

**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 Agricultural Water Quality Management Plan for the Clackamas River Basin for the Oregon Department of Agriculture as part of Senate Bill 1010.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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 \$3673.00  
2008 \$2808.00  
2009 \$1944.00  
2010 \$1078.00  
2011 \$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 Department of the Interior (and /or other agencies invited) 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. **Coalition for Responsible Regulation, et al. v. EPA, 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 PM<sub>10</sub>
  - 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)).

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

For the **2009** calendar year, or tax year beginning **11/01**, **2009**, and ending **10/31**, **2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> <b>OREGON FARM BUREAU FEDERATION</b> <b>3415 COMMERCIAL STREET #117</b> <b>SALEM, OR 97302</b>	<b>D</b> Employer Identification Number <b>93-0242330</b> <b>E</b> Telephone number <b>503-399-1701</b> <b>G</b> Gross receipts \$ <b>3,767,562.</b>
<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>5</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.OREGONFB.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>1949</b>		<b>M</b> State of legal domicile: <b>OR</b>	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES CONCERNING THE FARM, FARM HOME, AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBER COUNTY FARM BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a).....	22
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	22
	5	Total number of employees (Part V, line 2a).....	17
	6	Total number of volunteers (estimate if necessary).....	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12.....	69,625.
7b	Net unrelated business taxable income from Form 990-T, line 34.....	-27,790.	
Revenue			<b>Prior Year</b>
			<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h).....	
	9	Program service revenue (Part VIII, line 2g).....	1,790,965.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	84,288.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-4,578.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,870,675.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
	14	Benefits paid to or for members (Part IX, column (A), line 4).....	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	979,491.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,208,688.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,188,179.	
19	Revenue less expenses. Subtract line 18 from line 12.....	-317,504.	
Net Assets or Fund Balances			<b>Beginning of Year</b>
			<b>End of Year</b>
	20	Total assets (Part X, line 16).....	8,169,589.
21	Total liabilities (Part X, line 26).....	438,198.	
22	Net assets or fund balances. Subtract line 21 from line 20.....	7,731,391.	

<b>Part II Signature Block</b>			
<b>Sign Here</b>	COPY		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	▶ Signature of officer	Date	
	▶ <b>DAVID DILLON</b>	<b>EXECUTIVE DIRECTOR</b>	
	Type or print name and title.		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>GW/BJL CPA</i>	Date <b>4/8/2011</b>	Check if self-employed <input checked="" type="checkbox"/> <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>KERN &amp; THOMPSON, LLC</b> <b>1618 SW FIRST AVENUE, SUITE 215</b> <b>PORTLAND, OR 97201</b>		EIN ▶ <b>N/A</b>
			Phone no. ▶ <b>(503) 222-3338</b>

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

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **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 . . . .

*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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>OREGON FARM BUREAU FEDERATION</b>	Employer identification number <b>93-0242330</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>3415 COMMERCIAL STREET #117</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SALEM, OR 97302</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of. ▶ CANDACE SEAL

Telephone No. ▶ 503-399-1701 FAX No. ▶ 503-399-8082

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 6/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  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:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....		
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....		X
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? <i>If 'Yes,' complete Schedule D, Part I</i> .....		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> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....		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 Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> .....	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX</i> .....		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part X</i> .....		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	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> .....		X
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> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X



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

BAA

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
<b>1 a</b>	7		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
<b>1 b</b>	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
<b>2 a</b>	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. ....		
<b>2 a</b>	17		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	X	
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>4 a</b>			
<b>b</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 Foreign Bank and Financial Accounts.			
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? .....		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders. ....		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		

**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.

**Section A. Governing Body and Management**

		Yes	No
1 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 b			22
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?.....		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?.....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....	X	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	X	
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....	X	
b	Each committee with authority to act on behalf of the governing body?.....	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.....		X

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

	Yes	No
10 a	X	
b	X	
11	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	
12 a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16 a		X
b		
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  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**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY BUSHUE PRESIDENT	20	X		X			36,000.	0.	0.	
TRACEY LISKEY 1ST VICE PRES	1	X		X			0.	0.	0.	
PEGGY BROWNE 2ND VICE PRES	1	X		X			0.	0.	0.	
BARBARA IVERSON 3RD VICE PRES	1	X		X			0.	0.	0.	
ROBERTA VALLADAO 4TH VICE PRES	1	X		X			0.	0.	0.	
LARRY LEAR REGION 1	1	X					0.	0.	0.	
EUGENE HAWES REGION 2	1	X					0.	0.	0.	
JEFF THOMAS REGION 3	1	X					0.	0.	0.	
LYNDON KERNS REGION 4	1	X					0.	0.	0.	
WADE FLEGEL REGION 5	1	X					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					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	X					0.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAN ANDERSEN REGION 13	1	X					0.	0.	0.	
K.C. VANNATTA REGION 14	1	X					0.	0.	0.	
BRUCE CHAPIN REGION 15	1	X					0.	0.	0.	
RICK EPP 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.	
<b>1 b Total</b> .....							200,011.	0.	37,347.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		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? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part 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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns.....	1a					
	b Membership dues.....	1b					
	c Fundraising events.....	1c					
	d Related organizations.....	1d					
	e Government grants (contributions).....	1e					
	f All other contributions, gifts, grants, and similar amounts not included above....	1f					
	g Noncash contribns included in lns 1a-1f: ... \$						
	<b>h Total.</b> Add lines 1a-1f.....						
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	2a MEMBERSHIP DUES & ASSESSMENTS	110000	1,378,327.	1,378,327.			
	b ENDORSEMENT FEES		374,070.	374,070.			
	c ADMIN & CONTRACT SERVICES		150,815.	150,815.			
	d ADVERTISING INCOME		69,625.		69,625.		
	e MEMBER EXP REIMBURSEMENT		64,440.			64,440.	
	f All other program service revenue...		11,407.	11,407.			
	<b>g Total.</b> Add lines 2a-2f.....		2,048,684.				
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts).....		217,508.			217,508.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties.....						
	6a Gross Rents.....	(i) Real	110,808.				
		(ii) Personal					
		b Less: rental expenses.	134,610.				
		c Rental income or (loss)....	-23,802.				
	d Net rental income or (loss).....		-23,802.			-23,802.	
	7a Gross amount from sales of assets other than inventory..	(i) Securities	1,390,562.				
		(ii) Other					
		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.	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	a					
	b Less: direct expenses.....	b					
	c Net income or (loss) from fundraising events.....						
	9a Gross income from gaming activities. See Part IV, line 19.....	a					
	b Less: direct expenses.....	b					
c Net income or (loss) from gaming activities.....							
10a Gross sales of inventory, less returns and allowances.....	a						
b Less: cost of goods sold.....	b						
c Net income or (loss) from sales of inventory.....							
Miscellaneous Revenue		<b>Business Code</b>					
11a							
b							
c							
d All other revenue.....							
<b>e Total.</b> Add lines 11a-11d.....							
<b>12 Total revenue.</b> See instructions.....			2,316,738.	1,914,619.	69,625.	332,494.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	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)	25,318.			
9 Other employee benefits	53,736.			
10 Payroll taxes	67,832.			
11 Fees for services (non-employees)				
a Management				
b Legal	184,566.			
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	59,371.			
g Other	22,481.			
12 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				
21 Payments to affiliates	235,832.			
22 Depreciation, depletion, and amortization	63,395.			
23 Insurance	32,475.			
24 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.)				
a INFORMATION & PUBLIC RELATIONS	160,968.			
b PROGRAM AWARDS & COUNCIL	55,158.			
c GOVERNMENT AFFAIRS	50,230.			
d POSTAGE AND SHIPPING	47,557.			
e PRINTING AND PUBLICATIONS	40,700.			
f All other expenses	128,955.			
25 Total functional expenses. Add lines 1 through 24f	2,326,126.			
26 Joint costs. Check here <input type="checkbox"/> 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.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ..		6	
	7 Notes and loans receivable, net .....	34,500.	7	34,500.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	2,600.	9	5,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,467,780.		
	b Less: accumulated depreciation .....	10b 817,146.	1,701,278.	10c 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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,169,589.	16	8,717,400.	
LIABILITIES	17 Accounts payable and accrued expenses .....	105,433.	17	95,805.
	18 Grants payable .....		18	
	19 Deferred revenue .....	332,765.	19	249,462.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	438,198.	26	345,267.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	7,731,391.	27	8,372,133.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 Total net assets or fund balances .....	7,731,391.	33	8,372,133.	
34 Total liabilities and net assets/fund balances .....	8,169,589.	34	8,717,400.	

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**Part XI Financial Statements and Reporting**

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? .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant? .....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

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 were issued on a consolidated basis, separate basis, or both: .....

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 in the Single Audit Act and OMB Circular A-133? .....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

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Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

OREGON FARM BUREAU FEDERATION

Employer identification number

93-0242330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advised funds.

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

Table with 3 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Amount. Rows include questions about reporting art and historical treasures and the amounts reported.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
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 balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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

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

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....				
b Buildings.....	2,353,686.		715,373.	1,638,313.
c Leasehold improvements.....				
d Equipment.....	114,094.		101,773.	12,321.
e Other.....				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,650,634.

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests.....		
Other _____		
-----		
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<b>Total.</b> (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

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

**Part IX Other Assets** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
CASH HELD IN INVESTMENT ACCOUNT	309,985.
CD'S HELD IN INVESTMENT ACCOUNT	197,128.
INTEREST RECEIVABLE	18,462.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B), line 15)..... ▶	525,575.

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

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 and 9		640,742.

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

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:		
a	Net unrealized gains on investments	2a	650,130.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	650,130.
3	Subtract line 2e from line 1	3	2,451,348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . SEE . PART . XIV	4b	-134,610.
c	Add lines 4a and 4b	4c	-134,610.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,316,738.

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

1	Total expenses and losses per audited financial statements	1	2,460,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) . . . SEE . PART . XIV	2d	134,610.
e	Add lines 2a through 2d	2e	134,610.
3	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:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,326,126.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

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2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

OREGON FARM BUREAU FEDERATION

93-0242330

SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

GROSS TENANT RENTAL EXPENSES..... \$ -134,610.  
TOTAL \$ -134,610.

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

RENTAL EXPENSES PART VIII LINE 6B..... \$ 134,610.  
TOTAL \$ 134,610.

**SCHEDULE R**  
(Form 990)

**Related Organizations and Unrelated Partnerships**

**2009**

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

OREGON FARM BUREAU FEDERATION

93-0242330

**Part I Identification of Disregarded Entities** (Complete if the 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
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
OREGON AGRICULTURAL EDUCATION FOUNDATION 3415 COMMERCIAL STREET SE, STE 117 SALEM, OR 97302	AGRICULTURAL EDUCATION	OR	501 (C) 3		N/A
94-3141614					
OREGON AGRICULTURAL LEGAL FOUNDATION 3415 COMMERCIAL STREET SE, STE 117 SALEM, OR 97302	AGRICULTURAL LEGAL SERVICES	OR	501 (C) 3		N/A
93-1132845					
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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
OREGON FARM BUREAU PAC 3415 COMMERCIAL STREET SE, STE 117 SALEM, OR 97302 93-0708884	POLITICAL ACTION	OR	N/A	C CORP	0.	0.	0.
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**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
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		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)	X	
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets	X	
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses	X	
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) OREGON AGRICULTURAL EDUCATION FOUNDATION	D	34,500.
(2) OREGON AGRICULTURAL EDUCATION FOUNDATION	K	12,697.
(3) OREGON AGRICULTURAL EDUCATION FOUNDATION	M	804.
(4) OREGON AGRICULTURAL EDUCATION FOUNDATION	N	8,600.
(5) OREGON AGRICULTURAL EDUCATION FOUNDATION	P	3,026.
(6) OREGON AGRICULTURAL LEGAL FOUNDATION	K	4,106.

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
OREGON FARM BUREAU PAC	K	24,568.

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization

OREGON FARM BUREAU FEDERATION

Employer identification number

93-0242330

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

DRAFT 990 E-MAILED TO BOARD OF DIRECTORS BUDGET COMMITTEE FOR APPROVAL PRIOR TO  
FINALIZING THE RETURN.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ANNUAL SIGNED FORM SPECIFYING CONFLICTS OF INTEREST IS REQUIRED OF ALL DIRECTORS AND  
OFFICERS. BOARD MEMBERS HAVING CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM  
RELATED MATTERS. NO CONFLICTS HAVE BEEN NOTED.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

INDEPENDENT BOARD OF DIRECTORS REVIEWS COMPENSATION FOR MANAGEMENT, OFFICERS, AND  
KEY EMPLOYEES ANNUALLY, WITH ATTENTION GIVEN TO COMPARABLE POSITIONS. BOARD  
APPROVES MANAGEMENT, OFFICERS, AND KEY EMPLOYEE COMPENSATION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON  
REASONABLE REQUEST AT THE OFFICES OF THE ORGANIZATION. FORM 990 IS AVAILABLE ON  
GUIDESTAR.

Name of the organization

OREGON FARM BUREAU FEDERATION

Employer identification number

93-0242330

Area with horizontal dashed lines for supplemental information.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning 11/01, 2009,  
and ending 10/31, 2010

**2009**

Department of the Treasury  
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	OREGON FARM BUREAU FEDERATION 3415 COMMERCIAL STREET #117 SALEM, OR 97302	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) 93-0242330  <b>E</b> Unrelated business activity codes (See instructions for Block E.) 110000
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<b>C</b> Book value of all assets at end of year 8,717,400.	<b>F</b> Group exemption number (See instructions for Block F.) ▶ <b>G</b> Check organization type. . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
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**H** Describe the organization's primary unrelated business activity.  
▶ **PUBLICATION-ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation. . . ▶

**J** The books are in care of. ▶ **CANDACE SEAL** Telephone number ▶ **503-399-1701**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales . . . . .			
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance ▶ <b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . . <b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . . <b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D) . . . . . <b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . . <b>4b</b>			
<b>c</b> Capital loss deduction for trusts . . . . . <b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . . <b>5</b>			
<b>6</b> Rent income (Schedule C) . . . . . <b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . . <b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . . <b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . . <b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . . <b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . . <b>11</b>	69,625.	97,415.	-27,790.
<b>12</b> Other income (See instructions; attach schedule.) . . . . . <b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 . . . . . <b>13</b>	69,625.	97,415.	-27,790.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . . <b>14</b>			
<b>15</b> Salaries and wages . . . . . <b>15</b>			
<b>16</b> Repairs and maintenance . . . . . <b>16</b>			
<b>17</b> Bad debts . . . . . <b>17</b>			
<b>18</b> Interest (attach schedule) . . . . . <b>18</b>			
<b>19</b> Taxes and licenses . . . . . <b>19</b>			
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . . <b>20</b>			
<b>21</b> Depreciation (attach Form 4562) . . . . . <b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . . <b>22a</b>			
<b>23</b> Depletion . . . . . <b>23</b>			
<b>24</b> Contributions to deferred compensation plans . . . . . <b>24</b>			
<b>25</b> Employee benefit programs . . . . . <b>25</b>			
<b>26</b> Excess exempt expenses (Schedule I) . . . . . <b>26</b>			
<b>27</b> Excess readership costs (Schedule J) . . . . . <b>27</b>			
<b>28</b> Other deductions (attach schedule) . . . . . <b>28</b>			
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . . <b>29</b>			
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. . . . . <b>30</b>			-27,790.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . . <b>31</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. . . . . <b>32</b>			-27,790.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . <b>33</b>			
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. . . . . <b>34</b>			-27,790.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **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. . . .

*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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	OREGON FARM BUREAU FEDERATION	93-0242330
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	3415 COMMERCIAL STREET #117	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SALEM, OR 97302	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of. ▶ CANDACE SEAL -----

Telephone No. ▶ 503-399-1701 FAX No. ▶ 503-399-8082

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 9/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  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:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	<b>3a</b>	\$	0.
<b>b</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.....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35 c</b> 0.	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>	
<b>37 Proxy tax.</b> See instructions. .... ▶ <b>37</b>	
<b>38 Alternative minimum tax</b> ..... ▶ <b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies. .... ▶ <b>39</b> 0.	

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ... <b>40 a</b>	
<b>b</b> Other credits (see instructions) ..... <b>40 b</b>	
<b>c</b> General business credit. Attach Form 3800. .... <b>40 c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40 d</b>	
<b>e Total credits.</b> Add lines 40a through 40d. .... <b>40 e</b> 0.	
<b>41</b> Subtract line 40e from line 39. .... <b>41</b> 0.	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... <b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42. .... <b>43</b> 0.	
<b>44 a</b> Payments: A 2008 overpayment credited to 2009 ..... <b>44 a</b>	
<b>b</b> 2009 estimated tax payments ..... <b>44 b</b>	
<b>c</b> Tax deposited with Form 8868. .... <b>44 c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>44 d</b>	
<b>e</b> Backup withholding (see instructions) ..... <b>44 e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶ <b>44 f</b>	
<b>45 Total payments.</b> Add lines 44a through 44f. .... <b>45</b> 0.	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. .... ▶ <input type="checkbox"/> <b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed. .... ▶ <b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. .... ▶ <b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2010 estimated tax</b> ▶ <b>Refunded</b> ▶ <b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

<b>1</b> At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. .... ▶	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year ..... <b>1</b>		<b>6</b> Inventory at end of year ..... <b>6</b>	
<b>2</b> Purchases ..... <b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>	
<b>3</b> Cost of labor ..... <b>3</b>			
<b>4 a</b> Additional section 263A costs (attach schedule) ..... <b>4 a</b>			Yes No
<b>b</b> Other costs (attach sch) ..... <b>4 b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	X
<b>5 Total.</b> Add lines 1 through 4b. ....			

**Sign Here**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: EXECUTIVE DIRECTOR  
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
Preparer's signature: G.W. Kern, CPA Date: 9/8/2011  
Firm's name (or yours if self-employed), address, and ZIP code: KERN & THOMPSON, LLC  
1618 SW FIRST AVENUE, SUITE 215  
PORTLAND, OR 97201  
Check if self-employed  Preparer's SSN or PTIN: P00432577  
EIN: 93-1157146  
Phone no.: (503) 222-3338

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	(2)	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

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)	(2)		(a) Straight line depreciation (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)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8. . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

Exempt Controlled Organizations					
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unrelated income (loss) (see instructions)	4 Total of specified 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)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	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)					
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	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.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated 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 income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) OREGON AGRICULTURE	69,625.	97,415.				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	69,625.	97,415.	-27,790.			

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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 income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....	69,625.	97,415.				
<b>Totals</b> , Part II (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

## OREGON FARM BUREAU FEDERATION

93-0242330

**ADVERTISING INCOME (990-T)  
DIRECT ADVERTISING COSTS  
OREGON AGRICULTURE**

OREGON FARM BUREAU NEWS.....	\$	50,338.
OREGON AGRICULTURE.....		47,077.
TOTAL	\$	<u>97,415.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)  
OTHER**

AUDIT FEES.....	\$	10,992.
INFORMATION TECHNOLOGY.....		6,489.
OTHER.....		5,000.
TOTAL	\$	<u>22,481.</u>

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

For the **2008** calendar year, or tax year beginning **11/01**, 2008, and ending **10/31**, 2009

<b>B</b> Check if applicable:	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See specific instructions.</b>	OREGON FARM BUREAU FEDERATION 3415 COMMERCIAL STREET SE #117 SALEM, OR 97302	<b>D</b> Employer Identification Number 93-0242330	<b>E</b> Telephone number 503-399-1701X324
<b>F</b> Name and address of principal officer: SAME AS C ABOVE			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>G</b> Gross receipts \$ 2,891,264.	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>J</b> Website: ▶ WWW.OREGONFB.ORG			<b>H(c)</b> Group exemption number ▶		
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of Formation: 1949	<b>M</b> State of legal domicile: OR	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES CONCERNING THE FARM, FARM HOME, AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBER COUNTY FARM BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	22
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	22
<b>5</b>	Total number of employees (Part V, line 2a).....	<b>5</b>	18
<b>6</b>	Total number of volunteers (estimate if necessary).....	<b>6</b>	0
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C).....	<b>7a</b>	75,608.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	-40,530.
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h).....		
<b>9</b>	Program service revenue (Part VIII, line 2g).....	1,685,191.	1,790,965.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	309,322.	84,288.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	67,780.	-4,578.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,062,293.	1,870,675.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	990,138.	979,491.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,222,495.	1,208,688.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,212,633.	2,188,179.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	-150,340.	-317,504.
		<b>Beginning of Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16).....	7,606,921.	8,169,589.
<b>21</b>	Total liabilities (Part X, line 26).....	428,945.	438,198.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	7,177,976.	7,731,391.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>G. W. Kern &amp; CPA</u>	Date: <u>2/26/10</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4: KERN & THOMPSON, LLC 1618 SW FIRST AVENUE, SUITE 215 PORTLAND, OR 97201		EIN ▶ N/A	Phone no. ▶ (503) 222-3338

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ... [ ] Yes [X] No
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ... [ ] Yes [X] No
If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [redacted]) (Expenses \$ [redacted] including grants of \$ [redacted]) (Revenue \$ [redacted])
THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES CONCERNING THE FARM, FARM HOME AND RURAL COMMUNITIES; COORDINATED ACTIVITIES OF MEMBER COUNTY FARM BUREAUS; AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS.

4b (Code: [redacted]) (Expenses \$ [redacted] including grants of \$ [redacted]) (Revenue \$ [redacted])

4c (Code: [redacted]) (Expenses \$ [redacted] including grants of \$ [redacted]) (Revenue \$ [redacted])

4d Other program services. (Describe in Schedule O.)

(Expenses \$ [redacted] including grants of \$ [redacted]) (Revenue \$ [redacted])

4e Total program service expenses ▶ \$ [redacted] (Must equal Part IX, Line 25, column (B).)

**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 .....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....		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 .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .....		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 .....		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? If 'Yes,' complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		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? If 'Yes,' complete Schedule D, Part IV .....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
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 .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....		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.? If 'Yes,' complete Schedule F, Part I .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .....		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I ..		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		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 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J .....		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25 .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .....		
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 .....		
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 .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III .....		X

**Part 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:		
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)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X

BAA

Form 990 (2008)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
<b>1a</b>	6		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
<b>1c</b>			
<b>2a</b>	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 .....		
<b>2a</b>	18		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	X	
<b>3a</b>			
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q .....	X	
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>4a</b>			
<b>b</b>	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>5b</b>			
<b>c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? .....		X
<b>6a</b>			
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....		
<b>7a</b>			
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		
<b>7c</b>			
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		
<b>7g</b>			
<b>h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..		
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? .....		
<b>9a</b>			
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....		
<b>10a</b>			
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from other members or shareholders. ....		
<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>12a</b>			
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		
<b>12b</b>			

BAA

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body.....		
<b>1b</b>	Enter the number of voting members that are independent.....		
<b>2</b>	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?.....		X
<b>3</b>	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?.....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
<b>6</b>	Does the organization have members or stockholders?.....	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?.....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?.....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?.....	X	
<b>9b</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?.....	X	
<b>10</b>	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 990. SEE SCHEDULE O.....	X	
<b>11</b>	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.....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.....	X	
<b>13</b>	Does the organization have a written whistleblower policy?.....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?.....	X	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?.....	X	
<b>15b</b>	Other officers of key employees of the organization? SEE SCHEDULE O..... Describe the process in Schedule O. (see instructions)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
<b>16b</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?.....		

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     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 G 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**

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY BUSHUE PRESIDENT	20	X	X				36,000.	0.	0.	
TRACEY LISKEY 1ST VICE PRES	1	X	X				0.	0.	0.	
GARY JOHNSON 2ND VICE PRES	1	X	X				0.	0.	0.	
BARBARA IVERSON 3RD VICE PRES	1	X	X				0.	0.	0.	
MARY GRIMES 4TH VICE PRES	1	X	X				0.	0.	0.	
LARRY LEAR REGION 1	1	X					0.	0.	0.	
EUGENE HAWES REGION 2	1	X					0.	0.	0.	
JEFF THOMAS REGION 3	1	X					0.	0.	0.	
LYNDON KERNS REGION 4	1	X					0.	0.	0.	
BOB FRIEND REGION 5	1	X					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					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	X					0.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAN ANDERSEN REGION 13	1	X						0.	0.	0.
K.C. VANNATTA REGION 14	1	X						0.	0.	0.
BRUCE CHAPIN REGION 15	1	X						0.	0.	0.
RICK EPP REGION 16	1	X						0.	0.	0.
MARGARET HENDERSON YOUNG FARMERS	1	X						0.	0.	0.
LARRY CURTIS EX OFFICIO	1	X						0.	0.	0.
DAVID DILLON EXECUTIVE DIREC	39			X				102,950.	0.	20,342.
CANDACE SEAL TREASURER	31			X				57,223.	0.	20,843.
<b>1 b Total</b> .....								196,173.	0.	41,185.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the 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 .....		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 .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person .....		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.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

**Part 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	<b>1a</b> Federated campaigns.....	<b>1a</b>					
	<b>b</b> Membership dues.....	<b>1b</b>					
	<b>c</b> Fundraising events.....	<b>1c</b>					
	<b>d</b> Related organizations.....	<b>1d</b>					
	<b>e</b> Government grants (contributions).....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above.....	<b>1f</b>					
	<b>g</b> Noncash contribns included in lns 1a-1f: ... \$						
	<b>h Total.</b> Add lines 1a-1f..... ▶						
PROGRAM SERVICE REVENUE	<b>2a</b> MEMBERSHIP DUES & ASSESSMENTS	Business Code 110000	1,192,519.	1,192,519.			
	<b>b</b> ENDORSEMENT FEES		285,396.	285,396.			
	<b>c</b> ADMIN & CONTRACT SERVICES		156,201.	156,201.			
	<b>d</b> MEMBER EXP REIMBURSEMENT		67,777.			67,777.	
	<b>e</b> OTHER PROGRAM SERVICE		9,664.	9,664.			
	<b>f</b> All other program service revenue ...		79,408.		75,608.	3,800.	
	<b>g Total.</b> Add lines 2a-2f..... ▶		1,790,965.				
	<b>3</b> Investment income (including dividends, interest and other similar amounts)..... ▶		226,443.			226,443.	
<b>4</b> Income from investment of tax-exempt bond proceeds ▶							
<b>5</b> Royalties..... ▶							
OTHER REVENUE	<b>6a</b> Gross Rents.....	(i) Real	115,929.				
		(ii) Personal					
	<b>b</b> Less: rental expenses.....		120,507.				
	<b>c</b> Rental income or (loss)....		-4,578.				
	<b>d</b> Net rental income or (loss)..... ▶		-4,578.			-4,578.	
	<b>7a</b> Gross amount from sales of assets other than inventory.	(i) Securities	757,927.				
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses.....		900,082.				
	<b>c</b> Gain or (loss).....		-142,155.				
	<b>d</b> Net gain or (loss)..... ▶		-142,155.			-142,155.	
	<b>8a</b> Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18.....	<b>a</b>					
	<b>b</b> Less: direct expenses.....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events..... ▶						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>a</b>					
	<b>b</b> Less: direct expenses.....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities..... ▶						
	<b>10a</b> Gross sales of inventory, less returns and allowances.....	<b>a</b>					
	<b>b</b> Less: cost of goods sold.....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory..... ▶							
Miscellaneous Revenue	Business Code						
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue.....							
<b>e Total.</b> Add lines 11a-11d..... ▶							
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e..... ▶			1,870,675.	1,643,780.	75,608.	151,287.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.....	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.....	573,673.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....	20,758.			
9 Other employee benefits.....	83,811.			
10 Payroll taxes.....	63,891.			
11 Fees for services (non-employees).....				
a Management.....				
b Legal.....	168,504.			
c Accounting.....				
d Lobbying.....				
e Prof fundraising svcs. See Part IV, ln 17.....				
f Investment management fees.....				
g Other.....	11,826.			
12 Advertising and promotion.....				
13 Office expenses.....	17,755.			
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....				
17 Travel.....	59,460.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	137,796.			
20 Interest.....				
21 Payments to affiliates.....	227,652.			
22 Depreciation, depletion, and amortization.....	62,137.			
23 Insurance.....	29,360.			
24 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.).....				
a <u>INFORMATION &amp; PUBLIC RELATIONS</u> .....	137,742.			
b <u>PROGRAM AWARDS &amp; COUNCIL</u> .....	63,847.			
c <u>GOVERNMENT AFFAIRS</u> .....	53,563.			
d <u>INVESTMENT FEES</u> .....	47,134.			
e <u>POSTAGE AND SHIPPING</u> .....	44,883.			
f All other expenses.....	147,029.			
25 Total functional expenses. Add lines 1 through 24f.....	2,188,179.			
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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.....				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
ASSETS	1 Cash -- non-interest-bearing .....	92,237.	1	91,657.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	40,941.	4	36,870.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	34,500.	7	34,500.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	2,000.	9	2,600.
	10a Land, buildings, and equipment: cost basis .....	10a 2,477,234.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 775,956.		
	11 Investments -- publicly-traded securities .....	1,749,249.	10c	1,701,278.
	12 Investments -- other securities. See Part IV, line 11 .....	4,170,344.	11	5,389,270.
	13 Investments -- program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,517,650.	15	913,414.	
	7,606,921.	16	8,169,589.	
LIABILITIES	17 Accounts payable and accrued expenses .....	100,116.	17	105,433.
	18 Grants payable .....		18	
	19 Deferred revenue .....	328,829.	19	332,765.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	428,945.	26	438,198.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	7,177,976.	27	7,731,391.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances.</b> .....	7,177,976.	33	7,731,391.	
34 <b>Total liabilities and net assets/fund balances.</b> .....	7,606,921.	34	8,169,589.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? .....	3b	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

OREGON FARM BUREAU FEDERATION

Employer identification number

93-0242330

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_



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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- |                                      | Amount    |
|--------------------------------------|-----------|
| c Beginning balance.....             | <b>1c</b> |
| d Additions during the year.....     | <b>1d</b> |
| e Distributions during the year..... | <b>1e</b> |
| f Ending balance.....                | <b>1f</b> |
- 2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Investment earnings or 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 balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) unrelated organizations.....   | <b>3a(i)</b>  |    |
| (ii) related organizations.....  | <b>3a(ii)</b> |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?..... | <b>3b</b>     |    |

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land.....				
b Buildings.....	2,351,882.		658,704.	1,693,178.
c Leasehold improvements.....				
d Equipment.....	125,352.		117,252.	8,100.
e Other.....				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>1,701,278.</b>

**Part VII Investments-Other Securities** See Form 990, Part X, line 12. N/A

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, and Total.

**Part VIII Investments-Program Related** (See Form 990, Part X, line 13) N/A

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes Total row.

**Part IX Other Assets** (See Form 990, Part X, line 15)

Table with 2 columns: (a) Description, (b) Book value. Rows include CASH HELD IN INVESTMENT ACCOUNT, CD'S HELD IN INVESTMENT ACCOUNT, INTEREST RECEIVABLE, and Total.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Includes Federal Income Taxes and Total row. Right side is shaded.

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 2 columns. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12) 1,870,675. Row 2: Total expenses (Form 990, Part IX, column (A), line 25) 2,188,179. Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1 -317,504. Row 4: Net unrealized gains (losses) on investments 870,920. Row 5: Donated services and use of facilities. Row 6: Investment expenses. Row 7: Prior period adjustments. Row 8: Other (Describe in Part XIV). Row 9: Total adjustments (net). Add lines 4-8 870,920. Row 10: Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 553,416.

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

Table with 5 main rows and sub-rows. Row 1: Total revenue, gains, and other support per audited financial statements 1 2,741,595. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 870,920. b Donated services and use of facilities 2b. c Recoveries of prior year grants 2c. d Other (Describe in Part XIV) 2d. e Add lines 2a through 2d 2e 870,920. Row 3: Subtract line 2e from line 1 3 1,870,675. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a. b Other (Describe in Part XIV) 4b. c Add lines 4a and 4b 4c. Row 5: Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 1,870,675.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows. Row 1: Total expenses and losses per audited financial statements 1 2,308,686. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a. b Prior year adjustments 2b. c Losses reported on Form 990, Part IX, line 25 2c. d Other (Describe in Part XIV) SEE PART XIV 2d 120,507. e Add lines 2a through 2d 2e 120,507. Row 3: Subtract line 2e from line 1 3 2,188,179. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a. b Other (Describe in Part XIV) 4b. c Add lines 4a and 4b 4c. Row 5: Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) 5 2,188,179.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines for supplemental information.

**Part XIV** Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

RENTAL EXPENSES PART VIII LINE 6B.....	\$	120,507.
TOTAL	\$	<u>120,507.</u>

**Related Organizations and Unrelated Partnerships**

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, 36, or 37.  
► See separate instructions.

Open to Public Inspection

Name of the organization  
**OREGON FARM BUREAU FEDERATION**

Employer identification number  
**93-0242330**

**Part I Identification of Disregarded Entities**

(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
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**Part II Identification of Related Tax-Exempt Organizations**

(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 SALEM, OR 97302 94-3141614	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
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**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
OREGON FARM BUREAU PAC 3415 COMMERCIAL STREET SE, STE 117 SALEM, OR 97302 93-0708884	POLITICAL A	OR	N/A	C CORP	0.	0.	
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**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**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:

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)	X	
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses	X	
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) OREGON AGRICULTURAL EDUCATION FOUNDATION	A	2,070.
(2) OREGON AGRICULTURAL EDUCATION FOUNDATION	D	34,500.
(3) OREGON AGRICULTURAL EDUCATION FOUNDATION	K	7,865.
(4) OREGON AGRICULTURAL EDUCATION FOUNDATION	M	746.
(5) OREGON AGRICULTURAL EDUCATION FOUNDATION	N	8,600.
(6) OREGON AGRICULTURAL EDUCATION FOUNDATION	P	3,026.



**Part VI Unrelated Organizations Taxable as a Partnership**

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.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) 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		Yes	No		Yes	No
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

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

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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.

Name of the organization

OREGON FARM BUREAU FEDERATION

Employer identification number

93-0242330

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

DRAFT 990 E-MAILED TO BOARD OF DIRECTORS BUDGET COMMITTEE FOR APPROVAL PRIOR TO FINALIZING THE RETURN.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

ANNUAL SIGNED FORM SPECIFYING CONFLICTS OF INTEREST IS REQUIRED OF ALL DIRECTORS AND OFFICERS. BOARD MEMBERS HAVING CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM RELATED MATTERS. NO CONFLICTS HAVE BEEN NOTED.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

INDEPENDENT BOARD OF DIRECTORS REVIEWS COMPENSATION FOR MANAGEMENT, OFFICERS, AND KEY EMPLOYEES ANNUALLY, WITH ATTENTION GIVEN TO COMPARABLE POSITIONS. BOARD APPROVES MANAGEMENT, OFFICERS, AND KEY EMPLOYEE COMPENSATION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REASONABLE REQUEST AT THE OFFICES OF THE ORGANIZATION. FORM 990 IS AVAILABLE ON GUIDESTAR.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 11/01, 2008,  
and ending 10/31, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	OREGON FARM BUREAU FEDERATION 3415 COMMERCIAL STREET SE #117 SALEM, OR 97302	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) <b>93-0242330</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E.) <b>110000</b>
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<b>C</b> Book value of all assets at end of year <b>8,169,589.</b>	<b>F</b> Group exemption number (See instructions for Block F.) ▶	<b>G</b> Check organization type. . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity.  
▶ **PUBLICATION-ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of. ▶ **CANDACE SEAL** Telephone number ▶ **503-399-1701**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . .				
<b>b</b> Less returns and allowances . . .	<b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>			
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>			
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>	75,608.	116,138.	-40,530.
<b>12</b> Other income (See instructions; attach schedule.) . . . . .	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	75,608.	116,138.	-40,530.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>			
<b>15</b> Salaries and wages . . . . .	<b>15</b>			
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>			
<b>17</b> Bad debts . . . . .	<b>17</b>			
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>			
<b>19</b> Taxes and licenses . . . . .	<b>19</b>			
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .	<b>20</b>			
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>			<b>22 b</b>
<b>23</b> Depletion . . . . .	<b>23</b>			
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>			
<b>25</b> Employee benefit programs . . . . .	<b>25</b>			
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>			
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>			
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b>			
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>			
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>			-40,530.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>			-40,530.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>			
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>			-40,530.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here . See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000)..... \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ..... **35 c** 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount  
 on line 34 from:  Tax rate schedule or  Schedule D (Form 1041)..... **36**  
**37 Proxy tax.** See instructions..... **37**  
**38 Alternative minimum tax.**..... **38**  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies..... **39** 0.

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... **40 a**  
**b** Other credits (see instructions)..... **40 b**  
**c** General business credit. Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) ▶ \_\_\_\_\_ **40 c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827)..... **40 d**  
**e Total credits.** Add lines 40a through 40d..... **40 e** 0.  
**41** Subtract line 40e from line 39..... **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611..  Form 8697  Form 8866  
 Other (attach schedule)..... **42**  
**43 Total tax.** Add lines 41 and 42..... **43** 0.  
**44 a** Payments: A 2007 overpayment credited to 2008..... **44 a**  
**b** 2008 estimated tax payments..... **44 b**  
**c** Tax deposited with Form 8868..... **44 c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions)..... **44 d**  
**e** Backup withholding (see instructions)..... **44 e**  
**f** Other credits and payments:  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total... ▶ **44 f**  
**45 Total payments.** Add lines 44a through 44f..... **45** 0.  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached.....  **46**  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed..... ▶ **47**  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... ▶ **48**  
**49** Enter the amount of line 48 you want: **Credited to 2009 estimated tax** ▶ **49** **Refunded** ▶

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ....  Yes  No  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?..  Yes  No  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

**1** Inventory at beginning of year..... **1**  
**2** Purchases..... **2**  
**3** Cost of labor..... **3**  
**4 a** Additional section 263A costs (attach schedule)..... **4 a**  
**b** Other costs (attach sch)..... **4 b**  
**5 Total.** Add lines 1 through 4b..... **5**  
**6** Inventory at end of year..... **6**  
**7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2..... **7**  
**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature ▶ *GW Beck, CPA* Date *2/26/10*  
 Firm's name (or yours if self-employed), address, and ZIP code ▶ **KERN & THOMPSON, LLC**  
**1618 SW FIRST AVENUE, SUITE 215**  
**PORTLAND, OR 97201**  
 Check if self-employed  Preparer's SSN or PTIN **P00432577**  
 EIN **93-1157146**  
 Phone no. **(503) 222-3338**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

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	
			(a) Straight line depreciation (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)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified 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)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	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)						
Totals . . . . . ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		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.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated 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 income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) OREGON AGRICULTURE	75,608.	116,138.				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)).		75,608.	116,138.	-40,530.		

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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 income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	75,608.	116,138.				
<b>Totals</b> , Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14.			

## OREGON FARM BUREAU FEDERATION

93-0242330

**ADVERTISING INCOME (990-T)  
DIRECT ADVERTISING COSTS  
OREGON AGRICULTURE**

OREGON FARM BUREAU NEWS.....	\$	33,460.
OREGON AGRICULTURE.....		82,678.
TOTAL	\$	<u>116,138.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)  
OTHER**

AUDIT FEES.....	\$	7,500.
INFORMATION SYSTEMS.....		4,326.
TOTAL	\$	<u>11,826.</u>

**BALANCE SHEET  
BUILDINGS**

BUILDING AND EQUIPMENT.....	\$	2,351,882.
TOTAL	\$	<u>2,351,882.</u>



**Return of Organization 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.

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **DEC 1, 2007** and ending **NOV 30, 2008**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**AMERICAN FARM BUREAU FEDERATION**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**600 MARYLAND AVE. SW 1000W**

City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20024**

**D** Employer identification number  
**36-0725160**

**E** Telephone number  
**202-406-3600**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **WWW.FB.COM**

**J** Organization type (check only one)  501(c) ( **5** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶ **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **43,026,527.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	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	3		24,973,144.
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		1,261,521.
	6a	Gross rents <b>SEE STATEMENT 1</b>	6a	134,165.	
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		134,165.	
7	Other investment income (describe ▶ _____ )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		16,645,322.	8a	12,375.	
		Less: cost or other basis and sales expenses	8b	2,816.	
		16,659,557.	8b		
8c	Gain or (loss) (attach schedule)	8c	9,559.		
8d	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 2</b> <b>STMT 3</b>	8d		-4,676.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
		Less: cost of goods sold	10b		
		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			
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		26,364,154.	
Expenses	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	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		24,836,131.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,528,023.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		37,431,299.
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20		-1,600,123.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		37,359,199.

## 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

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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>AMERICAN FARM BUREAU FEDERATION</b>	Employer identification number <b>36-0725160</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>600 MARYLAND AVE. SW, NO. 1000W</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20024</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CHRISTY LILJA**  
 Telephone No. ▶ **(202) 406-3732** FAX No. ▶ **(202) 406-3753**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **DEC 1, 2007**, and ending **NOV 30, 2008**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
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.	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>AMERICAN FARM BUREAU FEDERATION</b>	Employer identification number <b>36-0725160</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>600 MARYLAND AVE. SW, NO. 1000W</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20024</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **CHRISTY LILJA**  
Telephone No. **(202) 406-3732**    FAX No. **(202) 406-3753**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **OCTOBER 15, 2009.**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **DEC 1, 2007**, and ending **NOV 30, 2008**
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Christy Lilja**    Title **ENROLLED AGENT**    Date **7/10/09**

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,701,697.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	7,789,186.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	2,324,129.			
29 Payroll taxes	648,186.			
30 Professional fundraising fees				
31 Accounting fees	206,169.			
32 Legal fees	992,909.			
33 Supplies				
34 Telephone	137,489.			
35 Postage and shipping				
36 Occupancy	2,817,466.			
37 Equipment rental and maintenance				
38 Printing and publications	221,367.			
39 Travel	3,581,298.			
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	747,610.			
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	3,668,625.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	24,836,131.			

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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 exempt purpose? ► <b>SEE STATEMENT 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>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.)</p> <p><b>a FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION CONCERNING LEGISLATIVE AND MARKETING MATTERS.</b></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>b AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.</b></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>c</b></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>d</b></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</b></p>	

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	5,917,549.	45 6,374,500.	
	46 Savings and temporary cash investments	3,314,008.	46 6,846,354.	
	47 a Accounts receivable	47a 296,562.	187,805.	47c 296,562.
	b Less: allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		503,479.	53 551,514.
	54 a Investments - publicly-traded securities	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,717,569.	54a 11,275,032.
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	STMT 7 55a	6,156,620.	57c 5,522,457.
	b Less: accumulated depreciation	55b		
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 8,681,339.	6,156,620.	57c 5,522,457.
b Less: accumulated depreciation	STMT 9 57b 3,158,882.			
58 Other assets, including program-related investments (describe SEE STATEMENT 10)		8,930,089.	58 10,847,804.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		42,727,119.	59 41,714,223.	
Liabilities	60 Accounts payable and accrued expenses	1,301,589.	60 1,064,026.	
	61 Grants payable		61	
	62 Deferred revenue	36,330.	62 56,737.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 11)		3,957,901.	65 3,234,261.
66 <b>Total liabilities.</b> Add lines 60 through 65		5,295,820.	66 4,355,024.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	37,431,299.	67 37,359,199.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		37,431,299.	73 37,359,199.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		42,727,119.	74 41,714,223.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue (Part I, line 12) is 26,364,154.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses (Part I, line 17) is 24,836,131.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Includes entry for SEE STATEMENT 16.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 34

b Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

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."

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? N/A

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization SEE STATEMENT 17 and check whether it is exempt or nonexempt

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

81b X

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

Form 990 (2007)



Part 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 less than fair rental value?		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. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
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?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	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	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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? 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	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	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, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007	90b	90
91 a	The books are in care of <u>CHRISTY LILJA</u> Telephone no. <u>(202) 406-3732</u> Located at <u>600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC</u> ZIP +4 <u>20024</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	AFBF LEGAL ADVOCACY PROGRAM LLC 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	65-1294705	SEE STATEMENT	201,000,000.
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				<b>1,000,000.</b>

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

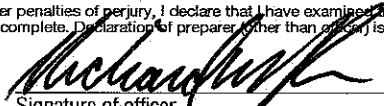
	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	AMERICAN FARM BUREAU, INC. (AFBI) 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-3250406	SEE STATEMENT	21 67,704.
b	AMERICAN AGRICULTURAL INSURANCE AGENC 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-2469940		24,177.
c	AMERICAN FARM BUREAU FOUNDATION FOR A 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-6169577		24,320.
<b>Totals</b>				<b>116,201.</b>

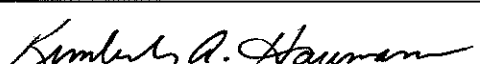
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		<input checked="" type="checkbox"/>

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

Please Sign Here:  Signature of officer Date 9/23/09

**Executive Vice President**  
Type or print name and title

Paid Preparer's Use Only: Preparer's signature  Date 9/2/09

Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **BLACKMAN KALLICK, LLP**  
**10 S. RIVERSIDE PLAZA, 9TH FLOOR**  
**CHICAGO, ILLINOIS 60606**

EIN  Phone no. **(312) 207-1040**

2007 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LEASEHOLDS, FURNITURE LAND EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	8681339.		0.	8681339.	2411272.	0.	747,610.
						8681339.			8681339.	2411272.	0.	747,610.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
600 MARYLAND AVE. SW, WASHINGTON, DC 20024	1	134,165.
TOTAL TO FORM 990, PART I, LINE 6A		134,165.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN 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.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PROPERTY AND EQUIPMENT	05/01/01	10/27/08	PURCHASED		
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	12,375.	2,816.	0.	0.	9,559.
TO FM 990, PART I, LN 8	12,375.	2,816.	0.	0.	9,559.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-1,829,140.
EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES	263,118.
PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST	-34,101.
TOTAL TO FORM 990, PART I, LINE 20	-1,600,123.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROMOTION AND EXHIBITS	397,015.			
INSURANCE	113,822.			
OUTSIDE SERVICES AND CONSULTANT FEES	351,071.			
FARM BUREAU NETWORK DUES AND SUBSCRIPTIONS	501,235.			
PROGRAMS	2,056,213.			
MOVING EXPENSES	6,357.			
MISC. EXPENSES	846,685.			
EXPENSE RECOVERY FROM SUBSIDIARIES	-868,829.			
TOTAL TO FM 990, LN 43	3,668,625.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF ITS MEMBERS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	2,717,717.			2,717,717.
TOTAL TO FORM 990, LINE 54A, COL B		2,717,717.			2,717,717.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
DEBT SECURITIES	FMV	8,557,315.		8,557,315.
TOTAL TO FORM 990, LINE 54A, COL B		8,557,315.		8,557,315.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLDS, FURNITURE AND EQUIPMENT	8,681,339.	3,158,882.	5,522,457.
TOTAL TO FORM 990, PART IV, LN 57	8,681,339.	3,158,882.	5,522,457.

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FORM 990	OTHER ASSETS	STATEMENT 10
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INVESTMENT IN SUBSIDIARIES	8,807,757.	9,070,873.
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.

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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED RENT EXPENSE	871,825.	1,179,207.
DEFERRED LEASE INCENTIVE	2,217,216.	2,055,054.
ACCRUED POSTRETIREMENT BENEFIT COST	868,860.	0.
TOTAL TO FORM 990, PART IV, LINE 65	3,957,901.	3,234,261.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES	-75,290.
TOTAL TO FORM 990, PART IV-A	-75,290.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
GAIN ON SALE OF PROPERTY AND EQUIPMENT	-9,559.
TOTAL TO FORM 990, PART IV-B	-9,559.



FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC	38,273.
GAIN ON SALE OF PROPERTY AND EQUIPMENT	9,559.
TOTAL TO FORM 990, PART IV-A	47,832.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC	460,810.
TOTAL TO FORM 990, PART IV-B	460,810.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BOB STALLMAN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	PRESIDENT AND DIRECTOR 40.00	420,415.	96,364.	65,283.
BARRY BUSHUE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	VICE PRESIDENT & DIRECTOR 2.00	0.	0.	18,450.
RONALD ANDERSON 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,900.
STEVE BACCUS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,100.
MARSHALL COYLE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,700.

KENNETH DIERSCHKE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,300.
ALEX DOWSE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,000.
ZIPPY DUVALL 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,900.
ALAN FOUTZ 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	8,100.
TERRY GILBERT 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	12,900.
JOHN HOBCLICK 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,300.
LELAND HOGAN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,900.
CHARLES KRUSE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,600.
TOWNSEND KYSER 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	11,000.
CRAIG LANG 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,000.
JOHN W. LINCOLN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,700.
DOUG MOSEBAR 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	3,500.
RICHARD NIEUWENHUIS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,400.

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

MICHAEL WHITE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,500.
DAVID WINKLES 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,900.
RICHARD NEWPHER 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	EXEC. VICE PRESIDENT 40.00	287,368.	89,285.	31,199.
JULIE ANNA POTTS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	GENERAL COUNSEL & SECRETAR 40.00	198,876.	55,498.	18,869.
C. DAVID MAYFIELD 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	CORP SECRETARY 40.00	162,367.	41,273.	13,750.
LARRY WOOTEN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,400.
TOTALS INCLUDED ON FORM 990, PART V-A		1,069,026.	282,420.	350,251.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 17  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	X	
AMERICAN FARM BUREAU, INC		X
AMERICAN AGRICULTURAL INSURANCE AGENCY		X
AMERICAN AGRICULTURAL MARKETING ASSOCIATION		X
AMERICAN AGRICULTURAL INSURANCE COMPANY		X
AMERICAN FARM BUREAU INSURANCE SERVICES, INC.		X
AMERICAN FARM BUREAU BENEVOLENCE ASSOCIATION		X
AFBF LEGAL ADVOCACY PROGRAM LLC	X	

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

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN FARM BUREAU, INC. (AFBI)

ADDRESS

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

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

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL INSURANCE AGENCY (AAIA)

ADDRESS

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

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR 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

AFBF LEGAL ADVOCACY PROGRAM LLC

65-1294705

DESCRIPTION OF TRANSFER

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

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 107

STATEMENT 21

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 (AFB  
FOUNDATION)

36-6169577

DESCRIPTION OF TRANSFER

REIMBURSEMENT OF EXPENSES



Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMERICAN FARM BUREAU FEDERATION

FORM 990 PAGE 2

36-0725160

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Line 1: 125,000. Line 3: 500,000. Line 13: 747,610.

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

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

Table with 3 rows for Part II. Line 16: 747,610.

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2007.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 3 rows for Part IV. Line 22: 747,610.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) for Vehicle and rows 30-36 for miles driven and personal use availability.

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

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

Table for Section C with rows 37-41 and Yes/No columns for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year:

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2007

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **NOV 1, 2007** and ending **OCT 31, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OREGON FARM BUREAU FEDERATION</b>	<b>D</b> Employer identification number <b>93-0242330</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>3415 COMMERCIAL STREET SE</b>	Room/suite <b>G</b>	<b>E</b> Telephone number <b>503-399-1701</b>
	City or town, state or country, and ZIP + 4 <b>SALEM, OR 97302</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
	* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

**G** Website: WWW. OREGONBF. ORG

**J** Organization type (check only one)  501(c) ( 5 ) (Insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,693,069.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b		
	<b>c</b> Indirect public support (not included on line 1a)	1c		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		434,648.
	<b>3</b> Membership dues and assessments	3		1,250,543.
	<b>4</b> Interest on savings and temporary cash investments	4		
	<b>5</b> Dividends and interest from securities	5		260,966.
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	6a	114,879.	
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	6b	116,684.	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c		-1,805.	
<b>7</b> Other investment income (describe _____)	7			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	6,056.	
	1,531,092.	8a	6,056.	
	b Less: cost or other basis and sales expenses	8b	5,664.	
	1,483,128.	8b	5,664.	
<b>c</b> Gain or (loss) (attach schedule)	8c	392.		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 3</b> <b>STMT 4</b>	8d		48,356.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	29,310.	
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	25,300.	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 5</b>	9c		4,010.
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		65,575.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,062,293.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		
	<b>14</b> Management and general (from line 44, column (C))	14		
	<b>15</b> Fundraising (from line 44, column (D))	15		
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses. Add lines 13 and 14, column (A)	17		2,212,633.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		-150,340.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		9,518,974.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 6</b>	20		-2,190,658.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		7,177,976.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	194,400.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	622,862.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	109,165.			
29 Payroll taxes	63,711.			
30 Professional fundraising fees				
31 Accounting fees	191,623.			
32 Legal fees	2,415.			
33 Supplies	25,348.			
34 Telephone	29,668.			
35 Postage and shipping	53,396.			
36 Occupancy				
37 Equipment rental and maintenance	8,420.			
38 Printing and publications	40,561.			
39 Travel	63,090.			
40 Conferences, conventions, and meetings	151,561.			
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	62,699.			
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 7	593,714.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,212,633.			

Joint Costs. Check  If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the Instructions.)

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 exempt purpose? SEE STATEMENT 8

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.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a THE FEDERATION ASSISTED APPROXIMATELY 50,000 MEMBERS WITH ISSUES CONCERNING THE FARM, FRAM HOME AND RURAL COMMUNITIES, COORDINATED ACTIVITIES OF MEMBER COUNTY FARM BUREAUS, AND PROMOTED EDUCATION AND ECONOMIC INTERESTS OF FARMERS.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

d

(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)

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	50,097.	92,237.
	46 Savings and temporary cash investments .....	154,814.	445,520.
	47 a Accounts receivable .....	40,941.	
	b Less: allowance for doubtful accounts .....		40,941.
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....		
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....	34,500.	
	b Less: allowance for doubtful accounts .....		34,500.
	52 Inventories for sale or use .....		
	53 Prepaid expenses and deferred charges .....	14,764.	2,000.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV .....		
	b Investments - other securities <b>STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	3,768,537.	2,693,057.
55 a Investments - land, buildings, and equipment: basis .....	2,469,287.		
b Less: accumulated depreciation <b>STMT 9</b> .....	720,038.	1,749,249.	
56 Investments - other <b>SEE STATEMENT 10</b> .....	4,235,621.	2,525,393.	
57 a Land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....			
58 Other assets, including program-related investments (describe <b>INTEREST RECEIVABLE</b> ) .....	32,480.	24,024.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	10,113,333.	7,606,921.	
Liabilities	60 Accounts payable and accrued expenses .....	227,586.	100,116.
	61 Grants payable .....		
	62 Deferred revenue .....	366,773.	328,829.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....		
	66 Other liabilities (describe <b>_____</b> ) .....		
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	594,359.	428,945.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	9,518,974.	7,177,976.
	68 Temporarily restricted .....		
	69 Permanently restricted .....		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	9,518,974.	7,177,976.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	10,113,333.	7,606,921.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments (b1-b4, d1-d2). Row 'a' contains 'Total revenue, gains, and other support per audited financial statements' with value 'N/A'. Row 'c' contains 'Total revenue (Part I, line 12). Add lines c and d'.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments (b1-b4, d1-d2). Row 'a' contains 'Total expenses and losses per audited financial statements' with value 'N/A'. Row 'e' contains 'Total expenses (Part I, line 17). Add lines c and d'.

Part IV-C Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. One row contains 'SEE STATEMENT 12' and compensation of 194,400.

Form 990 (2007)

**OREGON FARM BUREAU FEDERATION**

93-0242330

Page 6

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... 22

b Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... **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." ..... **75c**  **X**

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? ..... **75d** **X**

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address <b>NONE</b>	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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**Part VI Other Information** (See the instructions.) **Yes No**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ..... **76**  **X**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? ..... **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 covered by this return? ..... **78a** **X**

b If "Yes," has it filed a tax return on Form 990-T for this year? ..... **78b** **X**

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..... **79**  **X**

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ..... **80a** **X**

b If "Yes," enter the name of the organization **SEE STATEMENT 13** and check whether it is  exempt or  nonexempt

81 a Enter direct and indirect political expenditures. (See line 81 instructions.) ..... **81a** | 0 .

b Did the organization file Form 1120-POL for this year? ..... **81b**  **X**

Form 990 (2007)



Part 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 less than fair rental value?		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. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
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?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	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	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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? 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	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	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, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007	90b	18
91 a	The books are in care of <u>CANDACE SEAL</u> Telephone no. <u>503-399-1701</u> Located at <u>3415 COMMERCIAL ST. SE, SALEM, OR</u> ZIP + 4 <u>97302</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

**Part IV Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92   N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADMIN. & CONTRACT					
b SERVICE					104,675.
c ADVERTISING INCOME	110000				16,188.
d ENDORSEMENT INCOME					278,595.
e OTHER PROGRAM SERVICE					35,190.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,250,543.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	260,966.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-1,805.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	47,964.	392.
101 Net income or (loss) from special events			01	4,010.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenues:					
a MEMBER EXP REIMB			01	65,575.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		376,710.	1,685,583.
105 Total (add line 104, columns (B), (D), and (E))					2,062,293.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 14

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XIII** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A)	(B)	(C)	(D)		
Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A)	(B)	(C)	(D)		
Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

**Please Sign Here**

Signature of officer: **CANDACE SEAL, TREASURER** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **DELAP LLP**  
**4500 SW KRUSE WAY, NO 200**  
**LAKE OSWEGO, OR 97035**

EIN: \_\_\_\_\_

Phone no.: **503-697-4118**

OREGON FARM BUREAU FEDERATION

93-0242330

FORM 990 RENTAL INCOME STATEMENT 1

<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
REAL ESTATE - MADRONA	1	114,879.
TOTAL TO FORM 990, PART I, LINE 6A		114,879.

FORM 990 RENTAL EXPENSES STATEMENT 2

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
RENTAL EXPENSES		84,098.	
PROPERTY TAXES		32,586.	
- SUBTOTAL -	1		116,684.
TOTAL TO FORM 990, PART I, LINE 6B			116,684.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
VARIOUS SECURITIES	1,531,092.	1,483,128.	0.	47,964.
TO FORM 990, PART I, LINE 8	1,531,092.	1,483,128.	0.	47,964.

## OREGON FARM BUREAU FEDERATION

93-0242330

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**FORM 990**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**      **4**


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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	6,056.	5,664.	0.	0.	392.
TO FM 990, PART I, LN 8	6,056.	5,664.	0.	0.	392.

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**FORM 990**                      **SPECIAL EVENTS AND ACTIVITIES**                      **STATEMENT**      **5**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
75TH ANNIVERSARY BAXTER BLACK EVENT	4,010.	0.	4,010.		4,010.
75TH ANNIVERSARY COMMEMORATIVE BLANKET 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.

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **6**


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DESCRIPTION	AMOUNT
UNREALIZED GAIN OR LOSS ON INVESTMENT	-2,190,658.
TOTAL TO FORM 990, PART I, LINE 20	-2,190,658.

## OREGON FARM BUREAU FEDERATION

93-0242330

FORM 990	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMERICAN FARM BUREAU DUES	219,256.			
FEELDS EXPENSE	32,509.			
INFORMATION & PUBLIC 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 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 8
	PART III	

## EXPLANATION

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

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT 9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED 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.

OREGON FARM BUREAU FEDERATION

93-0242330

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FORM 990	OTHER INVESTMENTS	STATEMENT 10
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DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	COST	1,477,287.
CERTIFICATE OF DEPOSITS	COST	1,048,106.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,525,393.

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FORM 990	OTHER SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY SECURITIES	FMV	1,971,772.
DEBT SECURITIES	FMV	721,285.
MORTGAGES AND SECURITIES	FMV	0.
TO FORM 990, LINE 54B, COL B		2,693,057.

## OREGON FARM BUREAU FEDERATION

93-0242330

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 FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
 TRUSTEES AND KEY EMPLOYEES
 

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



## OREGON FARM BUREAU FEDERATION

93-0242330

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

OREGON FARM BUREAU FEDERATION

93-0242330

JUSTIN HENDERSEN 3415 COMMERCIAL STREET SE SALEM, OR 97302	YF&R CHAIR 1.00	0.	0.	0.
BRUCE CHAPIN 3415 COMMERCIAL STREET SE SALEM, OR 97302	REGION 15 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		194,400.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
OREGON AGRICULTURAL EDUCATION FOUNDATION	X	
OREGON AGRICULTURAL LEGAL FOUNDATION	X	
OREGON FARM BUREAU POLITICAL ACTION COMM	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93-A	ADMIN & CONTRACT SERVICES- INCLUDES FEELDS MEMBERSHIP INCOME AND EDUCATIONAL INCOME. FEELDS IS A MEMBER SERVICE PROGRAM OF THE OREGON FARM BUREAU THAT HELPS EDUCATE FARMERS REGARDING THE COMPLEXITY OF EMPLOYMENT LAWS IN AGRICULTURE AND HOW TO FOSTERS BETTER EMPLOYER/EMPLOYEE RELATIONS. THE PROGRAM ALSO PROVIDES LITIGATION REPRESENTATION FOR FARMERS WHO FACE EMPLOYMENT RELATED LAWSUITS. THESE LAWSUITS HELP MAKE SURE CASE LAW DEVELOPMENT IN THE AGRICULTURE, EVEN AT THE APPELATE LEVEL, IS CLEAR FOR AGRICULTURAL EMPLOYER, EMPLOYEES AND THE GENERAL PUBLIC. THE PURPOSE OF THE OREGON FARM BUREAU INCLUDES WORKING FOR THE SOLUTIONS TO PROBLEMS OF THE FARM, FARM HOME AND RURAL COMMUNITY AS WELL AS FOSTERING, PROMOTING, REPRESENTING, PROTECTING AND ADVANCING THE EDUCATIONAL, SOCIAL AND ECONOMIC INTERESTS OF THE FARMERS IN OREGON.
93-C	ADVERTISING INCOME FROM THE OREGON AGRICUTURAL MAGAZINE WHICH THE ORGANIZATION PRINTS AND CIRCULATES TO GET OUT ITS MESSAGE.
93-D	ENDORSEMENT INCOME - THIS HAS HISTORICALLY BEEN TREATED UNDER THE ROYALTY EXCLUSION FROM UBI UNDER SEC 512(B)(2). THIS IS INCOME OFB RECEIVES FROM COUNTRY FINANCIAL FOR OUR ENDORSEMENT OF THEIR SERVICES.
93-E	OTHER PROGRAM SERVICE - THIS REVENUE ALLOWS THE FARM BUREAU FEDERATION TO PROVIDE MEMBERS WITH ASSISTANCE IN SOLVING THE PROBLEMS OF FARMING AND RURAL COMMUNITIES; TO REPRESENT, PROTECT, AND ADVANCE THE SOCIAL, ECONOMIC, AND EDUCATIONL INTEREST OF THE FARMERS OF OREGON; AND COORDINATE THE ACTIVITIES OF MEMBER COUNTY FARM BUREAUS IN OREGON.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning **NOV 1, 2007** and ending **OCT 31, 2008**

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>OREGON FARM BUREAU FEDERATION</b>		<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>93-0242330</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>3415 COMMERCIAL STREET SE, NO. G</b>		<b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>110000</b>	
<b>C</b> Book value of all assets at end of year <b>7,606,921.</b>		<b>F</b> Group exemption number (see instructions for Block F.)		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. **PUBLICATION-ADV**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **CANDACE SEAL** Telephone number **503-399-1701**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	16,188.	104,927.
12	Other income (See instructions; attach schedule.)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	16,188.	104,927.
				-88,739.
				-88,739.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
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 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	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> 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	
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	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-88,739.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

Table with 3 columns: Question, Yes, No. Rows include financial account interest, foreign country distribution, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Total, and Do the rules of section 263A apply?

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

Signature and Preparer information section including fields for Sign Here, Signature of officer, Date, Title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, and EIN/Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

1 Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income and total deductions summary line.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals and Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals and summary calculations for nonexempt organizations.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of Income	2 Amount of Income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

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 cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) OREGON						
(2) AGRICULTURE	16,188.	104,927.	-88,739.			
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	16,188.	104,927.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

**Return of Organization 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)

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning **DEC 1, 2006** and ending **NOV 30, 2007**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**AMERICAN FARM BUREAU FEDERATION**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**600 MARYLAND AVE. SW 1000W**

City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20024**

**D** Employer identification number  
**36-0725160**

**E** Telephone number  
**202-406-3600**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **WWW.FB.COM**

**J** Organization type (check only one)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **28,607,037.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	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	3		24,934,388.
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		1,348,700.
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		2,322,552.	8a		
		2,032,233.	8b		
		290,319.	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b>	8d		290,319.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
		10b			
		10c			
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.	
Expenses	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.
Net Assets	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) <b>SEE STATEMENT 2</b>	20		<8,216,083.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		37,431,299.

# 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  **X**
  - 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).

Section 501(c) corporations 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 section 501(c) corporations 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>AMERICAN FARM BUREAU FEDERATION</b>	Employer identification number <b>36-0725160</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>600 MARYLAND AVE. SW, NO. 800E</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20024</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **AMERICAN FARM BUREAU FEDERATION**  
Telephone No. ▶ **202-406-3600** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **JULY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **DEC 1, 2006**, and ending **NOV 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0.
<b>44a</b> Payments: A 2005 overpayment credited to 2006	<b>44a</b>	
<b>b</b> 2006 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for federal telephone excise tax paid (attach Form 8913)	<b>44f</b>	13,324.
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	13,324.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	13,324.
<b>49</b> Enter the amount of line 48 you want: Credited to 2007 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>	13,324.

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

<b>1</b> At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	1		<b>6</b> Inventory at end of year	6	
<b>2</b> Purchases	2		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
<b>3</b> Cost of labor	3		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	4a				X
<b>b</b> Other costs (attach schedule)	4b				
<b>5</b> Total. Add lines 1 through 4b	5				

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's signature: *[Signature]* Date: 10/9/08

Check if self-employed

Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code: **BLACKMAN KALLICK, LLP**  
10 S. RIVERSIDE PLAZA, 9TH FLOOR  
CHICAGO, ILLINOIS 60606

EIN: 36-3468829  
Phone no. (312) 207-1040

Form 990-T (2006)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0. noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b> )				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0. noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b> )				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	1,834,551.			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	7,815,579.			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	2,324,754.			
<b>29</b> Payroll taxes <b>29</b>	589,418.			
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	218,381.			
<b>32</b> Legal fees <b>32</b>	1,214,617.			
<b>33</b> Supplies <b>33</b>				
<b>34</b> Telephone <b>34</b>	162,349.			
<b>35</b> Postage and shipping <b>35</b>				
<b>36</b> Occupancy <b>36</b>	2,637,153.			
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>	295,942.			
<b>39</b> Travel <b>39</b>	2,699,874.			
<b>40</b> Conferences, conventions, and meetings <b>40</b>				
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>	762,601.			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>43a</b>				
<b>b</b> <b>43b</b>				
<b>c</b> <b>43c</b>				
<b>d</b> <b>43d</b>				
<b>e</b> <b>43e</b>				
<b>f</b> <b>43f</b>				
<b>g</b> SEE STATEMENT 3 <b>43g</b>	4,428,551.			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	24,983,770.			

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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 exempt purpose? SEE STATEMENT 4

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

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.)

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.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

d

(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)

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	5,294,373.	5,917,549.
	46 Savings and temporary cash investments	5,486,847.	3,314,008.
	47 a Accounts receivable	187,805.	
	b Less: allowance for doubtful accounts		187,805.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	430,248.	503,479.
	54 a Investments - publicly-traded securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,719,054.	17,717,569.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
Liabilities	55 a Investments - land, buildings, and equipment: basis <b>STMT 5</b>		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	8,696,744.	
	b Less: accumulated depreciation <b>STMT 7</b>	2,540,124.	
	58 Other assets, including program-related investments (describe <b>SEE STATEMENT 8</b> )	16,183,473.	8,930,089.
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	48,088,926.	42,727,119.
	60 Accounts payable and accrued expenses	1,103,780.	1,301,589.
	61 Grants payable		
	62 Deferred revenue	37,499.	36,330.
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> )	2,891,299.	3,957,901.
	66 <b>Total liabilities</b> . Add lines 60 through 65	4,032,578.	5,295,820.
	67 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	44,056,348.	37,431,299.
68 Unrestricted			
69 Permanently restricted			
70 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
70 Capital stock, trust principal, or current funds			
71 Paid-in or capital surplus, or land, building, and equipment fund			
72 Retained earnings, endowment, accumulated income, or other funds			
73 <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	44,056,348.	37,431,299.	
74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	48,088,926.	42,727,119.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements: 26,484,332. Row b: Amounts included on line a but not on Part I, line 12: 384,569 (b1), <438,962> (b4). Row c: Subtract line b from line a: 26,538,725. Row d: Amounts included on Part I, line 12, but not on line a: 36,079 (d2). Row e: Total revenue (Part I, line 12). Add lines c and d: 26,574,804.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements: 24,345,185. Row b: Amounts included on line a but not on Part I, line 17: 0 (b1-b4). Row c: Subtract line b from line a: 24,345,185. Row d: Amounts included on Part I, line 17, but not on line a: 638,585 (d2). Row e: Total expenses (Part I, line 17). Add lines c and d: 24,983,770.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 13, 1140000, 357,961, 336,590.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 34

b Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

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."

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A

78a X

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

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

80a X

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

81b X

Part VI Other Information (continued)

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?
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90 a List the states with which a copy of this return is filed
91 a The books are in care of CHRISTY LILJA Telephone no. (202) 406-3732 Located at 600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC ZIP + 4 20024
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. SEE STATEMENT 15

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	AFBF LEGAL ADVOCACY PROGRAM LLC 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	65-1294705	SEE STATEMENT	171,000,000.
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				1,000,000.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	AMERICAN FARM BUREAU, INC. (AFBI) 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-3250406	SEE STATEMENT 18	69,793.
b	AMERICAN AGRICULTURAL INSURANCE AGENCY 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-2469940		20,470.
c	AMERICAN FARM BUREAU FOUNDATION FOR A 600 MARYLAND AVE. SW, STE. 1000 WASHINGTON, DC 20024	36-6169577		16,832.
<b>Totals</b>				107,095.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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

Please Sign Here

*Julie Anna Potts*  
Signature of officer

10/15/08

Date

Julie Anna Potts, General Counsel/Secretary

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

*[Signature]*

Date

10/9/08

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4

BLACKMAN KALLICK, LLP  
10 S. RIVERSIDE PLAZA, 9TH FLOOR  
CHICAGO, ILLINOIS 60606

EIN

Phone no. (312) 207-1040

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LEASEHOLDS, FURNITURE LAND EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	8696744.		0.	8696744.	1777523.	0.	762,601.
						8696744.			8696744.	1777523.	0.	762,601.

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

(D) - Asset disposed

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
AMERICAN AGRICULTURAL INSURANCE COMPANY (1704 SHARES)			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	2,322,552.	2,032,233.	0.	290,319.
TOTAL TO FM 990, PART I, LN 8	2,322,552.	2,032,233.	0.	290,319.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN	384,569.
EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES	48,558.
PRIOR PERIOD ADJUSTMENT -EQUITY OF SINGLE MEMBER LLC	<857,652.>
EFFECT OF ADOPTION OF FASB NO. 158 - PENSION	<7,791,558.>
TOTAL TO FORM 990, PART I, LINE 20	<8,216,083.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROMOTION AND EXHIBITS	326,164.			
INSURANCE	131,310.			
OUTSIDE SERVICES AND CONSULTANT FEES	314,771.			
FARM BUREAU NETWORK DUES AND SUBSCRIPTIONS	595,756.			
PROGRAMS	2,588,451.			
MOVING EXPENSES	17,964.			
MISC. EXPENSES	956,435.			
EXPENSE RECOVERY FROM SUBSIDIARIES	<764,447.>			
TOTAL TO FM 990, LN 43	4,428,551.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL, AND EDUCATIONAL INTERESTS OF ITS MEMBERS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	4,561,093.			4,561,093.
TOTAL TO FORM 990, LINE 54A, COL B		4,561,093.			4,561,093.

FORM 990 GOVERNMENT SECURITIES STATEMENT 6

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
DEBT SECURITIES	FMV	13,156,476.		13,156,476.
TOTAL TO FORM 990, LINE 54A, COL B		13,156,476.		13,156,476.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLDS, FURNITURE AND EQUIPMENT	8,696,744.	2,540,124.	6,156,620.
TOTAL TO FORM 990, PART IV, LN 57	8,696,744.	2,540,124.	6,156,620.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
INVESTMENT IN SUBSIDIARIES		8,807,757.	
ACCRUED INTEREST ON INVESTMENTS		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		871,825.	
DEFERRED LEASE INCENTIVE		2,217,216.	
ACCRUED POSTRETIREMENT BENEFIT COST		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 LLC		36,079.	
TOTAL TO FORM 990, PART IV-A		36,079.	

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC	638,585.
TOTAL TO FORM 990, PART IV-B	638,585.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BOB STALLMAN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	PRESIDENT AND DIRECTOR 40.00	440,000.	141,333.	63,316.
STEVEN APPEL 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	VICE PRESIDENT & DIRECTOR 2.00	0.	0.	12,900.
RONALD ANDERSON 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,600.
STEVE BACCUS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,600.
BARRY BUSHUE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,600.
CHRIS CHINN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	14,200.
MARSHALL COYLE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,600.
KENNETH DIERSCHKE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,400.

ALEX DOWSE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,000.
ZIPPY DUVALL 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,000.
ALAN FOUTZ 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,400.
TERRY GILBERT 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	15,800.
JOHN HOBLOCK 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,400.
LELAND HOGAN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,400.
STEVEN KOUPLIN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,200.
CHARLES KRUSE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,400.
CRAIG LANG 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,200.
JOHN W. LINCOLN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,000.
PHILIP NELSON 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,800.
JERRY NEWBY 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,000.
RICHARD NIEUWENHUIS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	3,200.

KEITH OLSEN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,000.
BOB PETERSON 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,200.
WAYNE PRYOR 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,200.
STANLEY REED 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,200.
KEVIN ROGERS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,200.
CARL SHAFFER 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,000.
LACY UPCHURCH 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,000.
SCOTT VANDERWAL 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,400.
DON VILLWOCK 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,000.
DAVID WAIDE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	4,400.
MICHAEL WHITE 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	6,200.
DAVID WINKLES 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	7,800.
LARRY WOOTEN 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	DIRECTOR 2.00	0.	0.	5,200.



RICHARD NEWPHER 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	EXT VICE PRESIDENT 40.00	300,000.	96,628.	33,826.
JULIE ANNA POTTS 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	GENERAL COUNSEL & SECRETARY 40.00	216,000.	64,800.	12,635.
C. DAVID MAYFIELD 600 MARYLAND AVE, SW, SUITE 1000W WASHINGTON, DC 20024	CORP SECRETARY 40.00	184,000.	55,200.	12,313.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,140,000.</u>	<u>357,961.</u>	<u>336,590.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14  
PART VI, LINE 80B

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	X	
AMERICAN FARM BUREAU, INC		X
AMERICAN AGRICULTURAL COMMUNICATIONS SYSTEM, INC.		X
AMERICAN AGRICULTURAL INSURANCE AGENCY		X
AMERICAN AGRICULTURAL MARKETING ASSOCIATION		X
AMERICAN AGRICULTURAL INSURANCE COMPANY		X
AMERICAN FARM BUREAU INSURANCE SERVICES, INC.		X
AMERICAN FARM BUREAU BENEVOLENCE ASSOCIATION		X
AFBF LEGAL ADVOCACY PROGRAM LLC	X	

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 15

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN FARM BUREAU, INC. (AFBI)

ADDRESS

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

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
36-3250406	100.00%	BUSINESS MANAGEMENT	241,960.	1,432,679.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AFBF LEGAL ADVOCACY PROGRAM, LLC

ADDRESS

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

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
65-1294705	100.00%	POLICY LITIGATION	36,079.	1,346,389.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL MARKETING ASSOCIATION

ADDRESS

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

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
36-2433284	53.50%	AG MARKETING SERVICES	589.	8,668.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

AMERICAN AGRICULTURAL COMMUNICATIONS SYSTEMS, INC. (AACSI)

ADDRESS

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

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

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 17

NAME OF CONTROLLED ENTITY

EMPLOYER ID

AFBF LEGAL ADVOCACY PROGRAM LLC

65-1294705

DESCRIPTION OF TRANSFER

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

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 107

STATEMENT 18

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 (AFB  
FOUNDATION)

36-6169577

DESCRIPTION OF TRANSFER

REIMBURSEMENT OF EXPENSES