) (latch schedule).       20, 319.       8d         20, 312.2.522.       8a       20, 319.         a Goss assets of introm line 8a, other schedule).       7       8d       290, 319.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                        |                                                                                          |                                           | , <b>U</b>                             |                                        | I Group Exem                          | ption Nur  | nber 🕨                     | N/A                                    |
| Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances         1       Contributions of constructions, gifts, grants, and similar amounts received:       1       1         a       Contributions of constructions of advised funds       1a       1b         b       Direct public support (nul included on line 1a)       1b       1c         c       Contributions (grants) (not included on line 1a)       1c       1d         c       Total (add lines 1a through 10) (cash S       noncash S       )       1e       0         2       Program service revenue including government fees and contracts (from Part VII, line 93)       3       24, 934, 388         4       Interest on savings and temporary cash invistments       4       4         5       Oliviends and interest (from service revenue including government fees and contracts (from Part VII, line 93)       3       24, 934, 388         6       Interest on savings and temporary cash invistments       4       4       4         6       Gross rents       6a       6b       5       1, 348, 700         7       Other invisitment income (focs). Subtact line 6b from line 6a       7       7       7         7       Other invisitment income (focs). Subtact line 6b from line 6a       1       7       7 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>M Check 🕨 🗌</td> <td>K if the</td> <td>organiza</td> <td>ation is <b>not</b> required to attach</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                        |                                                                                          |                                           |                                        |                                        | M Check 🕨 🗌                           | K if the   | organiza                   | ation is <b>not</b> required to attach |
| 1       Contributions, gifts, grants, and similar amounts received:       1a         0       Orectrbublic support (not included on line 1a)       1b         c       Indirect public support (not included on line 1a)       1b         c       Indirect public support (not included on line 1a)       1c         d       Overnment contributions (grants) (not included on line 1a)       1c         d       Total (add lines 1 at nooph 10) (ash 5       noncash \$       1e         2       Program service revenue including government fees and contracts (from Part VII, line 53)       2       2         3       Membership dues and assessments       3       24,934,338         4       Interest on savings and temporary cash investments       5       1,348,700         6       Gross rents       6a       6c         b       Loss: contal expenses       6a       6c         7       Other investment income (describe >>       >       7         7       Other investment income (describe >>       >       7         8       Cross anount from sales of assets other       (A) Securities       (B)         6       Gain or (loss). (attach schedule). If any arount is from graning, check here       >         9       Special events and atchythins (attach schedule). Subtract line 10a </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>n 990, 99</td> <td>0-EZ, or</td> <td>990-PF).</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                        |                                                                                          |                                           |                                        |                                        | •                                     | n 990, 99  | 0-EZ, or                   | 990-PF).                               |
| a       Contributions to donor advised funds       1a       1a         b       Direct public support (not included on line 1a)       1b       1c         c       Indirect public support (not included on line 1a)       1c       1d         c       Total (add lines 1a through 16) (cash \$       noncash \$       )       1t       0.         2       Program service revenic including goormment fees and contracts (from Part VII, line 93)       3       24, 934, 388         4       Interest in savings and temporary cash investments       4       4         5       Dividends and interest tom securities       5       1, 348, 700         6 a Gross rents       6a       6b       6c         b       Lass: creat appenses       2, 322, 552.       8a       6c         7       Other investment income (describe >       7       7       7         8 a Cross arount from sales dasets other       (A) Securities       (B) Other       6c         9       Special events and sales expenses       2, 032, 233.       8b       6c         c       Cars arount from sales dase expenses       2, 032, 233.       8b       6c         a       Carss arount from sales dase expenses       2, 032, 233.       8b       6c         a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pa             | art I                  |                                                                                          | ·                                         |                                        | Bala                                   | nces                                  |            | <del>.</del>               |                                        |
| b       Direct public support (not included on line 1a)       1b       1c         c       Indirect public support (not included on line 1a)       1c       1c         d       Government contributions (grants) (not included on line 1a)       1d       1c         e       Total (add lines 1a through 1d) (cash \$       noncash \$       )       1e       0.         2       Program service revenue including government fees and contracts (from Part VII, line 93)       2       3       Membership dues and assessments       4       0.         4       Interest on savings and temporary cash investments       4       4       0.       6         5       Dividends and interest from securities       6a       6c       5       1,348,700.         6       A coss rents       6a       6c       5       1,348,700.         6       A coss rents       6a       6c       5       1,348,700.         7       Other investment incorne (discribe ▶       8       6c       5       1,348,700.         8       A coss nents       (A) Securities       (B) Other       1       1         9       Special vents and activities (attach schedule)       2,322,252.       8a       1       290,319.         9       Special vents and activit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 1                      |                                                                                          |                                           |                                        |                                        | F                                     |            |                            |                                        |
| e       Indirect public support (not included on line 1a)       It         d       Government contributions (grants) (not included on line 1a)       It         e       Total (add lines 1 through 1d) (cash \$       noncash \$       )       1e         2       Program survice revenue including government fees and contracts (from Part VII, line 93)       2       2         3       Membership dues and assessments       3       24, 934, 388.         4       Interest on avrings and temporary cash investments       5       1, 348, 700.         5       Orividends and interest from securities       5       1, 348, 700.         6       Goros rents       6a       6c         7       Other investment income (describe ►       6a       6c         7       Other investment income (describe ►       (A) Securities       (B) Other         than inventory       2, 322, 552.       8a       6b         6       Goros rents       (A) Securities       (B) Other         than inventory       2, 322, 2552.       8a       20         8       Gross amount from salse of assets other       (A) 32, 233.       8b       290, 319.         9       Special events and activities (dtatch schedule). If any arrount is from gaming, check here ►       9a       9a <td></td> <td>a</td> <td></td> <td></td> <td></td> <td><u>1a</u></td> <td></td> <td></td> <td></td> <td>•</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | a                      |                                                                                          |                                           |                                        | <u>1a</u>                              |                                       |            |                            | •                                      |
| d       Government contributions (grants) (not included on line 1a)       1d       1e       0.         e       Total (add lines 1a through 1d) (cash \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | b                      | -                                                                                        |                                           |                                        |                                        |                                       | ·····      |                            |                                        |
| e       Total (add lines 1a through 1d) (cash \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | Ċ                      |                                                                                          |                                           |                                        |                                        | ·····                                 |            |                            |                                        |
| 2       Program service revenue including government fees and contracts (from Part VII, line 93)       2         3       Membership dues and assessments       3       24,934,388.         4       Interest on savings and temporary cash investments       4         5       Dividends and interest from securities       5       1,348,700.         6       Gross rents       6a       5       1,348,700.         6       Gross rents       6a       6b       6c         7       Dividends and interest from securities       6a       6c       6c         7       Differ investment income of (loss). Subtract line 6b from line 6a.       7       7         8       Gross rents       (A) Securities       (B) Other       7         8       Gross contor of ther basis and sales expenses       2,032,233.       8b       290,319.         9       Special events and activities (fatch schedule).       290,319.       8c       8d       290,319.         9       Special events and activities (fatch schedule).       1ary amount is from gaming, check here       1a       6e       1a       250,319.         9       Special events and activities gattach schedule).       Strents       1a       1a       290,319.         10       Choss stales of inventory,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | d.                     |                                                                                          |                                           | ne 1a)                                 | 1d                                     | L                                     |            |                            | -                                      |
| 3       Membership dues and assessments       3       24,934,388.         4       Interest on savings and temporary cash investments       5       1,348,700.         6       Gross rents       6a       5       1,348,700.         6       Gross rents       6a       6b       5       1,348,700.         7       Divering score anount from securities       6a       6a       6a         7       Dither investment income (describe )       7       7       7         8       Cross anount from sales of assets other than inventory       2,322,552.8a       8a       6a         9       Less: cost or other basis and sales expanses       20,0319.8c       8d       290,319.8c         9       Special events and activities (attach schedule). If any amount is from paming, check here )       9a       9a         9       Special events and activities (attach schedule). If any amount is from paming, check here )       9a       9a         9       Special events and activities (attach schedule). If any amount is from paming, check here )       9a       9a         9       Special events and activities (attach schedule). If any amount is from paming, check here )       9a       9a         9       D       Cross sales of inventory, less returns and allowances       10a       10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | e                      | •                                                                                        |                                           |                                        |                                        |                                       | )          |                            | <u> </u>                               |
| 4       Interest on savings and temporary cash investments       4         5       Dividends and interest from securities       6         6       a Gross rents       6a         b       Less: rental expenses       6a         c       Net rental income or (loss). Subtract line 6b from line 6a       7         7       7       7         8       Gross amount from sales of assets other       (A) Securities         than inventory       2,322,552.8a       8a         9       Special events and activities (attach schedule). If any amount is from gaming, check here       7         9       Special events and activities (attach schedule). If any amount is from gaming, check here       8d         9       Special events and activities (attach schedule). If any amount is from gaming, check here       9e         9       Special events and activities (attach schedule). If any amount is from gaming, check here       9e         10       a Gross special events. Subtract line 9b from line 9a       9e         10       a Gross special events. Subtract line 9b from line 9a       9e         10       a Gross special events. Subtract line 9b from line 9a       9e         10       a Gross special events. Subtract line 9b from line 9a       9e         10       a Gross sprofib or (loss) from special events. Subtr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                        | -                                                                                        |                                           |                                        |                                        |                                       |            |                            | 04 004 000                             |
| S       Dividends and interest from securities       5       1,348,700.         6       a Gross rents       6a       6b       6c         b       Less: rental expenses       6b       6c         7       Differ investment income of (loss). Subtract line 6b from line 6a       7       7         8       Gross rents       8c       8c         9       Differ investment income of (loss). Subtract line 6b from line 6a       7         7       Differ investment income of (loss). Subtract line 6b from line 6a       7         8       Gross amount from sales of assets other than inventory       2,322,552.8a         8       Ceain or (loss). Combine line 8c, columns (A) and (B)       STMT 1       8d       290,319.8c         9       Special events and activities (attach schedule). If any amount is from gaming, check here b       8d       290,319.8c         8       Gross sales of inventory, less returns and allowances       10a       9c       9c         10       Gross from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c       10c         11       1,397.1       12       26,574,804.10c       11       1,397.11         12       Total revenue (from Part VII, line 103)       11       12,397.70.11       12       26,574,804.10c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            | -                          | 24,934,388.                            |
| B       G a Gross rents       Ga         b       Less: rental expenses       6b       6c         c       Net rental income or (loss). Subtract line 6b from line 6a       7         7       Uther investment income (describe ▶       7         8 a       Gross amount from sales of assets other than inventory       2,322,552.       8a         b       Less: cost or other basis and sales expenses       2,032,233.       8b         c       Gain or (loss) (attach schedule)       290,319.       8c         d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMTT 1       8d       290,319.         9       Special events and activities (attach schedule).       130.91.8       9d       9d       9d         10       Less: cost of goods sold       10a       10a       10a       10a       10a         11       Dther evenue (from line 41, column (C))       13       14       11.1, 397.       13         12       Total evenues. Add lines 16, and 44, column (C))       16       16       16       16         14       Management and general (from line 44, column (A)       17       24,983,770.       18       24,926,313.       20       14       14,056,348.       20       20       20,23.23.       20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            | 1 240 700                              |
| Bit Less: rental expenses       6b         c       Net rental income or (loss). Subtract line 6b from line 6a       6c         7       Other investment income (describe ►       8         8       Gross amount from sales of assets other than inventory       2,322,552.8a         b       Less: cost or other basis and sales expenses       2,032,233.8b         c       Gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1         g       Special events and activities (attach schedule). If any anount is from gaming, check here ►       8d         9       Special events and activities (attach schedule). If any anount is from gaming, check here ►       8d         10       Gross sales of inventory, less returns and allowances       9e         11       Other revenue (not indeding \$       of combutions reported on line 1b)       9a         9       Less: cost of goods sold       10a       10a         12       Total revenue. Add lines 16, 2, 3, 4, 5, 6, 7, 8d, 9c, 10c, and 11       12       26, 574, 804.         13       Program services (from line 44, column (C))       16       13         14       Management and general (from line 44, column (C))       16       16         15       Fundraising (from line 44, column (A)       17       24, 983, 770.         18       Excess or (deficit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            | 5                          | 1,340,700.                             |
| c       Net rental income or (loss). Subtract line 6b from line 6a       6c         7       Other investment income (describe ►       )       7         8 a       Gross amount from sales of assets other than inventory       (A) Securities       (B) Other         b       Less: cost or other basis and sales expenses       2, 032, 233.8b       additional status and sales expenses       2, 032, 233.8b         c       Gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1.       8d       290, 319.8c         a       Het gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1.       8d       290, 319.8c         a       Geas revenue (not induing \$ or controlling sequences induited induing \$ or controlline sequences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | o a<br>⊾               |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| 7       Dther investment income (describe ▶       )       7         8 a       Cross anount from sales of assets other<br>than inventory       (A) Securities       (B) Other         9       Less: cost or other basis and sales expenses       2, 032, 233.8b       20         0       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1       8d       290, 319.         9       Special events and activities (attach schedule). If any amount is from gaming, check here ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            | 7 !                        |                                        |
| B       a       Gross amount from sales of assets other than inventory       (A) Securities       (B) Other         b       Less: cost or other basis and sales expenses       2,032,233.8b       2,032,233.8b       2,032,233.8b         c       Gain or (loss) (attach schedule)       290,319.8c       290,319.8c       290,319.8c         d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1       8d       290,319.         g       Special events and activities (attach schedule). If any amount is from gaming, check here b       1       8d       290,319.         a       Gross reence (natindexing \$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | 7                      |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| than inventory       2,322,332.       oa         b       Less: cost or other basis and sales expenses       2,032,33.       ab         c       Gain or (loss) (attach schedule)       290,319.       8c         d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1       8d       290,319.         g       Special events and activities (attach schedule). If any amount is from gaming, check here       Image: Comparison of Combine in 8c, columns (A) and (B)       STMT 1       8d       290,319.         g       Special events and activities (attach schedule). If any amount is from gaming, check here       Image: Comparison of Combine in 8c, columns (A) and (B)       StrMT 1       8d       290,319.         g       Special events and activities (attach schedule). If any amount is from gaming, check here       Image: Comparison of Combine in 8c, columns reported on line 1b)       9a       9c         g       Net income or (loss) from special events. Subtract line 9b from line 9a       9c       Image: Comparison of Combine in 8c, column comparison of combine in 8a       9c         g       Less: cost of goods sold       Image: Comparison of Coss profile or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       Image: Comparison of Coss profile or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       Image: Coss active active active active active actin active active active active active active active ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vel            |                        |                                                                                          | •                                         | (A) Securities                         |                                        | (B) Othe                              | . ,        |                            |                                        |
| b       Less: cost or other basis and sales expenses       2,032,233.8b       290,319.8c         c       Gain or (loss) (attach schedule)       290,319.8c       8d       290,319.8c         d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1.8d       8d       290,319.8c         9       Special events and activities (attach schedule). If any amount is from gaming, check here       9       9       9         a       Goas revence (notinciding \$ or contributions reported on line b)       9a       9c       9c         10 a       Gross sales of inventory, less returns and allowances       9b       9c       9c         b       Less; cost of goods sold       10a       10c       11       1,397.1         11 Other revenue (from Part VII, line 103)       11       12       26,574,804.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26,574,804.         13       Program services (from line 44, column (C))       14       14       15         14       Management and general (from line 14, column (C))       15       16       17       24,983,770.1         14       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1,591,034.       15         16       Other chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Å              |                        |                                                                                          |                                           |                                        | 8a                                     | (=) ===                               |            |                            |                                        |
| c       Count of (toss) (conclusion)       230, 512, 512, 512, 512, 512, 512, 512, 512                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | Ь                      |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 1       8d       290, 319.         9       Special events and activities (attach schedule). If any amount is from gaming, check here ▶       9       9         a       Grass revene (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                        |                                                                                          |                                           |                                        |                                        | · · · · · · · · · · · · · · · · · · · |            | A2.0504                    | •                                      |
| 9       Special events and activities (attach schedule). If any amount is from gaming, check here ▶       □         a       Goss revenue (notinduding \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | d                      |                                                                                          |                                           |                                        |                                        | T 1                                   |            | ( )                        | 290,319.                               |
| b       Less; direct expenses other than fundraising expenses       9b         c       Net income or (loss) from special events. Subtract line 9b from line 9a       9c         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less; cost of goods sold       10b         c       Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c         11       Dther revenue (from Part VII, line 103)       11       1,397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26,574,804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances (attach explanation)       SEE       STATEMENT 2       20       <8, 216, 083.>         21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 9                      |                                                                                          |                                           |                                        | here 🕽                                 | ▶ 🔲                                   |            |                            |                                        |
| c       Net income or (loss) from special events. Subtract line 9b from line 9a       9c         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c         11       Dther revenue (from Part VII, line 103)       11       1, 397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26, 574, 804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (C))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       Other changes in net assets or fund balances (attach explanation)       SEE       SEE       STATEMENT 2       20       <8, 216, 083.>       > <t< td=""><td></td><td>a</td><td>Gross revenue (not in</td><td>ncluding\$0</td><td>f contributions reported on line 1b)</td><td>9a</td><td>-</td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | a                      | Gross revenue (not in                                                                    | ncluding\$0                               | f contributions reported on line 1b)   | 9a                                     | -                                     |            |                            |                                        |
| 10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c         11       Other revenue (from Part VII, line 103)       11       1,397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26, 574, 804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       Other changes in net assets or fund balances (attach explanation)       SEE       STATEMENT 2       20       <8, 216, 083.>         21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20       21       37, 431, 299. <td></td> <td>b</td> <td>Less: direct ex</td> <td>penses other than fundraising expenses</td> <td></td> <td>9b</td> <td>·</td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | b                      | Less: direct ex                                                                          | penses other than fundraising expenses    |                                        | 9b                                     | ·                                     |            |                            |                                        |
| b       Less: cost of goods sold       10b         c       Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c         11       Dther revenue (from Part VII, line 103)       11       1,397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26, 574, 804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       CHer changes in net assets or fund balances (attach explanation)       SEE STATEMENT 2       20       <8, 216, 083.>         21       37, 431, 299.       21       37, 431, 299.        21       37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | c                      | Net income or                                                                            | (loss) from special events. Subtract line | 9b from line 9a                        | 1                                      |                                       |            |                            |                                        |
| c       Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a       10c         11       Dther revenue (from Part VII, line 103)       11       1,397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26,574,804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (O))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       <8, 216, 083.>       20       <8, 216, 083.>       21       37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| 11       Other revenue (from Part VII, line 103)       11       1,397.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26,574,804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       16       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       <8, 216, 083.>       21       37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | Ъ                      |                                                                                          |                                           |                                        |                                        |                                       |            | ος, 11,0<br>1.<br>1.<br>1. | •                                      |
| 12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       26, 574, 804.         13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (0))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1,591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       C8, 216, 083.>       21       37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | C                      | •                                                                                        |                                           |                                        |                                        |                                       |            |                            |                                        |
| 13       Program services (from line 44, column (B))       13         14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1,591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       Other changes in net assets or fund balances (attach explanation)       SEE STATEMENT 2       20       <8, 216, 083.>         21       37, 431, 299.       13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 11                     | Other revenue                                                                            | (from Part VII, line 103)                 | ······································ |                                        |                                       |            |                            |                                        |
| 14       Management and general (from line 44, column (C))       14         15       Fundraising (from line 44, column (D))       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A)       17       24, 983, 770.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       1, 591, 034.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       44, 056, 348.         20       Other changes in net assets or fund balances (attach explanation)       SEE STATEMENT 2       20       <8, 216, 083.>         21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20       21       37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                        |                                                                                          |                                           |                                        |                                        |                                       |            | 1 1                        | 26,574,804.                            |
| 17Total expenses. Add lines 16 and 44, column (A)1724,983,770.18Excess or (deficit) for the year. Subtract line 17 from line 12181,591,034.19Net assets or fund balances at beginning of year (from line 73, column (A))1944,056,348.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 220<8,216,083.>21Net assets or fund balances at end of year. Combine lines 18, 19, and 202137,431,299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ø.             |                        |                                                                                          |                                           |                                        |                                        |                                       |            | 1                          |                                        |
| 17Total expenses. Add lines 16 and 44, column (A)1724,983,770.18Excess or (deficit) for the year. Subtract line 17 from line 12181,591,034.19Net assets or fund balances at beginning of year (from line 73, column (A))1944,056,348.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 220<8,216,083.>21Net assets or fund balances at end of year. Combine lines 18, 19, and 202137,431,299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nse            |                        |                                                                                          |                                           |                                        | ······································ |                                       |            |                            |                                        |
| 17Total expenses. Add lines 16 and 44, column (A)1724,983,770.18Excess or (deficit) for the year. Subtract line 17 from line 12181,591,034.19Net assets or fund balances at beginning of year (from line 73, column (A))1944,056,348.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 220<8,216,083.>21Net assets or fund balances at end of year. Combine lines 18, 19, and 202137,431,299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | edx            |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| 18Excess or (deficit) for the year. Subtract line 17 from line 12181,591,034.19Net assets or fund balances at beginning of year (from line 73, column (A))1944,056,348.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 220<8,216,083.>21Net assets or fund balances at end of year. Combine lines 18, 19, and 202137,431,299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ш              |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            | 21 983 770                             |
| 19Net assets or fund balances at beginning of year (from line 73, column (A))1944,056,348.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 220<8,216,083.>21Net assets or fund balances at end of year. Combine lines 18, 19, and 202137,431,299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                        |                                                                                          |                                           | - 40                                   |                                        |                                       |            |                            |                                        |
| 21         Net assets or fund balances at end of year. Combine lines 18, 19, and 20         21         37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t<br>its       |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
| 21         Net assets or fund balances at end of year. Combine lines 18, 19, and 20         21         37, 431, 299.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ne             |                        | Other changes                                                                            | in net assets or fund balances (attach e  | (planation)                            | EF                                     | STATEMEN                              | r 2        |                            |                                        |
| 623001<br>01-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2006)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A              |                        |                                                                                          |                                           |                                        |                                        |                                       |            |                            |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 62300<br>01-15 |                        |                                                                                          |                                           |                                        |                                        |                                       |            | •1                         |                                        |

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|                                               |                                                                                                                              |                                                     | $\sim$                                                                |                                                           | ,                                           | r                             |                    |                 |                                |                                        |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|-------------------------------|--------------------|-----------------|--------------------------------|----------------------------------------|
| Form <b>(</b> Rev. Ap                         | ril 2007)                                                                                                                    | Арр                                                 | lication f<br>Exem                                                    | or Extens<br>opt Organ                                    |                                             |                               |                    | ñ               | OMB                            | No. 1545-1709                          |
|                                               | t of the Treasury<br>venue Service                                                                                           |                                                     | 🕨 Fil                                                                 | e a separate app                                          | lication for eac                            | h return.                     |                    |                 |                                |                                        |
| • If you                                      | are filing for an Auto<br>are filing for an Add<br>complete Part II unl                                                      | litional (not a                                     | utomatic) 3-Mor                                                       | nth Extension, c                                          | omplete only l                              | Part II (on pa                | age 2 of this t    | form).          |                                | <b>&gt;</b> X                          |
| Part I                                        | Automatic                                                                                                                    | 3-Month                                             | Extension of                                                          | Time. Only su                                             | bmit original (n                            | o copies nee                  | eded).             |                 |                                |                                        |
| and com                                       |                                                                                                                              |                                                     |                                                                       |                                                           | ·····                                       |                               |                    |                 |                                | ►                                      |
|                                               | corporations (includ<br>come tax returns.                                                                                    | ling 1120-C fi                                      | lers), partnership                                                    | s, REMICs, and t                                          | rusts must use                              | Form 7004                     | to request an      | exten           | sion of time                   |                                        |
| Electron<br>noted be<br>the addi<br>990-T. Ir | nic Filing (e-file). Ge<br>elow (6 months for se<br>tional (not automatic<br>istead, you must sul<br>w.irs.gov/efile and cli | ection 501(c)<br>c) 3-month ext<br>bmit the fully o | corporations req<br>ension or (2) you<br>completed and s              | uired to file Form<br>file Forms 990-B<br>gned page 2 (Pa | 990-T), Howev<br>L. 6069, or 887            | er, you canr<br>70, group rei | not file Form a co | 8868 e<br>mposi | lectronically<br>te or consoli | if (1) you want<br>dated Form          |
| Type or                                       |                                                                                                                              |                                                     |                                                                       | ·<br>·                                                    |                                             |                               | :                  | Empl            | oyer identif                   | ication number                         |
| print                                         | AMERICAN                                                                                                                     | FARM E                                              | UREAU FE                                                              | DERATION                                                  |                                             |                               |                    | 3               | 6-0725                         | 160                                    |
| File by the<br>due date fo<br>filing your     | r Number, street,                                                                                                            | and room or s                                       | suite no. If a P.O.<br>E • SW , N                                     | box, see instruc                                          | tions.                                      |                               |                    |                 |                                |                                        |
| return. See<br>instructions                   |                                                                                                                              | st office, state                                    | e, and ZIP code.                                                      |                                                           | ress, see instru                            | uctions.                      |                    |                 | -<br>                          |                                        |
|                                               | rm 990<br>rm 990-BL<br>rm 990-EZ<br>rm 990-PF                                                                                |                                                     | Form 990-T (con<br>Form 990-T (sec<br>Form 990-T (trus<br>Form 1041-A | . 401(a) or 408(a)                                        |                                             |                               | Form 47            | 227<br>)69      |                                |                                        |
| Telep<br>If the                               | oooks are in the care<br>hone No. ▶ <u>202</u><br>organization does n<br>is for a Group Retur<br>. If it is for part         | -406-36<br>not have an of<br>rn, enter the c        | ice or place of b                                                     | usiness in the Ur<br>r digit Group Exe                    | FAX No.<br>ited States, ch<br>mption Number | eck this box<br>er (GEN)      | If thi             | s is for        | the whole g                    | group, check this<br>nsion will cover. |
|                                               | equest an automatic<br>JULY 15,<br>for the organization'<br>calendar year<br>X tax year begin                                | 2008<br>'s return for:<br>or                        | , to file the                                                         | exempt organiza                                           |                                             | he organizat                  | tion named a       |                 |                                | on                                     |
| 2 lf 1                                        | this tax year is for le                                                                                                      | ss than 12 mc                                       | onths, check reas                                                     | on: 🗌 Initia                                              | l return                                    | Final                         | return             |                 | Change in a                    | ccounting period                       |
|                                               | this application is for<br>Inrefundable credits                                                                              |                                                     |                                                                       | 4720, or 6069, €                                          | nter the tentati                            | ve tax, less :                | any                | 3a              | \$                             |                                        |
| b Ift                                         | this application is for                                                                                                      | r Form 990-PF                                       | or 990-T, enter a                                                     |                                                           |                                             | nated                         |                    |                 |                                |                                        |
|                                               | x payments made. Ir                                                                                                          |                                                     |                                                                       |                                                           |                                             | ئىسمى <b>ئ</b>                | ······             | 3b              | \$                             | <del>, :</del>                         |
| de                                            | alance Due, Subtrac                                                                                                          |                                                     |                                                                       |                                                           |                                             |                               | m).                | 9-              | ¢                              | N/A                                    |
|                                               | e instructions.                                                                                                              |                                                     |                                                                       |                                                           |                                             |                               |                    | 3c              | \$                             |                                        |
|                                               | If you are going to                                                                                                          |                                                     |                                                                       |                                                           |                                             | Form 8453-E                   | EO and Form        | 8879-1          |                                |                                        |
| LHA I                                         | For Privacy Act and                                                                                                          | 1 Paperwork                                         | Reduction Act N                                                       | iouce, see instru                                         | actions.                                    |                               |                    |                 | rorm <b>8</b> 8                | 368 (Rev. 4-2007)                      |

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| Fam 990-T (2           |                                                                                                                                                                                                                 | 36-                            | 0725160            | Page                 |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|----------------------|
| Part III               | Tax Computation                                                                                                                                                                                                 |                                |                    |                      |
|                        | rganizations Taxable as Corporations. See instructions for tax computation.                                                                                                                                     |                                |                    |                      |
|                        | ontrolled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and                                                                                                                            |                                |                    |                      |
|                        | nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order                                                                                                               | ):                             |                    |                      |
|                        | i) \$                                                                                                                                                                                                           |                                |                    |                      |
|                        | nter organization's share of: (1) Additional 5% tax (not more than \$11,750)                                                                                                                                    |                                | a Ó Á gai          |                      |
|                        | 2) Additional 3% tax (not more than \$100,000)                                                                                                                                                                  |                                |                    | 0                    |
| c Ir                   | icome tax on the amount on line 34                                                                                                                                                                              | - P 015                        | ► 35c              | 0                    |
| 36 T                   | rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of                                                                                                                 |                                |                    |                      |
| L                      | Tax rate schedule or Schedule D (Form 1041)                                                                                                                                                                     |                                |                    | ;`,·                 |
|                        | roxy tax. See instructions                                                                                                                                                                                      |                                |                    |                      |
|                        | Iternative minimum tax<br>otal. Add lines 37 and 38 to line 35c or 36, whichever applies                                                                                                                        |                                |                    | 0                    |
|                        | Tax and Payments                                                                                                                                                                                                |                                |                    |                      |
|                        | preign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                      | 40a                            | -1-1-2-1-1-        |                      |
|                        | ther credits (see instructions)                                                                                                                                                                                 | 40b                            |                    |                      |
|                        | eneral business credit. Check here and indicate which forms are attached:                                                                                                                                       |                                |                    |                      |
| с в<br>Г               | Form 3800 Form(s) (specify)                                                                                                                                                                                     | 40c                            |                    |                      |
|                        | redit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                     | 40d                            |                    |                      |
|                        | otal credits. Add lines 40a through 40d                                                                                                                                                                         |                                | 40e                |                      |
|                        | ubtract line 40e from line 39                                                                                                                                                                                   |                                | 41                 | 0                    |
|                        | ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886                                                                                                                                               | 6 Other (attach sche           |                    |                      |
|                        | otal tax. Add lines 41 and 42                                                                                                                                                                                   |                                | 43                 | 0                    |
|                        | ayments: A 2005 overpayment credited to 2006                                                                                                                                                                    | 44a                            |                    |                      |
|                        | 006 estimated tax payments                                                                                                                                                                                      | 44b                            |                    |                      |
|                        | ax deposited with Form 8868                                                                                                                                                                                     | 44c                            |                    |                      |
|                        | preign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                         | 44d                            |                    |                      |
|                        | ackup withholding (see instructions)                                                                                                                                                                            | 44e                            |                    |                      |
|                        | redit for federal telephone excise tax paid (attach Form 8913)                                                                                                                                                  | 44f 13,3                       | 24.                |                      |
|                        | ther credits and payments: Form 2439                                                                                                                                                                            |                                |                    |                      |
|                        |                                                                                                                                                                                                                 | 44g                            |                    |                      |
| 45 T                   | otal payments. Add lines 44a through 44g                                                                                                                                                                        |                                | 45                 | 13,324               |
| <b>46</b> E            | stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄                                                                                                                                     |                                |                    |                      |
|                        | ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed                                                                                                                                 |                                | ▶ 47               |                      |
|                        | verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid                                                                                                                       |                                |                    | 13,324               |
|                        | nter the amount of line 48 you want. Credited to 2007 estimated tax                                                                                                                                             | Refunded                       | ► <u>49</u>        | 13,324               |
| Part V                 |                                                                                                                                                                                                                 |                                |                    |                      |
|                        | time during the 2006 calendar year, did the organization have an interest in or a signature or oth                                                                                                              |                                |                    | Yes No               |
| • •                    | securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90                                                                                                              | I-22.1. If YES, enter the r    | iame of the        | X<br>Calena - Calena |
| foreigi<br>2 During    | n country here 🕨 🕨                                                                                                                                                                                              |                                |                    |                      |
|                        | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus<br>see page 5 of the instructions for other forms the organization may have to file. |                                |                    | X                    |
|                        | he amount of tax-exempt interest received or accrued during the tax year \$<br>A - Cost of Goods Sold. Enter method of inventory valuation N/A                                                                  |                                |                    |                      |
| Schedu                 | IE A - Cost of Coous Solu. Enter method of inventory valuation F N/A.                                                                                                                                           |                                |                    |                      |
| 1 louant               | ory at beginning of year 1 6 Inventory at end of year                                                                                                                                                           | <u> </u>                       | 6                  |                      |
|                        |                                                                                                                                                                                                                 |                                | 1 St.              |                      |
| 2 Purcha<br>3 Cost o   |                                                                                                                                                                                                                 | nd in Part I, line 2           | 7                  |                      |
|                        | and a section 263A costs 4a 8 Do the rules of section                                                                                                                                                           |                                | ······             | Yes No               |
|                        |                                                                                                                                                                                                                 | cquired for resale) apply t    | to                 |                      |
|                        |                                                                                                                                                                                                                 |                                |                    | X                    |
|                        | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st                                                                                                 | atements, and to the best of n |                    |                      |
| Sìgn                   | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare                                                                                               | r has any knowledge.           | May the IRS discus |                      |
| Here                   |                                                                                                                                                                                                                 |                                | the preparer shown |                      |
|                        | Signature of officer Date Title                                                                                                                                                                                 |                                | instructions)?     |                      |
|                        | Preparer's Date                                                                                                                                                                                                 | Check if                       | Preparer's SSN c   |                      |
| Paid                   | signature X / / / 10/9/05                                                                                                                                                                                       | self-employed                  | II ·               |                      |
| Preparer's<br>Use Only | Pirm's name (or BT.ACKMAN KAT.T.TCK T.T.P                                                                                                                                                                       | EIN                            | 36-34688           | 29                   |
| Use only               | employed, 10 S. RIVERSIDE PLAZA, 9TH FLOOR                                                                                                                                                                      |                                |                    | 207-1040             |
|                        | address, and to b. REVERDINE THERE'S THE THOUSE                                                                                                                                                                 |                                |                    |                      |

|  | Form | 990 | (2006) |  |
|--|------|-----|--------|--|
|--|------|-----|--------|--|

### AMERICAN FARM BUREAU FEDERATION

#### 36-0725160 Page 2

| Part II Statement of<br>Functional Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | All organizati<br>and (4) orga | tions must complete colum<br>anizations and section 4947 | n (A). Columns (B), (C), a<br>'(a)(1) nonexempt charita | nd (D) are required for section ble trusts but optional for othe            | on 501(c)(3)<br>ners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do not include amounts reported on line<br>6b, 8b, 9b, 10b, or 16 of Part I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                              | (A) Total                                                | (B) Program<br>services                                 | (C) Management<br>and general                                               | (D) Fundraising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 22a Grants paid from donor advised funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (attach schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (cash \$ 0 . noncash \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.                             |                                                          |                                                         | · [244:49] 전 : 15 4 년 41년 17 18<br>- 19 19 19 19 19 19 19 19 19 19 19 19 19 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - 🗌 22a                        |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 22b Other grants and allocations (attach sch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | edule)                         |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (cash \$ 0 _ noncash \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.                             |                                                          |                                                         |                                                                             | 이지는 사람 방법을 통하는 것을 못하는 것을 통하는 것을 통<br>것이 것이 |
| If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - 🗌 22b                        |                                                          |                                                         |                                                                             | e e destato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 23 Specific assistance to individuals (attack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | · · ·                                                    |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 24 Benefits paid to or for members (attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                          | ······                                                  |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| schedule)<br>25a Compensation of current officers, directors, k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | -                                                        |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| employees, etc. listed in Part V-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 1                            | 1,834,551.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| b Compensation of former officers, directors, keeping and the part of the p | 1 1                            | 0.                                                       |                                                         |                                                                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| employees, etc. listed in Part V-B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | <u> </u>                                                 |                                                         | · · · · · · · · · · · · · · · · · · ·                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| c Compensation and other distributions, not inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 1                            |                                                          |                                                         |                                                                             | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| above, to disqualified persons (as defined und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ier                            |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| section 4958(f)(1)) and persons described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| section 4958(c)(3)(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25c                            |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 26 Salaries and wages of employees not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | ·                                                        |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| included on lines 25a, b, and c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 26                             | 7,815,579.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 27 Pension plan contributions not included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 1                            |                                                          |                                                         | ,                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| lines 25a, b, and c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27                             |                                                          | · ····································                  |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 28 Employee benefits not included on lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 25a - 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 28                             | 2,324,754.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 29 Payroll taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 29                             | 589, <u>41</u> 8.                                        | ·                                                       |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 30 Professional fundraising fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | ·                                                        |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 31 Accounting fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 218,381.                                                 |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 32 Legal fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 1,214,617.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 33 Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 34 Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 162,349.                                                 |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 35 Postage and shipping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 36 Occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 2,637,153.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 37 Equipment rental and maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 38 Printing and publications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 295,942.                                                 | <u></u>                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 39 Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 2,699,874.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 40 Conferences, conventions, and meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 41 Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                          | ···· ···                                                |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 42 Depreciation, depletion, etc. (attach sched                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | 762,601.                                                 |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 43 Other expenses not covered above (item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | ,02,0010                                                 |                                                         |                                                                             | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                          | ·                                                       |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43f                            | A 400 FF1                                                |                                                         | · ·                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SEE STATEMENT 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43g                            | 4,428,551.                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 44 Total functional expenses. Add lines 22a thr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 43g. (Organizations completing columns (B)-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 1                            | 04 000 880                                               |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| carry these totals to lines 13-15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 24,983,770.                                              |                                                         | <u> </u>                                                                    | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Joint Costs. Check 🕨 🔲 if you are folk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                          |                                                         |                                                                             | . ا <del>ن</del> تار الــــ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Are any joint costs from a combined educational c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                          |                                                         |                                                                             | Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| If "Yes," enter (i) the aggregate amount of these jo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                                          |                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (iii) the amount allocated to Management and gen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eral \$                        | N/A ; and                                                | (iv) the amount allocated                               | to Fundraising \$                                                           | <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 623011<br>01-23-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                          | 2                                                       |                                                                             | Form <b>990</b> (2006)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| Form 990 (2006) AMERICAN FARM BUREAU FEDERATION 36-0                                                                                                                                                                                                                                                                                                              | 0725160 Page 3                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
| Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a p                                                                                                                                                                                                                                   | -                                                                                                |
| How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore<br>return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.                                                                                                              | pre, please make sure the                                                                        |
| return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.                                                                                                                                                                                                                                                |                                                                                                  |
| What is the organization's primary exempt purpose? SEE STATEMENT 4                                                                                                                                                                                                                                                                                                | Program Service<br>Expenses                                                                      |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | (Required for 501(c)(3)<br>and (4) orgs., and<br>4947(a)(1) trusts; but<br>optional for others.) |
| a FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION                                                                                                                                                                                                                                                                                                          |                                                                                                  |
| CONCERNING LEGISLATIVE AND MARKETING MATTERS.                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | ]                                                                                                |
| (Grants and allocations \$) If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                    |                                                                                                  |
| b AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.                                                                                                                                                                                                                                                                                                        |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | ļ                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                   | 1                                                                                                |
| C                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   | · · ·                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                   |                                                                                                  |
| d                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | ]                                                                                                |
| (Grants and allocations \$) If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                    |                                                                                                  |
| e Other program services (attach schedule)                                                                                                                                                                                                                                                                                                                        |                                                                                                  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here                                                                                                                                                                                                                                                                                   |                                                                                                  |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services)                                                                                                                                                                                                                                                                          |                                                                                                  |

Form **990** (2006)

623021 01-18-07

| ote: Wh                                       | Balance Sheets (See the instructions.)<br>here required, attached schedules and amounts w<br>build be for end-of-year amounts only. | scription column                                                 | (A)<br>Beginning of year                           | -           | <b>(B)</b><br>End of year |          |               |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------|-------------|---------------------------|----------|---------------|
| 45                                            | Cash - non-interest-bearing                                                                                                         |                                                                  |                                                    | 5,294,373.  | 45                        | 5,917,   | 549.          |
| 46                                            | Savings and temporary cash investments                                                                                              |                                                                  |                                                    | 5,486,847.  |                           | 3,314,   |               |
| טד                                            | Gavings and temporary ouser integrations                                                                                            |                                                                  |                                                    |             |                           |          |               |
| 47 5                                          | a Accounts receivable                                                                                                               | 47a                                                              | 187,805.                                           |             |                           |          |               |
|                                               | Less: allowance for doubtful accounts                                                                                               | 47b                                                              |                                                    | 179,528.    | 47c                       | 187,     | 805.          |
| · "                                           |                                                                                                                                     |                                                                  |                                                    |             |                           |          |               |
| 48 a                                          | a Pledges receivable                                                                                                                |                                                                  | and so any opposite a construction of the solution |             |                           |          |               |
| ł                                             | Less: allowance for doubtful accounts                                                                                               | 48b                                                              |                                                    | с.<br>С     | 48c                       |          |               |
| 49                                            | Grants receivable                                                                                                                   |                                                                  |                                                    |             | 49                        |          |               |
|                                               | A Receivables from current and former officers, o                                                                                   |                                                                  |                                                    |             |                           | -        |               |
|                                               | key employees                                                                                                                       |                                                                  |                                                    |             | 50a                       |          |               |
| t                                             | Receivables from other disqualified persons (a                                                                                      |                                                                  |                                                    |             |                           |          |               |
|                                               | 4958(f)(1)) and persons described in section 49                                                                                     |                                                                  |                                                    |             | 50b                       |          |               |
| 51 a                                          | a Other notes and loans receivable                                                                                                  | 51a                                                              |                                                    |             |                           |          |               |
|                                               | b Less; allowance for doubtful accounts                                                                                             |                                                                  |                                                    | · .         | 51c                       |          |               |
| 52                                            | Inventories for sale or use                                                                                                         |                                                                  |                                                    |             | 52                        |          |               |
| 53                                            | Prepaid expenses and deferred charges                                                                                               |                                                                  |                                                    | 430,248.    | 53                        | 503,     | 479.          |
| 54 a                                          | Investments - publicly-traded securities STM                                                                                        |                                                                  |                                                    | 13,719,054. |                           | 17,717,  |               |
|                                               | Investments - other securities                                                                                                      | . 🕨                                                              | Cost FMV                                           |             | 54b                       |          |               |
| 55 a                                          | Investments - land, buildings, and STM                                                                                              | Г 5                                                              |                                                    |             |                           |          |               |
|                                               | equipment: basis                                                                                                                    | 1 1                                                              |                                                    |             |                           |          |               |
|                                               |                                                                                                                                     |                                                                  |                                                    |             |                           |          |               |
| 6                                             | Less: accumulated depreciation                                                                                                      | 55b                                                              |                                                    |             | 55c                       |          |               |
| 56                                            | Investments - other                                                                                                                 |                                                                  |                                                    | 56          |                           |          |               |
| 57 a                                          | Land, buildings, and equipment: basis                                                                                               | 8,696,744.                                                       |                                                    |             |                           |          |               |
|                                               | Less: accumulated depreciation STMT 7                                                                                               |                                                                  | 2,540,124.                                         | 6,795,403.  | 57c                       | 6,156,   | 620.          |
| 58                                            | Other assets, including program-related investments                                                                                 |                                                                  |                                                    |             |                           |          |               |
|                                               | (describe 🕨S                                                                                                                        | EE STA                                                           | TEMENT 8 )                                         | 16,183,473. | 58                        | 8,930,   |               |
| 59                                            | Total assets (must equal line 74). Add lines 45                                                                                     | 48,088,926.                                                      | 59                                                 | 42,727,     | <u>119.</u>               |          |               |
| 60                                            | Accounts payable and accrued expenses                                                                                               |                                                                  |                                                    | 1,103,780.  | 60                        | 1,301,   | <u>589.</u>   |
| 61                                            | Grants payable                                                                                                                      |                                                                  |                                                    |             | 61                        |          |               |
| 62                                            | Deferred revenue                                                                                                                    |                                                                  |                                                    | 37,499.     | 62                        | 36,      | 330.          |
| 63                                            | Loans from officers, directors, trustees, and ke                                                                                    | y employee                                                       | es                                                 |             | 63                        |          |               |
| 64                                            | a Tax-exempt bond liabilities                                                                                                       |                                                                  |                                                    |             | 64a                       | •        |               |
|                                               | b Mortgages and other notes payable                                                                                                 |                                                                  |                                                    | ·           | 64b                       |          |               |
| 65                                            | Other liabilities (describe 🕨 🔜 S                                                                                                   | EE STA                                                           | TEMENT 9 )                                         | 2,891,299.  | 65                        | 3,957,   | <u>901.</u>   |
|                                               |                                                                                                                                     |                                                                  |                                                    |             |                           |          |               |
| 66                                            | Total liabilities. Add lines 60 through 65                                                                                          | <u></u>                                                          |                                                    | 4,032,578.  | 66                        | 5,295,   | <u>820.</u>   |
| Org                                           | anizations that follow SFAS 117, check here 🕨                                                                                       | X and                                                            | complete lines                                     |             |                           |          |               |
|                                               | 67 through 69 and lines 73 and 74.                                                                                                  |                                                                  |                                                    |             |                           |          |               |
| 67                                            | Unrestricted                                                                                                                        |                                                                  |                                                    | 44,056,348. | 67                        | <u> </u> | <u> 299</u> . |
| 68                                            | Temporarily restricted                                                                                                              |                                                                  |                                                    |             | 68                        |          |               |
| 69                                            | Permanently restricted                                                                                                              |                                                                  |                                                    |             | 69                        |          |               |
| Org                                           | anizations that do not follow SFAS 117, check                                                                                       |                                                                  |                                                    |             |                           |          |               |
|                                               | complete lines 70 through 74.                                                                                                       |                                                                  |                                                    |             |                           |          |               |
| 67<br>68<br>69<br>Org<br>70<br>71<br>72<br>73 | Capital stock, trust principal, or current funds                                                                                    |                                                                  |                                                    |             | 70                        |          |               |
| 71                                            | Paid-in or capital surplus, or land, building, and                                                                                  |                                                                  |                                                    |             | 71<br>72                  |          |               |
| 72                                            | - ·                                                                                                                                 | Retained earnings, endowment, accumulated income, or other funds |                                                    |             |                           |          |               |
| 73                                            | Total net assets or fund balances. Add lines 67 thro                                                                                |                                                                  |                                                    |             |                           |          |               |
|                                               | (Column (A) must equal line 19 and column (B) must                                                                                  |                                                                  |                                                    | 44,056,348. | 73                        | 37,431,  |               |
| 74                                            | Total liabilities and net assets/fund balances                                                                                      | . Add lines (                                                    | 6 and 73                                           | 48,088,926. | 74                        | 42,727,  | 119.          |

623031 01-20-07

16071008 758432 AMEFAR1-01 2006

| Pa                               | m 990 (2006) AMERICAN FARM BUREAU                                                                            | FEDERATION                                                     | <         |                                        | 36-0                                       | )7251                                                | 60                         | Page 5                         |
|----------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------|----------------------------------------|--------------------------------------------|------------------------------------------------------|----------------------------|--------------------------------|
| Latio                            | art IV-A Reconciliation of Revenue per Audited Fina<br>instructions.)                                        | ncial Statements V                                             | Vith      | Revenue p                              | er Rei                                     | turn (S                                              | ee the                     |                                |
| a                                | Total revenue, gains, and other support per audited financial stateme                                        | ents                                                           |           |                                        |                                            | a 26,                                                | 484                        | 332.                           |
| b                                | Amounts included on line a but not on Part I, line 12:                                                       |                                                                |           |                                        |                                            |                                                      |                            |                                |
| 1                                | Net unrealized gains on investments                                                                          |                                                                | b1        | 384,5                                  | 569.                                       |                                                      |                            |                                |
| 2                                |                                                                                                              |                                                                | b2        |                                        | 1000                                       |                                                      |                            |                                |
| 3                                | Recoveries of prior year grants                                                                              |                                                                | b3        |                                        |                                            |                                                      |                            |                                |
| 4                                | Other (specify): SEE STATEMENT 10                                                                            |                                                                | b4        | <438,9                                 | 62.>                                       | <b>.</b>                                             |                            |                                |
|                                  | Add lines b1 through b4                                                                                      |                                                                |           |                                        |                                            | b                                                    | <54,                       | <u>393.</u> >                  |
| C                                | Subtract line b from line a                                                                                  |                                                                |           |                                        |                                            | <u>c 26</u> ,                                        | 538,                       | 725.                           |
| d                                | Amounts included on Part I, line 12, but not on line a:                                                      |                                                                |           |                                        | •                                          | ÷.                                                   |                            |                                |
| 1                                | Investment expenses not included on Part I, line 6b                                                          |                                                                | <u>d1</u> |                                        | '                                          |                                                      |                            |                                |
| 2                                | Other (specify): SEE STATEMENT 11                                                                            |                                                                | d2        | 36,0                                   | 79.                                        | S                                                    |                            |                                |
|                                  | Add lines d1 and d2                                                                                          |                                                                | ·····     |                                        |                                            | đ                                                    |                            | 079.                           |
| e<br>D                           | Total revenue (Part I, line 12). Add lines c and d<br>art IV-B Reconciliation of Expenses per Audited Fina   |                                                                | ACLL      | - Evacation                            |                                            | e 26,                                                | 574,                       | 804.                           |
| Pa                               |                                                                                                              |                                                                |           |                                        |                                            | ·                                                    |                            | 105                            |
| a                                | Total expenses and losses per audited financial statements                                                   |                                                                |           | ·····                                  |                                            | a  24,                                               | 345,                       | 185.                           |
| b,                               | Amounts included on line a but not on Part I, line 17:                                                       |                                                                | ا ب       |                                        | 100                                        |                                                      |                            |                                |
| 1                                | ***************************************                                                                      |                                                                |           |                                        |                                            |                                                      |                            | 3                              |
| -                                | Prior year adjustments reported on Part I, line 20                                                           |                                                                | 02        | ······································ |                                            |                                                      |                            |                                |
| 3                                | F /                                                                                                          |                                                                | 03        |                                        |                                            | 12 -<br>14 -                                         |                            |                                |
| 4                                | Other (specify):                                                                                             |                                                                |           |                                        |                                            |                                                      |                            |                                |
|                                  | Add lines <b>b1</b> through <b>b4</b>                                                                        |                                                                |           |                                        | í                                          | <u>b</u>                                             | 315                        | 0.                             |
| C<br>C                           | Subtract line <b>b</b> from line <b>a</b><br>Amounts included on Part I, line 17, but not on line <b>a</b> : | ·····                                                          |           |                                        |                                            | <u>C 44</u>                                          | 545,                       | 100.                           |
| d<br>1                           |                                                                                                              |                                                                | 44        |                                        |                                            |                                                      |                            |                                |
| -                                | Other (specify): SEE STATEMENT 12                                                                            |                                                                | d2        | 638,5                                  | 85                                         | 101<br>141                                           |                            |                                |
| 4                                | Add lines d1 and d2                                                                                          | L                                                              |           |                                        |                                            | d .                                                  | 638.                       | 585.                           |
| e                                | Total expenses (Part I, line 17). Add lines c and d                                                          |                                                                |           |                                        |                                            |                                                      |                            | 770.                           |
|                                  | art V-A Current Officers, Directors, Trustees, and Ke                                                        | y Employees (List ea                                           | ach p     | erson who wa                           |                                            |                                                      |                            |                                |
| <u>د</u>                         | or key employee at any time during the year even if they we                                                  | ere not compensated.) (Se                                      | e th      | e instructions.)                       |                                            |                                                      |                            | ·                              |
|                                  |                                                                                                              | (B) Title and average hours                                    | :   (C    | Compensation                           | 1000                                       |                                                      |                            | vonnen                         |
|                                  | (A) Name and address                                                                                         | per week devoted to<br>position                                | (If       | not paid, enter<br>-0)                 | employe<br>plans &<br>compens              | butions to<br>se benefit<br>deferred<br>ation plans  | (E) E<br>accor<br>other al | xpense<br>unt and<br>llowances |
|                                  | · ·                                                                                                          | (B) Title and average hours<br>per week devoted to<br>position | ()f       | not paid, enter<br>-0)                 | (D) Contr<br>employe<br>plans &<br>compens | ibutions to<br>e benefit<br>deferred<br>ation plans  | (E) E<br>acco<br>other al  | Iowances                       |
|                                  | (A) Name and address                                                                                         | per week devoted to position                                   | (if       | not paid, enter<br>-0)                 | Employe<br>plans &<br>compens              | ibutions to<br>se benefit<br>deferred<br>ation plans | (E) E<br>accol<br>other al | unt and<br>lowances            |
| <br>                             | · ·                                                                                                          | per week devoted to position                                   |           | not paid, enter<br>-0)                 |                                            |                                                      |                            | llowances                      |
| <br><u></u>                      |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <br><u>SE</u><br>                |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u></u>                          |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u>SE</u>                        |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u>SE</u>                        |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u>SE</u><br>                    |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u>SE</u>                        |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| <u>SE</u>                        |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
| SE<br>SE<br><br><br><br><br><br> |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to<br>position                                |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            |                                                      |                            | llowances                      |
|                                  |                                                                                                              | per week devoted to position                                   |           |                                        |                                            | 961.                                                 | 336,                       | llowances                      |

Form **990** (2006)

16071008 758432 AMEFAR1-01

623041 01-18-07

| Form        | 1990 (2006) AMERICAN FARM BUREAU                                                                                         | FEDERATION                            | -                           | 36-0725                              | 160                                                                                                                                                                                                                                 | P                  | age <b>6</b> |
|-------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
|             | rt V-A Current Officers, Directors, Trustees, and Ke                                                                     | y Employees (continu                  |                             |                                      |                                                                                                                                                                                                                                     | Yes                | No           |
| 75 a        | Enter the total number of officers, directors, and trustees permitted t                                                  | to vote on organization bu            | siness at board             |                                      | n de la composition d<br>La composition de la c |                    |              |
|             | meetings                                                                                                                 |                                       | 🕨                           | 34                                   |                                                                                                                                                                                                                                     |                    |              |
| h           | Are any officers, directors, trustees, or key employees listed in Form                                                   | 990 Part V-A or highest of            | compensated emp             | lovees                               |                                                                                                                                                                                                                                     |                    |              |
|             | listed in Schedule A, Part I, or highest compensated professional and                                                    | d other independent contr             | actors listed in Scl        | hedule A,                            |                                                                                                                                                                                                                                     |                    |              |
|             | Part II-A or II-B, related to each other through family or business relat                                                | tionships? If "Yes," attach           | a statement that i          | dentifies                            |                                                                                                                                                                                                                                     |                    |              |
|             | the individuals and explains the relationship(s)                                                                         |                                       |                             |                                      | 75b                                                                                                                                                                                                                                 | -<br>              | X            |
| c           | Do any officers, directors, trustees, or key employees listed in Form S                                                  | 990, Part V-A, or highest c           | ompensated empl             | oyees                                |                                                                                                                                                                                                                                     |                    |              |
|             | listed in Schedule A, Part I, or highest compensated professional and                                                    |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             | Part II-A or II-B, receive compensation from any other organizations,                                                    |                                       | able, that are relat        | ed to the                            |                                                                                                                                                                                                                                     |                    |              |
|             | organization? See the instructions for the definition of "related organ                                                  |                                       |                             |                                      | 75c                                                                                                                                                                                                                                 | 5 (1) (A)          | X            |
|             | If "Yes," attach a statement that includes the information described                                                     | in the instructions.                  |                             |                                      | 4                                                                                                                                                                                                                                   | 5.90<br><b>1</b>   | 1.965        |
|             | Does the organization have a written conflict of interest policy?<br>rt V-B Former Officers, Directors, Trustees, and Ke | v Employees That P                    | laceived Com                | nensation                            | 75d                                                                                                                                                                                                                                 | X<br>hor           | L            |
| га          | Benefits (If any former officer, director, trustee, or key en                                                            | ployee received compens               | sation or other ber         | efits (describe                      | d belo                                                                                                                                                                                                                              | wi dur             | rina         |
|             | the year, list that person below and enter the amount of cor                                                             |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       | (C) Compensation            | (D) Contributions<br>employee benefi |                                                                                                                                                                                                                                     | E) Expe            |              |
|             | (A) Name and address NONE                                                                                                | (B) Loans and Advances                | (if not paid,<br>enter -0-) | plans & deferred                     | i i a                                                                                                                                                                                                                               | ccount<br>er allow |              |
|             |                                                                                                                          |                                       |                             | compensation pla                     |                                                                                                                                                                                                                                     |                    | 411000       |
| <del></del> |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          | · · · ·                               |                             | · · · · · ·                          |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
| ···<br>     |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      | _                                                                                                                                                                                                                                   |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             | ~                                                                                                                        |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          | ·                                     |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             | <u> </u>                             | +                                                                                                                                                                                                                                   |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          | ·····                                 |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
|             |                                                                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
| Pa          | rt VI Other Information (See the instructions.)                                                                          |                                       |                             |                                      |                                                                                                                                                                                                                                     | Yes                | No           |
| 76          | Did the organization make a change in its activities or methods of co                                                    | nducting activities? If "Yes          | s," attach a detaile        | d                                    |                                                                                                                                                                                                                                     | i și -             | - Ç          |
|             | statement of each change                                                                                                 | · · · · · · · · · · · · · · · · · · · |                             | 1                                    | 76                                                                                                                                                                                                                                  |                    | X            |
| 77          | Were any changes made in the organizing or governing documents b                                                         |                                       |                             |                                      | 77                                                                                                                                                                                                                                  |                    | X            |
|             | If "Yes," attach a conformed copy of the changes.                                                                        |                                       |                             |                                      |                                                                                                                                                                                                                                     |                    |              |
| 78 a        | Did the organization have unrelated business gross income of \$1,000                                                     | ) or more during the year of          | covered by this ret         | um?                                  | 78a_                                                                                                                                                                                                                                |                    | X            |
| b           |                                                                                                                          |                                       |                             | N/A                                  | 78b                                                                                                                                                                                                                                 |                    |              |
| 79          | Was there a liquidation, dissolution, termination, or substantial contra                                                 |                                       |                             | tement                               | 79                                                                                                                                                                                                                                  |                    | X            |
| 80 a        | Is the organization related (other than by association with a statewide                                                  | e or nationwide organizatio           | on) through commo           | on                                   | ·                                                                                                                                                                                                                                   |                    |              |

| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common | 1.5  | 1.1 |
|-------------------------------------------------------------------------------------------------------------------------|------|-----|
| membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?                  | 80a  | Σ   |
| b If "Yes," enter the name of the organization SEE STATEMENT 14                                                         |      | 1   |
| and check whether it is exempt or nonexempt                                                                             | - 17 |     |

 81 a
 Enter direct or indirect political expenditures. (See line 81 instructions.)
 81a
 0.

 b
 Did the organization file Form 1120-POL for this year?

Form 990 (2006)

81b

623161/01-18-07

6

16071008 758432 AMEFAR1-01

| 2.      | n 990 (2006) AMERICAN FARM BUREAU FEDERATION 36-07                                                                                                                                      | 725160                                | )<br>Yes                                | Page 7            |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------------|
| 82 a    | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantia                                                           | lly                                   |                                         | <u> </u>          |
|         | less than fair rental value?                                                                                                                                                            | <u>82a</u>                            |                                         | X                 |
| b       | If "Yes," you may indicate the value of these items here. Do not include this                                                                                                           |                                       |                                         |                   |
|         | amount as revenue in Part I or as an expense in Part II.                                                                                                                                | 12                                    | - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 |                   |
|         | (See instructions in Part III.) 82b N/A                                                                                                                                                 |                                       |                                         |                   |
|         | Did the organization comply with the public inspection requirements for returns and exemption applications?                                                                             |                                       |                                         | ·                 |
|         | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?                                                                                    |                                       | X                                       | <u> </u>          |
| -       | Did the organization solicit any contributions or gifts that were not tax deductible?                                                                                                   |                                       | 1991,511.775                            | <b>X</b>          |
| b       |                                                                                                                                                                                         | -                                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                   |
| 0E      | tax deductible? <u>N/A</u><br>501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?                                                             |                                       |                                         | <u> </u>          |
| 85<br>F |                                                                                                                                                                                         |                                       | X                                       | x                 |
| þ       | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a                                                                    | 000                                   |                                         |                   |
|         | waiver for proxy tax owed for the prior year.                                                                                                                                           |                                       |                                         |                   |
| c       | Dues, assessments, and similar amounts from members 85c N/A                                                                                                                             |                                       |                                         |                   |
| d       | Section 162(e) lobbying and political expenditures                                                                                                                                      | * 10 <sup>1</sup> * 101               |                                         |                   |
| e       | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A                                                                                                            |                                       | 13. A.S.                                |                   |
| f       | Taxable amount of lobbying and political expenditures (line 85d less 85e)                                                                                                               |                                       |                                         |                   |
| σ       | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <u>N/A</u>                                                                                        | 85g                                   | shirt.                                  | : 5               |
| ĥ       |                                                                                                                                                                                         |                                       |                                         |                   |
|         | to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the                                                                               |                                       |                                         |                   |
|         | following tax year?                                                                                                                                                                     | 85h                                   |                                         |                   |
| 86      | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on                                                                                                 | 21 A. 4                               |                                         |                   |
|         | line 12 86aN/A                                                                                                                                                                          |                                       |                                         |                   |
| b       | Gross receipts, included on line 12, for public use of club facilities 86b N/A                                                                                                          | 100                                   |                                         |                   |
| 87      | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A                                                                                                    | <br>                                  |                                         | REN CT            |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources                                                                                                       |                                       |                                         |                   |
|         | against amounts due or received from them.)                                                                                                                                             |                                       |                                         |                   |
| 88 a    | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,                                                                |                                       |                                         |                   |
|         | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                        |                                       | 194 <u>198</u> 1                        | -àșm <sup>1</sup> |
|         | If "Yes," complete Part IX                                                                                                                                                              | 88a                                   | X                                       |                   |
| b       | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of                                                                |                                       |                                         |                   |
|         | section 512(b)(13)? If "Yes," complete Part XI                                                                                                                                          | . 🕨 <u>88b</u>                        | X                                       | - Se              |
| 89 a    | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:         section 4911         N/A       ; section 4912         N/A       ; section 4955 |                                       |                                         |                   |
| b       | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit                                                                                   |                                       |                                         |                   |
| U       | transaction during the year or did it become aware of an excess benefit transaction from a prior year?                                                                                  |                                       |                                         |                   |
|         | If "Yes," attach a statement explaining each transaction <u>N/A</u>                                                                                                                     | 89b                                   |                                         | ingan surin       |
| с       | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under                                                                                 |                                       |                                         |                   |
| -       |                                                                                                                                                                                         |                                       |                                         |                   |
| d       |                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · · |                                         |                   |
| e       | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?                                                               |                                       |                                         | X                 |
| f       | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?                                                                     | · 89f                                 |                                         | X                 |
| g       | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization                                                              | n, Nerri                              |                                         |                   |
|         | or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                           |                                       |                                         | Х                 |
|         | List the states with which a copy of this return is filed <b>NONE</b>                                                                                                                   |                                       |                                         |                   |
|         | Number of employees employed in the pay period that includes March 12, 2006                                                                                                             | <u> </u>                              |                                         | 86                |
| 91 a    | The books are in care of ► CHRISTY LILJA Telephone no. ► (202                                                                                                                           |                                       |                                         | 2                 |
|         |                                                                                                                                                                                         | ► <u>2002</u>                         |                                         | N-                |
| b       | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                                                                   |                                       | res                                     | No                |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                      | 91b                                   |                                         | X                 |
|         | If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A                                                                                                               | -                                     |                                         |                   |
|         | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank                                                                               |                                       |                                         |                   |
|         | and Financial Accounts.                                                                                                                                                                 |                                       | 990                                     | 2006)             |
|         |                                                                                                                                                                                         | 1 Orth                                |                                         | 2000)             |

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| c At a    | Other Information (o                                                  |                                            | zation mainta    | in an office outside | of the Uni            | ted States?         |            | 91c                                    | 'es No<br>X           |
|-----------|-----------------------------------------------------------------------|--------------------------------------------|------------------|----------------------|-----------------------|---------------------|------------|----------------------------------------|-----------------------|
| lf "Y     | es," enter the name of the for                                        | eign country 🕨 _                           | N                | /A                   |                       |                     |            |                                        |                       |
|           | tion 4947(a)(1) nonexempt cha                                         |                                            |                  |                      |                       | · •                 | 1          |                                        |                       |
| and       | enter the amount of tax-exem                                          | pt interest receive                        | d or accrued     | during the tax year  | r                     |                     | 92         | N/A                                    |                       |
|           | I Analysis of Income                                                  |                                            |                  |                      |                       |                     |            |                                        |                       |
|           | ter gross amounts unless othe                                         | rwise _                                    | (A)              | business income      |                       | by section 512, 513 | i, or 514  | (E)                                    |                       |
| indicated | <b>f.</b>                                                             |                                            | Business         | (В)<br>Amount        | (C)<br>Exclu-<br>sion | (D)<br>Amount       |            | Related or ex                          | •                     |
| 93 Prog   | ram service revenue:                                                  |                                            | code             |                      | code                  |                     |            | function inc                           | ome                   |
| a         | ······                                                                |                                            |                  |                      |                       |                     |            |                                        |                       |
| b         |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
| C         | ······                                                                |                                            |                  |                      |                       |                     | _          |                                        |                       |
| d         |                                                                       |                                            |                  |                      |                       |                     |            | ······                                 |                       |
| e         |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
|           | care/Medicaid payments                                                |                                            |                  |                      |                       |                     |            |                                        |                       |
| •         | and contracts from governme                                           |                                            |                  |                      |                       |                     |            | 24 024                                 | 200                   |
|           | bership dues and assessment                                           | 1                                          |                  |                      |                       |                     |            | 24,934                                 | ,388.                 |
|           | st on savings and temporary cash                                      |                                            |                  | •                    | 14                    | 1,348,              | 700        |                                        |                       |
|           | ends and interest from securit                                        |                                            |                  |                      |                       | <u> </u>            | 100.       | e a alfa e a                           | tin algele et i       |
|           | ental income or (loss) from rea<br>financed property                  |                                            |                  | <u> </u>             |                       |                     | :          | in nimedi i i i                        | <u>. 1. 18 - 17 -</u> |
|           | lept-financed property                                                |                                            |                  |                      |                       |                     |            |                                        |                       |
|           | ental income or (loss) from per                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
|           |                                                                       |                                            |                  |                      |                       | ·                   |            |                                        |                       |
|           | or (loss) from sales of assets                                        |                                            |                  |                      |                       | · · · · · · · · · · |            | ······································ |                       |
|           | r than inventory                                                      |                                            |                  |                      | 18                    | 290,                | 319.       |                                        |                       |
|           | ncome or (loss) from special ev                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
|           | s profit or (loss) from sales of i                                    |                                            |                  |                      |                       |                     |            |                                        |                       |
|           | r revenue:                                                            | · · · · · ·                                |                  |                      |                       |                     |            |                                        |                       |
| a MI      | SC REVENUE                                                            |                                            |                  |                      | 01                    | 1,                  | 397.       |                                        |                       |
|           |                                                                       |                                            |                  | -                    |                       |                     |            |                                        |                       |
|           |                                                                       |                                            |                  |                      |                       | <u> </u>            |            |                                        |                       |
| d         |                                                                       |                                            |                  |                      |                       | •                   |            |                                        |                       |
| e         |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
| 04 Subt   | otai (add columns (B), (D), and                                       | (E)                                        | 64 <u>8</u> 3 88 | <u>C</u>             | ).                    | 1,640,              | 416.       | 24,934                                 |                       |
| 05 Total  | l (add line 104, columns (B), (D<br>e 105 plus line 1e, Part I, shoul | ), and (E)                                 |                  |                      |                       |                     | ►          | 26,574                                 | <u>,804</u> .         |
|           |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
| Part VI   |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |
| Line No.  | Explain how each activity for wh                                      |                                            |                  |                      | ted importan          | itly to the accomp  | lishment o | of the organization'                   | S                     |
|           | exempt purposes (other than by                                        |                                            | Such purpose     | »).                  |                       |                     |            |                                        |                       |
|           | SEE STATEMENT                                                         | T0                                         |                  |                      |                       |                     |            |                                        |                       |
|           |                                                                       |                                            |                  |                      |                       |                     |            | <u> </u>                               |                       |
|           |                                                                       |                                            |                  | ·                    |                       |                     |            |                                        |                       |
| Part IX   | Information Regard                                                    | ing Taxable S                              | ubsidiarie       | s and Disrega        | ded Enti              | ties (See the ir    | struction  | ns.)                                   |                       |
|           | (A)                                                                   |                                            |                  | (C)                  |                       | (D)                 |            | (E)                                    |                       |
| Name, a   | ddress, and EIN of corporation,<br>ership, or disregarded entity      | (B)<br>Percentage of<br>ownership interest | י                | lature of activities |                       | . Total incom       | e          | End-of-yea<br>assets                   | ar                    |
|           | E STATEMENT 15                                                        | %                                          |                  |                      |                       |                     |            | 235013                                 |                       |
|           |                                                                       | %                                          |                  |                      |                       |                     |            |                                        |                       |
| , ,       | ·····                                                                 | %                                          |                  |                      |                       |                     |            |                                        |                       |
|           |                                                                       | %                                          |                  |                      |                       |                     |            |                                        |                       |
| Part X    | Information Regard                                                    |                                            |                  | d with Person        | al Benefi             | t Contracts         | (See the   | instructions.)                         |                       |
|           | he organization, during the year, re                                  | _                                          |                  |                      |                       |                     |            |                                        | X No                  |
| ••        | he organization, during the year, p                                   |                                            |                  |                      |                       |                     |            |                                        | X No                  |
| (D) DIU I |                                                                       |                                            |                  |                      |                       |                     |            |                                        |                       |

And in

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| Form 990   | 2 (2006) AMERICA FARM BUREAU FI                                                                                  | DERATION                     | 36-072                                     | 5160 Page 9                             |
|------------|------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|-----------------------------------------|
| Part X     | I Information Regarding Transfers To and From                                                                    | <b>Controlled Entiti</b>     | es. Complete only if the organiz           | ration is a                             |
|            | controlling organization as defined in section 512(b)(13).                                                       | ·                            |                                            |                                         |
|            | · · ·                                                                                                            |                              | · · · ·                                    | Yes No                                  |
| 106 Did    | I the reporting organization make any transfers to a controlled entity                                           | as defined in section        | 512(b)(13) of the Code? If "Yes,           | "                                       |
|            | mplete the schedule below for each controlled entity.                                                            |                              |                                            | X                                       |
|            | (A)                                                                                                              | (B)                          | (C)                                        | (D)                                     |
|            | Name, address, of each                                                                                           | Employer<br>Identification   | Description of                             | Amount of                               |
|            | controlled entity                                                                                                | Number                       | transfer                                   | transfer                                |
| AFI        | 3F LEGAL ADVOCACY PROGRAM LLC                                                                                    |                              |                                            |                                         |
|            | MARYLAND AVE. SW, STE. 1000                                                                                      |                              |                                            |                                         |
|            | SHINGTON, DC 20024                                                                                               | 65-1294705                   | SEE STATEMENT 17                           | 1,000,000.                              |
|            | MIROZORY DO 10011                                                                                                |                              |                                            |                                         |
| ь — —      |                                                                                                                  |                              | · .                                        |                                         |
| ·          |                                                                                                                  |                              |                                            |                                         |
|            |                                                                                                                  |                              |                                            |                                         |
|            | $\cdots = \cdots =$                      |                              |                                            |                                         |
| c          |                                                                                                                  |                              |                                            |                                         |
|            | · · · · · · · · · · · · · · · · · · ·                                                                            |                              |                                            |                                         |
|            |                                                                                                                  |                              |                                            | 1,000,000.                              |
| <u></u>    | Totals                                                                                                           | <u> </u>                     |                                            | Yes No                                  |
|            | and the second | - Martin - Antina da la sasa | tion 510(h)(12) of the Code2 If "          |                                         |
|            | the reporting organization receive any transfers from a controlled en                                            | ntity as defined in sec      | 2001 312(0)(13) 01 019 C009? 0             | X                                       |
| cor        | nplete the schedule below for each controlled entity.                                                            |                              |                                            |                                         |
|            | (A)                                                                                                              | (B)<br>Employer              | (C)                                        | (D)<br>Amount of                        |
|            | Name, address, of each                                                                                           | Identification               | Description of<br>transfer                 | transfer                                |
|            | controlled entity                                                                                                | Number                       |                                            |                                         |
|            | GRICAN FARM BUREAU, INC. (AFBI)                                                                                  |                              |                                            |                                         |
|            | ) MARYLAND AVE. SW, STE. 1000                                                                                    |                              |                                            |                                         |
| WAS        | SHINGTON, DC 20024                                                                                               |                              | SEE STATEMENT 18                           | 69,793.                                 |
|            | RICAN AGRICULTURAL INSURANCE AGENC                                                                               |                              |                                            |                                         |
| ь 600      | MARYLAND AVE. SW, STE. 1000                                                                                      |                              |                                            |                                         |
| WAS        | SHINGTON, DC 20024                                                                                               | 36-2469940                   |                                            | <u>20,470.</u>                          |
|            | GRICAN FARM BUREAU FOUNDATION FOR A                                                                              |                              |                                            |                                         |
|            | MARYLAND AVE. SW, STE. 1000                                                                                      |                              |                                            |                                         |
|            | SHINGTON, DC 20024                                                                                               | 36-6169577                   |                                            | 16,832.                                 |
|            |                                                                                                                  |                              |                                            |                                         |
|            | Totals                                                                                                           |                              |                                            | 107,095.                                |
|            | a na sa                                                                      |                              |                                            | Yes No                                  |
| 108 Did    | the organization have a binding written contract in effect on August                                             | 17, 2006, covering th        | e interest, rents, rovalties, and          |                                         |
|            | uties described in question 107 above?                                                                           | ,                            | , . <u>.</u> .                             | X                                       |
| CALIN      | Under penalties of periury. I declare that I have examined this return, including accompany                      | ying schedules and statemer  | its, and to the best of my knowledge and b |                                         |
|            | and complete, Declaration of preparer (other than officer) is based on all information of wh                     | ich preparer has any knowled | oge.                                       |                                         |
| Please     | hulu anna otts                                                                                                   |                              | 10/15/0                                    | 18                                      |
| Sign       | Signature of officer                                                                                             |                              | Date                                       |                                         |
| Here       | Julie Anna-Potts, General Cou                                                                                    | nsel/Secret                  | arv                                        |                                         |
|            | Type or print name and title                                                                                     |                              |                                            |                                         |
|            |                                                                                                                  | Date , ,                     | Check if Preparer's SSN                    | or PTIN (See Gen. Inst. X)              |
| Paid       | Preparer's                                                                                                       | · I Idalaal                  | self-                                      | •                                       |
| Preparer's |                                                                                                                  |                              |                                            |                                         |
| Use Only   | yours if BLACKMAN KALLICK, LLP                                                                                   |                              | EIN 🏲                                      |                                         |
|            | self-employed), 10 S. RIVERSIDE PLAZA, 91                                                                        | н ктоок                      |                                            | > > > > > > > > > > > > > > > > > > > > |
|            | ZP+4 CHICAGO, ILLINOIS 60606                                                                                     |                              | Phone no. ► (312                           |                                         |
|            |                                                                                                                  |                              |                                            | Form <b>990</b> (2006)                  |

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|                             |                                       | (                 | · 、                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | A stranger | A |      |
|-----------------------------|---------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|---|------|
| Current Year<br>Deduction   | 762,601.<br>762,601.                  |                   | $\begin{split} H_{\mu\nu} &= m_{\mu\nu} + \frac{1}{2} \left( \frac{1}{2} - \frac{1}{2} + $ |  |            |   |      |
| Current<br>Sec 179          |                                       |                   | <ul> <li>A state of the sta</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |   |      |
| Accumulated<br>Depreciation | 1777523.<br>1777523.                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Basis For<br>Depreciation   | 8696744.<br>8696744.                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Reduction In<br>Basis       |                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Bus %<br>Excl               |                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Unadjusted<br>Cost Or Basis | 8696744.<br>8696744                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| LIne<br>No.                 | <b>4</b><br><b>9</b>                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Life                        | 0000.                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Method                      |                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Date<br>Acquired            | VARIES                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
|                             | TURE                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Description                 | SEHOLDS,<br>EQUIPMEN<br>DTAL 990<br>R |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| Asset<br>No.                |                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |            |   |      |
| L                           |                                       | - <sup>1</sup> 11 | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |            |   | <br> |

990

2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2 (D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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628102 07-28-06

**TION** AMERICAN FARM BUREAU FEL

| FORM 990 GAIN (LOS                                                                                                                                                                                                                                                                                                                        | S) FROM N                                                                                                            | ON-POBLICE                                                                                                                         |                                                 | SECURI 1     |                  | STA            | TEMENT                                                | <b>ــ</b>                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------|------------------|----------------|-------------------------------------------------------|----------------------------------|
| DESCRIPTION                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | DATE<br>ACQUIREI                                                                                                                   |                                                 | OATE<br>SOLD |                  | METHO<br>CQUIR |                                                       |                                  |
| AMERICAN AGRICULTURAL<br>INSURANCE COMPANY (17<br>SHARES)                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                                    |                                                 |              | P                | URCHA          | SED                                                   |                                  |
| NAME OF BUYER                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | GROSS<br>SALES PRIC                                                                                                                |                                                 | OR<br>BASIS  | EXPENS<br>OF SAL |                | NET GAI<br>OR (LOS                                    |                                  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                     |                                                                                                                      | 2,322,552                                                                                                                          | 2. 2,032                                        | ,233.        |                  | 0.             | 290,3                                                 | 19.                              |
| TOTAL TO FM 990, PART                                                                                                                                                                                                                                                                                                                     | I, LN 8                                                                                                              | 2,322,552                                                                                                                          | 2. 2,032                                        | ,233.        |                  | 0.             | 290,3                                                 | 19.                              |
| FORM 990 OTHER                                                                                                                                                                                                                                                                                                                            | CHANGES :                                                                                                            | IN NET ASSE                                                                                                                        | TS OR FUN                                       | D BALA       | NCES             | STA            | TEMENT                                                | 2                                |
| DESCRIPTION                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                                    |                                                 |              |                  |                | AMOUNT                                                |                                  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                    |                                                 |              |                  |                | 384,5                                                 | 60                               |
| UNREALIZED GAIN<br>EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF                                                                                                                                                                                                                                                 | NT -EQUITY                                                                                                           | Y OF SINGLE                                                                                                                        | MEMBER L                                        | LC           |                  | <'             | 48,5<br>48,5<br><857,6<br>7,791,5                     | 58.<br>52.>                      |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME                                                                                                                                                                                                                                                                                             | NT -EQUITY<br>FASB NO.                                                                                               | Y OF SINGLE<br>158 - PENS                                                                                                          | MEMBER L                                        | LC           |                  |                | 48,5<br><857,6                                        | 58.<br>52.><br>58.>              |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF                                                                                                                                                                                                                                                                    | NT -EQUITY<br>FASB NO.                                                                                               | Y OF SINGLE<br>158 - PENS                                                                                                          | E MEMBER I<br>SION                              | LC           |                  | <              | 48,5<br><857,6<br>7,791,5                             | 58.<br>52.><br>58.>              |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA                                                                                                                                                                                                                                           | NT -EQUITY<br>FASB NO.                                                                                               | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX                                                                                      | E MEMBER I<br>SION                              |              | C)<br>Gement     | <              | 48,5<br><857,6<br>7,791,5<br>8,216,0                  | 58.<br>52.><br>58.><br>83.>      |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA                                                                                                                                                                                                                                           | NT -EQUITY<br>FASB NO.<br>RT I, LINI                                                                                 | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX                                                                                      | E MEMBER I<br>SION<br>KPENSES<br>(B)            | (<br>MANA    |                  | STA            | 48,5<br><857,6<br>7,791,5<br>8,216,0<br>FEMENT        | 58.<br>52.><br>58.><br>83.><br>3 |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA<br>FORM 990<br>DESCRIPTION<br>PROMOTION AND<br>EXHIBITS<br>INSURANCE<br>OUTSIDE SERVICES AND<br>CONSULTANT FEES                                                                                                                           | NT -EQUITY<br>FASB NO.<br>RT I, LINI<br>(A)<br>TOTA<br>326<br>131<br>314                                             | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX<br>)<br>AL S<br>5,164.<br>1,310.<br>4,771.                                           | E MEMBER I<br>SION<br>XPENSES<br>(B)<br>PROGRAM | (<br>MANA    | GEMENT           | STA            | 48,5<br><857,6<br>7,791,5<br>8,216,0<br>FEMENT<br>(D) | 58.<br>52.><br>58.><br>83.><br>3 |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA<br>FORM 990<br>FORM 990<br>PROMOTION AND<br>EXHIBITS<br>INSURANCE<br>OUTSIDE SERVICES AND<br>CONSULTANT FEES<br>FARM BUREAU NETWORK<br>DUES AND<br>SUBSCRIPTIONS<br>PROGRAMS<br>MOVING EXPENSES                                           | NT -EQUITY<br>FASB NO.<br>RT I, LINN<br>(A)<br>TOTA<br>326<br>131<br>314<br>262<br>595<br>2,588<br>17                | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX<br>OTHER EX<br>6,164.<br>1,310.<br>4,771.<br>2,147.<br>5,756.<br>3,451.<br>7,964.    | E MEMBER I<br>SION<br>XPENSES<br>(B)<br>PROGRAM | (<br>MANA    | GEMENT           | STA            | 48,5<br><857,6<br>7,791,5<br>8,216,0<br>FEMENT<br>(D) | 58.<br>52.><br>58.><br>83.><br>3 |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA<br>FORM 990<br>FORM 990<br>PROMOTION AND<br>EXHIBITS<br>INSURANCE<br>OUTSIDE SERVICES AND<br>CONSULTANT FEES<br>FARM BUREAU NETWORK<br>DUES AND<br>SUBSCRIPTIONS<br>PROGRAMS                                                              | NT -EQUITY<br>FASB NO.<br>RT I, LINI<br>(A)<br>TOTA<br>326<br>131<br>314<br>262<br>595<br>2,588<br>17<br>956         | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX<br>OTHER EX<br>5,164.<br>1,310.<br>4,771.<br>2,147.<br>5,756.<br>3,451.              | E MEMBER I<br>SION<br>XPENSES<br>(B)<br>PROGRAM | (<br>MANA    | GEMENT           | STA            | 48,5<br><857,6<br>7,791,5<br>8,216,0<br>FEMENT<br>(D) | 58.<br>52.><br>58.><br>83.><br>3 |
| EQUITY IN NET INCOME<br>PRIOR PERIOD ADJUSTME:<br>EFFECT OF ADOPTION OF<br>TOTAL TO FORM 990, PA<br>FORM 990<br>DESCRIPTION<br>PROMOTION AND<br>EXHIBITS<br>INSURANCE<br>OUTSIDE SERVICES AND<br>CONSULTANT FEES<br>FARM BUREAU NETWORK<br>DUES AND<br>SUBSCRIPTIONS<br>PROGRAMS<br>MOVING EXPENSES<br>MISC. EXPENSES<br>EXPENSE RECOVERY | NT -EQUITY<br>FASB NO.<br>RT I, LINI<br>(A)<br>TOT2<br>326<br>131<br>314<br>262<br>595<br>2,588<br>17<br>956<br><764 | Y OF SINGLE<br>158 - PENS<br>E 20<br>OTHER EX<br>)<br>6,164.<br>1,310.<br>4,771.<br>2,147.<br>5,756.<br>3,451.<br>7,964.<br>5,435. | E MEMBER I<br>SION<br>XPENSES<br>(B)<br>PROGRAM | (<br>MANA    | GEMENT           | STA            | 48,5<br><857,6<br>7,791,5<br>8,216,0<br>FEMENT<br>(D) | 58.<br>52.:<br>58.:<br>83.:<br>3 |

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STATEMENT(S) 1, 2, 3 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

### AMERICAN FARM BUREAU FEI ATION

| FORM 990 STATEMENT OF ORGAN                    | NIZATION'S<br>PART IJ |                 | XEMPT PURPOSE                         | STATEMENT 4                           |
|------------------------------------------------|-----------------------|-----------------|---------------------------------------|---------------------------------------|
| EXPLANATION                                    |                       |                 | · · · · · · · · · · · · · · · · · · · | · ·                                   |
| PROMOTES AND ADVOCATES FOR ECO<br>ITS MEMBERS. | DNOMIC, SOC           | CIAL, AND       | EDUCATIONAL INI                       | ERESTS OF                             |
| FORM 990 NON-C                                 | GOVERNMENT            | SECURITIE       | S                                     | STATEMENT 5                           |
|                                                | CORPORATE             | CORPOR          | OTHER<br>PUBLICLY<br>ATE TRADED       | TOTAL<br>NON-GOV'T                    |
| SECURITY DESCRIPTION COST/FMV                  | STOCKS                | BOND            |                                       |                                       |
| EQUITY SECURITIES FMV                          | 4,561,093             | •               |                                       | 4,561,093.                            |
| TO FORM 990, LINE 54A, COL B                   | 4,561,093             | •               |                                       | 4,561,093.                            |
|                                                |                       |                 | <u></u>                               | · · · · · · · · · · · · · · · · · · · |
| FORM 990 GOVE                                  | RNMENT SEC            | URITIES         | -                                     | STATEMENT 6                           |
| DESCRIPTION                                    | COST/FMV              | U.S.<br>GOVERNM | STATE AND<br>ENT LOCAL GOV'T          | TOTAL GOV'T<br>SECURITIES             |
| DEBT SECURITIES                                | FMV                   | 13,156,4        | 76.                                   | 13,156,476.                           |
| TOTAL TO FORM 990, LINE 54A, C                 | OL B                  | 13,156,4        | 76.                                   | 13,156,476.                           |
|                                                |                       | ·               |                                       |                                       |
| FORM 990 DEPRECIATION OF                       | ASSETS NOT            | HELD FOR        | INVESTMENT                            | STATEMENT 7                           |
| DESCRIPTION                                    |                       | T OR<br>BASIS   | ACCUMULATED<br>DEPRECIATION           | BOOK VALUE                            |
| LEASEHOLDS, FURNITURE AND<br>EQUIPMENT         | . 8                   | 696,744.        | 2,540,124.                            | 6,156,620.                            |
|                                                | 157 8,                | 696,744.        | 2,540,124.                            | 6,156,620.                            |

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12STATEMENT(S) 4, 5, 6, 72006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

| AMERICAN FARM BUREAU FEI ATION                                                           | 36-0725160                         |
|------------------------------------------------------------------------------------------|------------------------------------|
| FORM 990 OTHER ASSETS                                                                    | STATEMENT 8                        |
| DESCRIPTION                                                                              | AMOUNT                             |
| INVESTMENT IN SUBSIDIARIES<br>ACCRUED INTEREST ON INVESTMENTS                            | 8,807,757.<br>122,332.             |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B                                            | 8,930,089.                         |
| FORM 990 OTHER LIABILITIES                                                               | STATEMENT 9                        |
| DESCRIPTION                                                                              | AMOUNT                             |
| DEFERRED RENT EXPENSE<br>DEFERRED LEASE INCENTIVE<br>ACCRUED POSTRETIREMENT BENEFIT COST | 871,825.<br>2,217,216.<br>868,860. |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B                                            | 3,957,901.                         |
| FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990                                          | STATEMENT 10                       |
| DESCRIPTION                                                                              | AMOUNT                             |
| EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES                                              | <438,962.>                         |
| TOTAL TO FORM 990, PART IV-A                                                             | <438,962.>                         |
| FORM 990 OTHER REVENUE INCLUDED ON FORM 990                                              | STATEMENT 11                       |
| DESCRIPTION                                                                              | AMOUNT                             |
| INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER<br>LLC                        | 36,079.                            |
| TOTAL TO FORM 990, PART IV-A                                                             | 36,079.                            |
|                                                                                          |                                    |

AMERICAN FARM BUREAU FET ATION

| -                                                                 | ······        |                          |                    | _           |          |
|-------------------------------------------------------------------|---------------|--------------------------|--------------------|-------------|----------|
| FORM 990 O                                                        | THER EXPENSES | INCLUDED ON FO           | RM 990             | STAT        | EMENT 12 |
| DESCRIPTION                                                       |               |                          |                    | A           | MOUNT    |
| EXPENSES OF AFBF LEG                                              | AL ADVOCACY - | SINGLE MEMBER            | <b>LLC</b>         |             | 638,585. |
| TOTAL TO FORM 990, P                                              | ART IV-B      | · .                      |                    |             | 638,585. |
|                                                                   |               |                          |                    |             | <u></u>  |
| FORM 990 PART V-                                                  |               | NRENT OFFICERS           |                    | STAT        | EMENT 13 |
| NAME AND ADDRESS                                                  |               | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION  |             | EXPENSE  |
| BOB STALLMAN<br>600 MARYLAND AVE, SW<br>WASHINGTON, DC 20024      |               | PRESIDENT AND<br>40.00   |                    | 141,333.    | 63,316.  |
| STEVEN APPEL<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024      | , SUITE 1000W | VICE PRESIDEN<br>2.00    | r & DIRECTOR<br>0. | <b>`</b> 0. | 12,900.  |
| RONALD ANDERSON<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024   | , SUITE 1000W | DIRECTOR<br>2.00         | 0.                 | 0.          | 5,600.   |
| STEVE BACCUS<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024      | , SUITE 1000W | DIRECTOR<br>2.00         | 0.                 | . 0.        | 6,600.   |
| BARRY BUSHUE<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024      | , SUITE 1000W | DIRECTOR<br>2.00         | 0.                 | 0.          | 7,600.   |
| CHRIS CHINN<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024       | , SUITE 1000W | DIRECTOR<br>2.00         | 0.                 | 0.          | 14,200.  |
| ARSHALL COYLE<br>500 MARYLAND AVE, SW<br>ASHINGTON, DC 20024      | , SUITE 1000W | DIRECTOR<br>2,00         | 0.                 | 0.          | 6,600.   |
| KENNETH DIERSCHKE<br>500 MARYLAND AVE, SW<br>WASHINGTON, DC 20024 | SUITE 1000W   | DIRECTOR<br>2.00         | 0.                 | 0.          | 7,400.   |

WASHINGTON, DC 20024

14 STATEMENT(S) 12, 13 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

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| AMERICAN FARM BUREAU FEI ATION                                                   |                  | -   | -    | 36-0725 <u>1</u> 60 |
|----------------------------------------------------------------------------------|------------------|-----|------|---------------------|
| ALEX DOWSE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024          | DIRECTOR<br>2.00 |     | 0. ( | ). 7,000.           |
| ZIPPY DUVALL<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024        | DIRECTOR<br>2.00 |     | 0. ( | ). 4,000.           |
| ALAN FOUTZ<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024          | DIRECTOR<br>2.00 |     | 0. 0 | 6,400.              |
| TERRY GILBERT<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024       | DIRECTOR<br>2.00 | •   | 0. 0 | . 15,800.           |
| JOHN HOBLICK<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024        | DIRECTOR<br>2.00 |     | 0. 0 | . 4,400.            |
| LELAND HOGAN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024        | DIRECTOR<br>2.00 |     | 0. 0 | 6,400.              |
| STEVEN KOUPLEN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024      | DIRECTOR<br>2.00 |     | 0. 0 | . 5,200.            |
| CHARLES KRUSE<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024       | DIRECTOR<br>2.00 |     | 0. 0 | . 6,400.            |
| CRAIG LANG<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024          | DIRECTOR<br>2.00 |     | 0. 0 | . 5,200.            |
| JOHN W. LINCOLN<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024     | DIRECTOR<br>2.00 | 1   | 0. 0 | . 5,000.            |
| PHILIP NELSON<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024       | DIRECTOR<br>2.00 | I   | 0. 0 | . 5,800.            |
| JERRY NEWBY<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024         | DIRECTOR<br>2.00 | . ( | 0. 0 | . 6,000.            |
| RICHARD NIEUWENHUIS<br>600 MARYLAND AVE, SW, SUITE 1000W<br>WASHINGTON, DC 20024 | DIRECTOR<br>2.00 | ·   | 0. 0 | . 3,200.            |

15 STATEMENT(S) 13 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

| AMERICAN FARM BUREAU FEC                                                 | TION              | ·                |   | -  | <sup>.</sup> 36- | -0725160 |
|--------------------------------------------------------------------------|-------------------|------------------|---|----|------------------|----------|
| KEITH OLSEN<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024     | L000W             | DIRECTOR<br>2.00 |   | 0. | 0.               | 6,000.   |
| BOB PETERSON<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    | L000W             | DIRECTOR<br>2.00 |   | 0. | 0.               | 6,200.   |
| WAYNE PRYOR<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024     |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 4,200.   |
| STANLEY REED<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 6,200.   |
| KEVIN ROGERS<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 5,200.   |
| CARL SHAFFER<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 4,000.   |
| LACY UPCHURCH<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024   |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 5,000.   |
| SCOTT VANDERWAL<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024 |                   | DIRECTOR<br>2.00 |   | 0. | 0.               | 7,400.   |
| DON VILLWOCK<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    |                   | DIRECTOR<br>2.00 | • | 0. | 0.               | 5,000.   |
| DAVID WAIDE<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024     | W000              | DIRECTOR<br>2.00 |   | 0. | 0.               | 4,400.   |
| MICHAEL WHITE<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024   | 000w              | DIRECTOR<br>2.00 |   | 0. | 0.               | 6,200.   |
| DAVID WINKLES<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024   | . <b>WO O O</b> . | DIRECTOR<br>2.00 |   | 0. | 0.               | 7,800.   |
| LARRY WOOTEN<br>600 MARYLAND AVE, SW, SUITE 1<br>WASHINGTON, DC 20024    | W000              | DIRECTOR<br>2.00 |   | 0. | 0.               | 5,200.   |

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16 STATEMENT(S) 13 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

| AMERICAN FARM BUREAU FED                                                                                                                                                                                                                                          | and the second se | 3        | 6-0725 <u>1</u> 60    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|
| RICHARD NEWPHER EXT VICE P<br>600 MARYLAND AVE, SW, SUITE 1000W 40.00<br>WASHINGTON, DC 20024                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 96,628.  | 33,826.               |
| JULIE ANNA POTTS GENERAL CO<br>600 MARYLAND AVE, SW, SUITE 1000W 40.00<br>WASHINGTON, DC 20024                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | 12,635.               |
| C. DAVID MAYFIELD CORP SECRE<br>600 MARYLAND AVE, SW, SUITE 1000W 40.00<br>WASHINGTON, DC 20024                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 55,200.  | 12,313.               |
| TOTALS INCLUDED ON FORM 990, PART V-A                                                                                                                                                                                                                             | 1,140,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 357,961. | 336,590.              |
| FORM 990 IDENTIFICATION OF RELATED<br>PART VI, LINE                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STAT     | EMENT 14              |
| NAME OF ORGANIZATION                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EXEMPT   | NONEXEMPT             |
| AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTUR<br>AMERICAN FARM BUREAU, INC<br>AMERICAN AGRICULTURAL COMMUNICATIONS SYSTEM, I<br>AMERICAN AGRICULTURAL INSURANCE AGENCY<br>AMERICAN AGRICULTURAL MARKETING ASSOCIATION<br>AMERICAN AGRICULTURAL INSURANCE COMPANY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X        | X<br>X<br>X<br>X<br>X |

AMERICAN FARM BUREAU BENEVOLENCE ASSOCIATION AFBF LEGAL ADVOCACY PROGRAM LLC

AMERICAN FARM BUREAU INSURANCE SERVICES, INC.

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17STATEMENT(S) 13, 142006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

| ID NUMBER OWNED NATURE OF ACTIVITIES IN<br>36-3250406 100.00% BUSINESS MANAGEMENT 2<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AFBF LEGAL ADVOCACY PROGRAM, LLC<br>ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT<br>ID NUMBER OWNED NATURE OF ACTIVITIES IN                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                | STATEMENT 15          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|
| AMERICAN FARM BUREAU, INC. (AFBI)<br>ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT TC<br>ID NUMBER OWNED NATURE OF ACTIVITIES IN<br>36-3250406 100.00% BUSINESS MANAGEMENT 2<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AFBF LEGAL ADVOCACY PROGRAM, LLC<br>ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT<br>ID NUMBER OWNED NATURE OF ACTIVITIES IN<br>65-1294705 100.00% POLICY LITIGATION<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AMERICAN AGRICULTURAL MARKETING ASSOCIATION<br>ADDRESS                                                                                                                        | -<br>-<br>-<br>- |                       |
| ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT TO<br>1D NUMBER OWNED NATURE OF ACTIVITIES IN<br>36-3250406 100.00% BUSINESS MANAGEMENT 2<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AFBF LEGAL ADVOCACY PROGRAM, LLC<br>ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT TO<br>1D NUMBER OWNED NATURE OF ACTIVITIES IN<br>65-1294705 100.00% POLICY LITIGATION<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AMERICAN AGRICULTURAL MARKETING ASSOCIATION<br>ADDRESS                                                                                                                                                          |                  |                       |
| 600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024         EMPLOYER       PERCENT       TO         1D NUMBER       OWNED       NATURE OF ACTIVITIES       IN         36-3250406       100.00%       BUSINESS MANAGEMENT       2         NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AFBF LEGAL ADVOCACY PROGRAM, LLC         ADDRESS         600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024         EMPLOYER       PERCENT       TO         ID NUMBER       OWNED       NATURE OF ACTIVITIES       IN         65-1294705       100.00%       POLICY LITIGATION       IN         NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AMERICAN AGRICULTURAL MARKETING ASSOCIATION         ADDRESS | -<br>-           |                       |
| EMPLOYER       PERCENT<br>OWNED       NATURE OF ACTIVITIES       TO<br>IN         36-3250406       100.00%       BUSINESS MANAGEMENT       2         NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY       AFBF LEGAL ADVOCACY PROGRAM, LLC       ADDRESS         600       MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024       EMPLOYER       PERCENT       TO         1D       NUMBER       OWNED       NATURE OF ACTIVITIES       IN         65-1294705       100.00%       POLICY LITIGATION       NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AMERICAN AGRICULTURAL MARKETING ASSOCIATION       ADDRESS                                                                                                |                  |                       |
| ID NUMBER OWNED NATURE OF ACTIVITIES IN<br>36-3250406 100.00% BUSINESS MANAGEMENT 2<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AFBF LEGAL ADVOCACY PROGRAM, LLC<br>ADDRESS<br>600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024<br>EMPLOYER PERCENT TO<br>ID NUMBER OWNED NATURE OF ACTIVITIES IN<br>65-1294705 100.00% POLICY LITIGATION<br>NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AMERICAN AGRICULTURAL MARKETING ASSOCIATION<br>ADDRESS                                                                                                                                                                                                                                                       |                  |                       |
| NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AFBF LEGAL ADVOCACY PROGRAM, LLC         ADDRESS         600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024         EMPLOYER       PERCENT         ID NUMBER       OWNED         NATURE OF ACTIVITIES       IN         65-1294705       100.00%         POLICY LITIGATION         NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AMERICAN AGRICULTURAL MARKETING ASSOCIATION         ADDRESS                                                                                                                                                                                                                                                            | OTAL<br>NCOME    | END-OF-YEAR<br>ASSETS |
| AFBF LEGAL ADVOCACY PROGRAM, LLC         ADDRESS         600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024         EMPLOYER       PERCENT         ID NUMBER       OWNED         NATURE OF ACTIVITIES       IN         65-1294705       100.00%         POLICY LITIGATION         NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY         AMERICAN AGRICULTURAL MARKETING ASSOCIATION         ADDRESS                                                                                                                                                                                                                                                                                                                           | 241,960.         | 1,432,679.            |
| NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY<br>AMERICAN AGRICULTURAL MARKETING ASSOCIATION<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )TAL<br>JCOME    | END-OF-YEAR<br>ASSETS |
| AMERICAN AGRICULTURAL MARKETING ASSOCIATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 36,079.          | 1,346,389.            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ÷.,              |                       |
| סעס מאהוואות איה. מאר מטווה ועעטאר, אאמרואנדוטא, וא. געעגע                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAL              | END-OF-YEAR<br>ASSETS |
| 36-2433284 53.50% AG MARKETING SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ICOME            | 8,668.                |

16071008 758432 AMEFAR1-01

18 STATEMENT(S) 15 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

#### AMERICAN FARM BUREAU FEI ATION

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL COMMUNICATIONS SYSTEMS, INC. (AACSI)

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES   | TOTAL  | END-OF-YEAR |
|------------|---------|------------------------|--------|-------------|
| ID NUMBER  | OWNED   |                        | INCOME | ASSETS      |
| 36-3155108 | 100.00% | COMMUNICATION SERVICES | 0.     | 1,695.      |

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL INSURANCE AGENCY (AAIA)

ADDRESS

600 MARYLAND AVE, SW, SUITE 1000W, WASHINGTON, DC 20024

| EMPLOYER   | PERCENT | NATURE OF ACTIVITIES | TOTAL    | END-OF-YEAR |
|------------|---------|----------------------|----------|-------------|
| ID NUMBER  | OWNED   |                      | INCOME   | ASSETS      |
| 36-2469940 | 100.00% | INSURANCE AGENCY     | 193,357. | 291,519.    |

| FORM 990 | PART VIII - | RELATIONSHI  | P OF ACTIVITIE | S TO | STATEMENT | 16 |
|----------|-------------|--------------|----------------|------|-----------|----|
| •        | ACCOMPL     | ISHMENT OF E | XEMPT PURPOSES |      |           |    |

#### LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

94 MEMBERSHIP DUES AND ASSESSMENTS: MEMBERSHIP DUES AND FEES ALLOW MEMBERS TO PARTICIPATE IN MANY OF THE COMPANY'S EDUCATIONAL PROGRAMS AND TO RECEIVE PUBLICATIONS FREE OR AT REDUCED COSTS. IN ADDITION, MEMBERS BENEFIT BY THE ONGOING EFFORTS OF THE FARM BUREAU TO PROMOTE FARMING AND TO BE AN ADVOCATE FOR FARMERS.

16071008 758432 AMEFAR1-01

19STATEMENT(S) 15, 162006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

| FORM 990 | DESCRIPTION OF TRANSFER<br>PART XI, LINE 106 | STATEMENT | 17 |
|----------|----------------------------------------------|-----------|----|
|          |                                              |           |    |

#### NAME OF CONTROLLED ENTITY

EMPLOYER ID

65-1294705

AFBF LEGAL ADVOCACY PROGRAM LLC

#### DESCRIPTION OF TRANSFER

CAPITAL CONTRIBUTION TO AFBF LEGAL ADVOCACY PROGRAM, LLC., A SINGLE MEMBER LLC

16071008 758432 AMEFAR1-01

20 STATEMENT(S) 17 2006.09001 AMERICAN FARM BUREAU FEDERA AMEFAR11

16071008 758432 AMEFAR1-01

| FORM 990 DESCRIPTION OF TRANSFER<br>PART XI, LINE 107             | STATEMENT     |
|-------------------------------------------------------------------|---------------|
|                                                                   |               |
| NAME OF CONTROLLED ENTITY                                         | EMPLOYER ID   |
| AMERICAN FARM BUREAU, INC. (AFBI)                                 | 36-3250406    |
| DESCRIPTION OF TRANSFER                                           |               |
| REIMBURSEMENT OF EXPENSES                                         |               |
| ·                                                                 |               |
| NAME OF CONTROLLED ENTITY                                         | EMPLOYER ID   |
| AMERICAN AGRICULTURAL INSURANCE AGENCY (AAIA)                     | 36-2469940    |
| DESCRIPTION OF TRANSFER                                           |               |
| REIMBURSEMENT OF EXPENSES                                         |               |
|                                                                   |               |
| NAME OF CONTROLLED ENTITY                                         | EMPLOYER ID   |
| AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE (A<br>FOUNDATION) | FB 36-6169577 |
|                                                                   |               |
| DESCRIPTION OF TRANSFER                                           |               |
| REIMBURSEMENT OF EXPENSES                                         |               |
|                                                                   |               |

# 18

36-0725160