

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

Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices: Impacts on
Businesses and Families 3/31/2011

For Individuals:

1. Name: Don Shawcroft
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: Don Shawcroft
2. Name of Organization(s) You are Representing at the Hearing:
Colorado Farm Bureau/ American Farm Bureau Federation
3. Business Address: Colorado Farm Bureau, 9177 East Mineral Circle, Centennial, Colorado 80112
American Farm Bureau Federation, 600 Maryland Ave, SW, Washington, DC
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]
(202) 406-3600

Name/Organization Don Shawcroft-Colorado Farm Bureau/American Farm Bureau Federation
Title/Date of Hearing Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices:
Impacts on Businesses and Families 3/31/2011

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.

I have a degree in Agriculture Economics and a Masters from the School of Hard Knocks.

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.

I have lived in rural Colorado all my life where people are required to use a personal vehicle almost every day

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.

I am a ranch owner from the San Luis Valley in Colorado. Ranching activities are energy intensive and as the owner of a ranch I have firsthand knowledge of the impacts of high energy prices.

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.

No

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.

None

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

Even though the media likes to report on the “high” price that farmers are receiving for their commodities it needs to be noted that farm margins are still very slim right now because of very high input prices.

Name/Organization Don Shawcroft Colorado Farm Bureau/American Farm Bureau Federation
Title/Date of Hearing Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices:
Impacts on Businesses and Families 3/31/2011

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.

I am the President of the Colorado 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).

none

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).

See attachment.

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.

none

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)).

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 PM₁₀
 - b. Clean Air Act

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CLIENT'S COPY



Blackman Kallick

Blackman Kallick, LLP
10 South Riverside Plaza, 9th Floor
Chicago, IL 60606
Phone 312-207-1040

MS. CHRISTY LILJA
AMERICA FARM BUREAU FEDERATION
600 MARYLAND AVE. SW NO. 1000W
WASHINGTON, DC 20024

DEAR CHRISTY:

ENCLOSED IS THE 2009 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2009 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

YOUR FEDERAL AND MOST STATE TAX RETURNS HAVE BEEN SIGNED BY
YOUR TAX PROFESSIONAL VIA A COMPUTER-GENERATED "SIGNATURE"
AND DATE. THE METHOD OF SIGNATURE HAS BEEN APPROVED BY THE
IRS IN NOTICE 2004-54.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

VERY TRULY YOURS,

LU ANN TRAPP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
NOVEMBER 30, 2010

Prepared for	MS. CHRISTY LILJA AMERICA FARM BUREAU FEDERATION 600 MARYLAND AVE. SW NO. 1000W WASHINGTON, DC 20024
Prepared by	BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning **DEC 1, 2009** and ending **NOV 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN FARM BUREAU FEDERATION		D Employer identification number 36-0725160	
		Doing Business As		E Telephone number 202-406-3600	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 40,997,522.	
		600 MARYLAND AVE. SW		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F Name and address of principal officer: RICHARD NEWPHER SAME AS C ABOVE		H(c) Group exemption number ▶			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.FB.COM					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1920	
M State of legal domicile: IL					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS ORGANIZATIONS TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	34	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	33	
	5 Total number of employees (Part V, line 2a)	104	
	6 Total number of volunteers (estimate if necessary)	51	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,110,656.	25,119,252.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	797,882.	9,261,101.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,541.	203,909.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,115,079.	34,584,262.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	447,000.	432,457.
Expenses	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)	14,376,674.	14,454,239.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,683,165.	10,109,336.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,506,839.	24,996,032.
19 Revenue less expenses. Subtract line 18 from line 12	608,240.	9,588,230.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	39,696,274.	51,384,218.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,691,770.	4,644,249.
		35,004,504.	46,739,969.

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 _____
RICHARD NEWPHER, EXECUTIVE VICE PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LU ANN TRAPP	Date 09/26/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	EIN ▶	Phone no. ▶ (312) 207-1040	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS AND TO BUILD STRONG PROSPEROUS AGRICULTURAL COMMUNITIES.

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:) (Expenses \$ including grants of \$) (Revenue \$)
FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION CONCERNING LEGISLATIVE AND MARKETING MATTERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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 statements 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 statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
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, 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
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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 188		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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
1a	Enter the number of voting members of the governing body		
1a			34
b	Enter the number of voting members that are independent		
1b			33
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	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, 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
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTY LILJA - (202) 406-3732**
600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC 20024

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 employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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			
BOB STALLMAN PRESIDENT AND DIRECTOR	40.00	X		X			480,434.	0.	173,134.	
BARRY BUSHUE VICE PRESIDENT	40.00	X		X			31,200.	0.	0.	
RONALD ANDERSON DIRECTOR	2.00	X					5,400.	0.	0.	
STEVE BACCUS DIRECTOR	2.00	X					7,000.	0.	0.	
KENNETH DIERSCHKE DIRECTOR	2.00	X					7,600.	0.	0.	
ALEX DOWSE DIRECTOR	2.00	X					7,200.	0.	0.	
ZIPPY DUVAL DIRECTOR	2.00	X					5,000.	0.	0.	
TERRY GILBERT DIRECTOR	2.00	X					14,400.	0.	0.	
MARK HANEY DIRECTOR	2.00	X					5,400.	0.	0.	
JOHN HOBlick DIRECTOR	2.00	X					5,200.	0.	0.	
LELAND HOGAN DIRECTOR	2.00	X					5,000.	0.	0.	
L. EDWARD JESTICE, JR. DIRECTOR	2.00	X					3,400.	0.	0.	
CHARLES KRUSE DIRECTOR	2.00	X					7,600.	0.	0.	
CRAIG LANG DIRECTOR	2.00	X					9,000.	0.	0.	
PERRY LIVINGSTON DIRECTOR	2.00	X					4,800.	0.	0.	
MATTHEW MEALS DIRECTOR	2.00	X					11,000.	0.	0.	
DOUG MOSEBAR DIRECTOR	2.00	X					6,000.	0.	0.	

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

(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			
PHILIP NELSON DIRECTOR	2.00	X					4,400.	0.	0.	
JERRY NEWBY DIRECTOR	2.00	X					5,000.	0.	0.	
RICHARD NIEUWENHUIS DIRECTOR	2.00	X					5,600.	0.	0.	
KEITH OLSEN DIRECTOR	2.00	X					5,800.	0.	0.	
WAYNE PRYOR DIRECTOR	2.00	X					5,800.	0.	0.	
KEVIN ROGERS DIRECTOR	2.00	X					5,400.	0.	0.	
CARL SHAFFER DIRECTOR	2.00	X					6,800.	0.	0.	
MIKE SPRADLING DIRECTOR	2.00	X					4,600.	0.	0.	
LACY UPCHURCH DIRECTOR	2.00	X					6,200.	0.	0.	
SCOTT VANDERWAL DIRECTOR	2.00	X					6,200.	0.	0.	
1b Total							3,276,121.	0.	1041697.	

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 **35**

	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
CROWELL & MORING LLP, 1001 PENNSYLVANIA AVENUE NW, WASHINGTON, DC 20004	AFBF LLC LEGAL SERVICES	217,884.
ROYLANCE, ABRAMS, BERDO & GOODMAN, LLC, 1300 19TH STREET, NW SUITE 600,	AFBF LEGAL SERVICES	209,132.
VISUALEYES CORPORATION, 22842 SOUTH HARLEM AVENUE, FRANKFORT, IL 60423	AFBF AUDIO VIDEO SERVICES	102,212.

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 **3**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1 a 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 contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	25119252.	25119252.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		25119252.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		786,921.		786,921.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	203,909.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	203,909.			
	d Net rental income or (loss)		203,909.		203,909.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6374162.			
		(ii) Other	8513278.			
		b Less: cost or other basis and sales expenses	6413260.			
		c Gain or (loss)	-39,098.	8513278.		
	d Net gain or (loss)		8,474,180.		8474180.	
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		34584262.	25119252.	0.	9465010.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	432,457.			
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	3,506,461.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,449,753.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,885,530.			
10 Payroll taxes	612,495.			
11 Fees for services (non-employees):				
a Management				
b Legal	994,854.			
c Accounting	142,571.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	366,235.			
12 Advertising and promotion	407,590.			
13 Office expenses	163,252.			
14 Information technology				
15 Royalties				
16 Occupancy	2,827,031.			
17 Travel	3,110,922.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	725,728.			
23 Insurance	125,481.			
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 PROGRAMS	1,172,701.			
b DUES AND SUBSCRIPTIONS	507,683.			
c FARM BUREAU NETWORK	264,082.			
d TELEPHONE	137,041.			
e OTHER EXPENSES & EXPENS	-835,835.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	24,996,032.			
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	7,095,637.	1	7,912,989.	
	2 Savings and temporary cash investments	6,540,382.	2	4,743,375.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	286,125.	4	195,348.	
	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		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	446,569.	9	403,447.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,020,561.			
	b Less: accumulated depreciation	10b 4,294,453.	5,090,457.	10c	4,726,108.
	11 Investments - publicly traded securities	9,967,776.	11	20,194,180.	
	12 Investments - other securities. See Part IV, line 11	9,997,018.	12	9,941,286.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	272,310.	15	3,267,485.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,696,274.	16	51,384,218.		
Liabilities	17 Accounts payable and accrued expenses	1,304,962.	17	1,222,552.	
	18 Grants payable		18		
	19 Deferred revenue	61,030.	19	59,316.	
	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	3,325,778.	25	3,362,381.	
	26 Total liabilities. Add lines 17 through 25	4,691,770.	26	4,644,249.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	35,004,504.	27	46,739,969.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	35,004,504.	33	46,739,969.	
34 Total liabilities and net assets/fund balances	39,696,274.	34	51,384,218.		

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 _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
2c	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN FARM BUREAU FEDERATION	Employer identification number 36-0725160
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	<input checked="" type="checkbox"/>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<input checked="" type="checkbox"/>
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		<input checked="" type="checkbox"/>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for 'Held at the End of the Tax Year' (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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

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

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

Part V Endowment Funds. Complete if the 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				
c Leasehold improvements		5,431,983.	1,621,241.	3,810,742.
d Equipment		998,123.	816,472.	181,651.
e Other		2,590,455.	1,856,740.	733,715.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,726,108.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,584,262.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,996,032.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,588,230.
4	Net unrealized gains (losses) on investments	4	708,762.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,438,473.
9	Total adjustments (net). Add lines 4 through 8	9	2,147,235.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,735,465.

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	35,067,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	708,762.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-206,405.
e	Add lines 2a through 2d	2e	502,357.
3	Subtract line 2e from line 1	3	34,565,334.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	18,928.
c	Add lines 4a and 4b	4c	18,928.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,584,262.

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

1	Total expenses and losses per audited financial statements	1	24,552,775.
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.)	2d	-13,278.
e	Add lines 2a through 2d	2e	-13,278.
3	Subtract line 2e from line 1	3	24,566,053.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	429,979.
c	Add lines 4a and 4b	4c	429,979.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,996,032.

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.

PART X: THE FEDERATION'S ADOPTION OF THE INCOME TAX TOPIC

REGARDING UNCERTAIN TAX POSITIONS OF GAAPUSA ON DECEMBER 1, 2009 HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE FEDERATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT STATUS. THE FEDERATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS OTHER EXPENSE. THE FEDERATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE, OR LOCAL TAX AUTHORITIES

Part XIV Supplemental Information (continued)

BEFORE 2007. PRIOR TO ADOPTION OF THE INCOME TAX TOPIC, THE FEDERATION ACCOUNTED FOR TAX POSITIONS UNDER A CONTINGENT LOSS MODEL, REQUIRING RECOGNITION OF A TAX LIABILITY WHEN IT WAS BOTH (1) PROBABLE THAT IT HAD BEEN INCURRED AT FISCAL YEAR-END AND (2) THE AMOUNT COULD BE REASONABLY ESTIMATED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -50999.

PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: 1487586.

GAIN ON EQUITY INVESTMENT IN SUBSIDIARY: 1886.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -208291.

GAIN ON EQUITY INVESTMENT IN SUBSIDIARY: 1886.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 5650.

GAIN ON SALE OF PROPERTY AND EQUIPMENT: 13278.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF PROPERTY AND EQUIPMENT: -13278.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 429979.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN FARM BUREAU FEDERATION

**Employer identification number
36-0725160**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL AGRICULTURE ALLIANCE PO BOX 9522 ARLINGTON, VA 22209	54-1384916	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
MISSOURI FARM BUREAU FOUNDATION FOR AGRICULTURE - 701 S COUNTRY CLUB DRIVE - JEFFERSON CITY, MO 65109	43-1756568	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
COUNCIL FOR AGRICULTURAL SCIENCE & TECHNOLOGY - 4420 W LINCOLN WAY - AMES, IA 50014	23-7186154	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NAT'L FARM-CITY COUNCIL, INC 600 MARYLAND AVENUE, SW SUITE 1000W WASHINGTON, DC 20024	36-6107924	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
FARM FOUNDATION 1301 W 22ND STREET SUITE 615 OAKBROOK, IL 60523	36-2270048	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
LOUISIANA ALIVE 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	20-2635587	501(C)(3)	7,500.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations **10.**
- 3** Enter total number of other organizations **2.**

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SO OTHERS MIGHT EAT 5910 GLOSTER ROAD BETHESDA, MD 20816	23-7098123	501(C)(3)	8,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
CONGRESSIONAL SPORTSMEN'S FOUNDATION - 110 NORTH CAROLINA AVE SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
US CHAMBER OF COMMERCE 1615 H STREET, NW, ROOM 460 WASHINGTON, DC 20062	53-0045720	501(C)(6)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NATIONAL FFA FOUNDATION 6060 FFA DRIVE INDIANAPOLIS, IN 46268	54-6044662	501(C)(3)	42,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE - 600 MARYLAND AVENUE, SW - WASHINGTON, DC 20024	36-6169577	501(C)(3)	315,000.	9,957.	FMV	DONATED SERVICES	GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
THE FERTILIZER INSTITUTE 425 THIRD ST SW SUITE 950 WASHINGTON, DC 20024	53-0225257	501(C)(6)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a									
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b									
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a									
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BOB STALLMAN	(i)	480,434.	0.	0.	163,144.	9,990.	653,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD NEWPHER	(i)	324,636.	0.	0.	113,089.	9,983.	447,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE ANNA POTTS	(i)	227,662.	0.	0.	66,954.	9,599.	304,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
C DAVID MAYFIELD	(i)	191,354.	0.	0.	56,436.	10,170.	257,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID P CONOVER	(i)	225,268.	0.	0.	70,802.	8,643.	304,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK A MASLYN	(i)	227,516.	0.	0.	56,042.	10,404.	293,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT E YOUNG	(i)	223,326.	0.	0.	60,837.	10,317.	294,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DONALD M LIPTON	(i)	183,128.	0.	0.	58,802.	9,712.	251,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRADLEY J ECKART	(i)	181,256.	0.	0.	69,671.	13,855.	264,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINA S LILJA	(i)	149,133.	0.	0.	45,341.	6,755.	201,229.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY KAY THATCHER	(i)	171,632.	0.	0.	42,522.	6,791.	220,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROSEMARIE WATKINS	(i)	159,015.	0.	0.	39,470.	7,277.	205,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL SCHEGEL	(i)	152,994.	0.	0.	38,013.	1,204.	192,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD KRAUSE	(i)	146,567.	0.	0.	36,458.	9,416.	192,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: STACY BRYAN (SPOUSE OF BOB STALLMAN, PRESIDENT) AND NANCY
 NEWHPHER (SPOUSE OF DICK NEWHPHER, EXT VICE PRESIDENT) TRAVEL TO AFBF
 MEETINGS WHERE THERE WERE SCHEDULED ACTIVITIES. THE SCHEDULED ACTIVITIES AT
 THE MEETINGS MAY INCLUDE: OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO
 INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF, EDUCATIONAL
 PRESENTATIONS REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE
 AGRICULTURE OF THE HOST STATE, VISITS TO AGRICULTURAL PRODUCTION
 FACILITIES, PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES,
 VARIOUS AGRICULTURAL ACTIVITIES PROVIDED BY HOSTING STATE FARM BUREAU, OR
 VISITS TO AGRICULTURAL PROCESSING AND MARKETING FACILITIES.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

AMERICAN FARM BUREAU FEDERATION

Employer Identification number

36-0725160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
RANDY VEACH DIRECTOR	2.00	X					4,800.	0.	0.	
DON VILLWOCK DIRECTOR	2.00	X					6,600.	0.	0.	
DAVID WAIDE DIRECTOR	2.00	X					5,200.	0.	0.	
MICHAEL WHITE DIRECTOR	2.00	X					6,600.	0.	0.	
DAVID WINKLES DIRECTOR	2.00	X					8,000.	0.	0.	
WAYNE WOOD DIRECTOR	2.00	X					3,800.	0.	0.	
LARRY WOOTEN DIRECTOR	2.00	X					6,200.	0.	0.	
RICHARD NEWPHER EXEC. VICE PRESIDENT & TR	40.00			X			324,636.	0.	123,072.	
JULIE ANNA POTTS GEN COUNSEL & SEC	40.00			X			227,662.	0.	76,553.	
C DAVID MAYFIELD CORP. SECRETARY	40.00			X			191,354.	0.	66,606.	
DAVID P CONOVER DIRECTOR SALES ADMINISTRATIVE	40.00				X		225,268.	0.	79,445.	
MARK A MASLYN EXECUTIVE DIRECTOR PUBLIC POLICY	40.00				X		227,516.	0.	66,446.	
ROBERT E YOUNG CHIEF ECONOMIST	40.00				X		223,326.	0.	71,154.	
DONALD M LIPTON DIRECTOR PUBLIC RELATIONS DEPARTMEN	40.00				X		183,128.	0.	68,514.	
BRADLEY J ECKART DIRECTOR ORGANIZATION DEPT	40.00				X		181,256.	0.	83,526.	
CHRISTINA S LILJA DIRECTOR ACCOUNTING & ADMIN	40.00					X	149,133.	0.	52,096.	
MARY KAY THATCHER DIRECTOR PUBLIC POLICY	40.00					X	171,632.	0.	49,313.	
ROSEMARIE WATKINS DIRECTOR, PUBLIC POLICY	40.00					X	159,015.	0.	46,747.	
PAUL SCHEGEL DIRECTOR PUBLIC POLICY	40.00					X	152,994.	0.	39,217.	
RICHARD KRAUSE SENIOR DIRECTOR PUBLIC POLICY	40.00					X	146,567.	0.	45,874.	

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

Schedule J-2 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS AND TO BUILD
STRONG, PROSPEROUS AGRICULTURAL COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: AFBF MEMBERS ARE THE STATE FARM
BUREAU'S AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT ON AFBF
BOARD OF DIRECTORS.

THIRTY-ONE OF THE BOARD MEMBERS OF AFBF ARE STATE FARM BUREAU PRESIDENTS.

THE BOARD POSITIONS ARE DETERMINED BASED ON THE FOLLOWING INTERPRETATION OF
SECTION 4, ARTICLE VIII OF THE AFBF BYLAWS:

TOTAL MEMBERSHIP - BOARD POSITIONS

UNDER 200,001 - 4

200,001 - 600,000 - 5

600,001 - 1,000,000 - 6

1,000,001 - 1,400,000 - 7

1,400,001 - 1,800,000 - 8

1,800,001 - 2,200,000 - 9

2,200,001 - 2,600,000 - 10

2,600,001 - 3,000,000 - 11

3,000,001 - 3,400,000 - 12

3,400,001 - 3,800,000 - 13

3,800,001 - 4,200,000 - 14

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE BOARD POSITIONS ARE DETERMINED BY THE 4 REGIONS:

NORTHEAST

MIDWEST

WEST

SOUTH

IN ADDITION TO THE 4 REGIONS AND MEMBERSHIP DETERMINING THE NUMBER OF BOARD POSITIONS FOR EACH OF THE REGIONS - THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: SEE RESPONSE TO PART VI, SECTION A, QUESTION 6

FORM 990, PART VI, SECTION B, LINE 11: GOVERNING BODY REVIEW OF THE FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW THE FORM 990. THE FORM 990 IS FILED AFTER THE EXECUTIVE COMMITTEE REVIEW. THE EXECUTIVE COMMITTEE REPORTS TO THE ENTIRE BOARD THAT THE FORM 990 WAS REVIEWED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

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Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL
CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS OF DETERMINING COMPENSATION
- A SALARY ADMINISTRATION PROGRAM HAS BEEN DEVELOPED BY AMERICAN FARM
BUREAU FEDERATION FOR THE ADMINISTRATION OF PAY DECISIONS TO ENSURE THAT
EMPLOYEES COVERED BY THE PROGRAM ARE PAID ACCORDING TO FAIR, EQUITABLE AND
UNIFORM PRINCIPLES. THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATIONS
BOARD OF DIRECTORS.

IN MID-OCTOBER, HUMAN RESOURCES PREPARES A REPORT, BY DEPARTMENT, THAT
INCLUDES THE FOLLOWING:

CURRENT SALARY

CURRENT GRADE

MIDPOINT OF GRADE

% - CURRENT SALARY TO MIDPOINT

COLUMNS ARE ADDED FOR THE ADDITION OF RECOMMENDED INCREASES AND FORMULAS
FOR A NEW SALARY AND NEW % OF SALARY TO MIDPOINT. THE SPREADSHEET IS THEN
SENT TO THE EXECUTIVE VICE PRESIDENT.

MIDPOINT IS DETERMINED BY THE CURRENT SALARY STRUCTURE. THE RANGES ARE
REVIEWED EACH YEAR AND MAY BE SHIFTED IN ACCORDANCE WITH SALARY SURVEY DATA
PROVIDED EACH YEAR BY PRICEWATERHOUSECOOPERS. WE ASK FOR DATA ON EXPECTED
SALARY INCREASES FOR THE NEXT YEAR AND EXPECTED SHIFTS IN SALARY GRADES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE EXECUTIVE VICE PRESIDENT GIVES HUMAN RESOURCES AN ALLOWANCE FOR EACH DEPARTMENT'S SALARY INCREASES. THIS IS GENERALLY IN THE FORM OF A PERCENT OF CURRENT TOTAL SALARIES FOR THE DEPARTMENT. HUMAN RESOURCES INCLUDES THE NUMBER IN THE SPREADSHEET, BREAKS OUT EACH DEPARTMENT'S INFORMATION, THEN SENDS THE APPROPRIATE REPORT TO EACH DEPARTMENT MANAGER ALONG WITH INSTRUCTIONS AND DEADLINES FOR COMPLETION.

DEPARTMENT MANAGERS COMPLETE THE SPREADSHEET WITH THEIR RECOMMENDATIONS FOR EMPLOYEE SALARY INCREASES AND RETURN IT TO HUMAN RESOURCES.

HUMAN RESOURCES REVIEWS THE RECOMMENDATIONS AND MAKES NOTES FOR THE EXECUTIVE VICE PRESIDENT REVIEW. THE NOTES MIGHT INCLUDE DRAWING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE WAS PROMOTED AND HAD A RECENT SALARY INCREASE). THE EXECUTIVE VICE PRESIDENT MAY FOLLOW UP WITH THE DEPARTMENT MANAGER FOR FURTHER EXPLANATIONS AND MAKE CHANGES. ONCE THE DOCUMENT IS FINALIZED, HUMAN RESOURCES PROVIDES AN UPDATED COPY FOR EXECUTIVE VICE PRESIDENT'S SIGNATURE. COPIES ARE GIVEN THEN TO THE DIRECTOR OF ACCOUNTING AND PAYROLL FOR THEIR FILES.

THE EMPLOYEE'S COMPENSATION IS INCLUDED IN THE YEARLY BUDGET PROCESS WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION AND IS REPORTED TO THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS - FINANCIAL
STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **AMERICAN FARM BUREAU FEDERATION** **Employer identification number** **36-0725160**

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
AFBF LEGAL ADVOCACY PROGRAM, LLC - 65-1294705, 600 MARYLAND AVE, SW, SUITE 1000, WASHINGTON, DC 20024	CAPITAL CONTRIBUTION TO AFBF LEGAL ADVOCACY PROGRAM, LLC A SINGLE	DELAWARE	5,650.	2,930,404.	

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
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE - 36-6169577, 600 MARYLAND AVE. SW, STE. 1000, WASHINGTON, DC 20024	ACCUMULATES & DISTRIB. FUNDS FOR MATERIALS, PROGRAM DEV. GRANTS AND EDUCATION	ILLINOIS	501(C)(3)	LINE 11A, I	

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.

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
a Receipt of (i) interest (ii) annuities (iii) royalties or (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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	B	324,957.
(2) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	P	144,244.
(3) AMERICAN FARM BUREAU, INC.	P	218,827.
(4)		
(5)		
(6)		

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization AMERICAN FARM BUREAU FEDERATION	Employer identification number 36-0725160
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. 600 MARYLAND AVE. SW, NO. 1000W	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20024	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTY LILJA

- The books are in the care of ▶ 600 MARYLAND AVE SW, SUITE 1000W - WASHINGTON, DC 20024
 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2011**, 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, 2009**, and ending **NOV 30, 2010**.

2 If the tax year entered in line 1 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	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

LHA **For Paperwork Reduction Act Notice, see 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).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2011**.

5 For calendar year , or other tax year beginning **DEC 1, 2009**, and ending **NOV 30, 2010**.

6 If the tax year entered in line 5 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 Title **CPA** Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning DEC 1, 2009, and ending NOV 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

AMERICAN FARM BUREAU FEDERATION

36-0725160

Name and title of officer

**RICHARD NEWPHER
EXECUTIVE VICE PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>34584262</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BLACKMAN KALLICK, LLP to enter my PIN 25160
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36948160606
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09/26/11

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY



Blackman Kallick

Blackman Kallick, LLP
10 South Riverside Plaza, 9th Floor
Chicago, IL 60606
Phone 312-207-1040

MS. CHRISTY LILJA
AMERICA FARM BUREAU FEDERATION
600 MARYLAND AVE. SW NO. 1000W
WASHINGTON, DC 20024

DEAR CHRISTY:

ENCLOSED IS THE 2008 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2008 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

YOUR FEDERAL AND MOST STATE TAX RETURNS HAVE BEEN SIGNED BY
YOUR TAX PROFESSIONAL VIA A COMPUTER-GENERATED "SIGNATURE"
AND DATE. THE METHOD OF SIGNATURE HAS BEEN APPROVED BY THE
IRS IN NOTICE 2004-54.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

VERY TRULY YOURS,

LU ANN TRAPP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
NOVEMBER 30, 2009

Prepared for	MS. CHRISTY LILJA AMERICA FARM BUREAU FEDERATION 600 MARYLAND AVE. SW NO. 1000W WASHINGTON, DC 20024
Prepared by	BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, ILLINOIS 60606
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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)

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning DEC 1, 2008 and ending NOV 30, 2009

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.	C Name of organization AMERICAN FARM BUREAU FEDERATION Doing Business As 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 G Gross receipts \$ 33,653,860. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.FB.COM	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920 M State of legal domicile: IL	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS		
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)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of employees (Part V, line 2a)	5	114
6	Total number of volunteers (estimate if necessary)	6	51
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	0.
9	Program service revenue (Part VIII, line 2g)	9	24,973,144.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,256,845.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	134,165.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	26,364,154.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	447,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	12,463,198.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	12,372,933.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	24,836,131.
19	Revenue less expenses. Subtract line 18 from line 12	19	1,528,023.
20	Total assets (Part X, line 16)	20	41,714,223.
21	Total liabilities (Part X, line 26)	21	4,355,024.
22	Net assets or fund balances. Subtract line 21 from line 20	22	37,359,199.

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 RICHARD NEWPHER, EXEC. VICE PRESIDENT/TREASURER	Date 	
Paid Preparer's Use Only	Preparer's signature LU ANN TRAPP Firm's name (or yours if self-employed), address, and ZIP + 4 BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, ILLINOIS 60606	Date 11/15/10	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (312) 207-1040

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:

AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS AND TO BUILD STRONG, PROSPEROUS AGRICULTURAL COMMUNITIES.

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

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

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 \$)

FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION CONCERNING LEGISLATIVE AND MARKETING MATTERS.

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

AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.

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 \$ (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)? <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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	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? <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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 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.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 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
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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

Form 990 (2008)

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
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.			
1a	Enter the number of voting members of the governing body		34
b	Enter the number of voting members that are independent		33
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
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	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	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
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTY LILJA - (202)406-3732 600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC 20024	

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) 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 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			
BOB STALLMAN PRESIDENT AND DIRECTOR	40.00	X		X			440,915.	0.	66,385.	
RONALD ANDERSON DIRECTOR	2.00	X					5,900.	0.	0.	
STEVE BACCUS DIRECTOR	2.00	X					6,100.	0.	0.	
MARSHALL COYLE DIRECTOR	2.00	X					6,700.	0.	0.	
KENNETH DIERSCHKE DIRECTOR	2.00	X					6,300.	0.	0.	
ALEX DOWSE DIRECTOR	2.00	X					7,000.	0.	0.	
ZIPPY DUVALL DIRECTOR	2.00	X					6,900.	0.	0.	
ALAN FOUTZ DIRECTOR	2.00	X					8,100.	0.	0.	
TERRY GILBERT DIRECTOR	2.00	X					12,900.	0.	0.	
JOHN HOBlick DIRECTOR	2.00	X					6,300.	0.	0.	
LELAND HOGAN DIRECTOR	2.00	X					5,900.	0.	0.	
CHARLES KRUSE DIRECTOR	2.00	X					7,600.	0.	0.	
TOWNSEND KYSER DIRECTOR	2.00	X					11,000.	0.	0.	
CRAIG LANG DIRECTOR	2.00	X					4,000.	0.	0.	
JOHN W. LINCOLN DIRECTOR	2.00	X					7,700.	0.	0.	
DOUG MOSEBAR DIRECTOR	2.00	X					3,500.	0.	0.	
PHILIP NELSON DIRECTOR	2.00	X					12,100.	0.	0.	

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

(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			
JERRY NEWBY DIRECTOR	2.00	X					3,500.	0.	0.	
RICHARD NIEUWENHUIS DIRECTOR	2.00	X					6,400.	0.	0.	
KEITH OLSEN DIRECTOR	2.00	X					6,300.	0.	0.	
BOB PETERSON DIRECTOR	2.00	X					5,800.	0.	0.	
WAYNE PRYOR DIRECTOR	2.00	X					4,900.	0.	0.	
STANLEY REED DIRECTOR	2.00	X					4,500.	0.	0.	
KEVIN ROGERS DIRECTOR	2.00	X					2,700.	0.	0.	
CARL SHAFFER DIRECTOR	2.00	X					4,000.	0.	0.	
MIKE SPRADLING DIRECTOR	2.00	X					5,500.	0.	0.	
LACY UPCHURCH DIRECTOR	2.00	X					5,700.	0.	0.	
1b Total							3,083,929.	0.	572,227.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 35

	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
CROWELL & MORING LLP, 1001 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20004	AFBF LLC LEGAL SERVICES	173,685.
ROYLANCE, ABRAMS, BERDO & GOODMAN, LLC 1300 19TH STREET, NW SUITE 600	AFBF LEGAL SERVICES	163,358.
VISUALEYES CORPORATION, 22842 SOUTH HARLEM AVENUE, FRANKFORT, IL 60423	AFBF AUDIO VIDEO SERVICES	155,364.
MAYER BROWN LLP 1999 K STREET NW, WASHINGTON, DC 20006	AFBF LLC LEGAL SERVICES	131,094.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 4

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	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 contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 900099	25110656.	25110656.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			25110656.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		836,663.			836,663.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real 206,541.	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)	206,541.				
		d	Net rental income or (loss)		206,541.			206,541.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 7500000.	(ii) Other				
		b	Less: cost or other basis and sales expenses	7534765.	4,016.			
		c	Gain or (loss)	-34,765.	-4,016.			
		d	Net gain or (loss)			-38,781.		-38,781.
	8 a	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					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			26115079.	25110656.	0.	1004423.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	447,000.			
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	2,791,845.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,302,383.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,601,569.			
10 Payroll taxes	680,877.			
11 Fees for services (non-employees):				
a Management				
b Legal	923,535.			
c Accounting	185,697.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	417,012.			
13 Office expenses	234,520.			
14 Information technology				
15 Royalties				
16 Occupancy	2,815,761.			
17 Travel	3,072,197.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	736,253.			
23 Insurance	136,456.			
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 PROGRAMS	1,523,226.			
b OUTSIDE SERVICES AND CO	370,558.			
c FARM BUREAU NETWORK	255,191.			
d DUES AND SUBSCRIPTIONS	214,751.			
e TELEPHONE	113,419.			
f All other expenses	-315,411.			
25 Total functional expenses. Add lines 1 through 24f	25,506,839.			
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	6,374,500.	1	7,095,637.
	2	Savings and temporary cash investments	6,846,354.	2	6,540,382.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	296,562.	4	286,125.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	551,514.	9	446,569.
	10a	Land, buildings, and equipment: cost basis ...	10a 8,767,092.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,676,635.		
			5,522,457.	10c	5,090,457.
	11	Investments - publicly traded securities	11,275,032.	11	9,967,776.
	12	Investments - other securities. See Part IV, line 11	9,070,873.	12	9,997,018.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,776,931.	15	272,310.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	41,714,223.	16	39,696,274.	
Liabilities	17	Accounts payable and accrued expenses	1,064,026.	17	1,304,962.
	18	Grants payable		18	
	19	Deferred revenue	56,737.	19	61,030.
	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	3,234,261.	25	3,325,778.
	26	Total liabilities. Add lines 17 through 25	4,355,024.	26	4,691,770.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	37,359,199.	27	35,004,504.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	37,359,199.	33	35,004,504.	
34	Total liabilities and net assets/fund balances	41,714,223.	34	39,696,274.	

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
2b	Were the organization's financial statements audited by an independent accountant?	2b	X
2c	If "Yes" to lines 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
3b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **AMERICAN FARM BUREAU FEDERATION** Employer identification number **36-0725160**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **AMERICAN FARM BUREAU FEDERATION** Employer identification number **36-0725160**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 easements 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 section 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.

1a 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, 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.

- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 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 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 _____ %
- 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,407,963.	1,259,328.	4,148,635.
d Equipment		1,010,327.	788,570.	221,757.
e Other		2,348,802.	1,628,737.	720,065.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,090,457.

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)	1	26,115,079.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,506,839.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	608,240.
4	Net unrealized gains (losses) on investments	4	804,364.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,767,299.
9	Total adjustments (net). Add lines 4-8	9	-2,962,935.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,354,695.

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	26,383,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	804,364.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-535,425.
e	Add lines 2a through 2d	2e	268,939.
3	Subtract line 2e from line 1	3	26,114,976.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	103.
c	Add lines 4a and 4b	4c	103.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	26,115,079.

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

1	Total expenses and losses per audited financial statements	1	25,020,598.
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)	2d	4,016.
e	Add lines 2a through 2d	2e	4,016.
3	Subtract line 2e from line 1	3	25,016,582.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	490,257.
c	Add lines 4a and 4b	4c	490,257.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	25,506,839.

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.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -73857.

PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: -3693442.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -535425.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 4119.

LOSS ON SALE OF PROPERTY AND EQUIPMENT: -4016.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF PROPERTY AND EQUIPMENT: 4016.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 490257.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization
AMERICAN FARM BUREAU FEDERATION
Employer identification number
36-0725160

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL AGRICULTURE ALLIANCE PO BOX 9522 ARLINGTON, VA 22209	54-1384916	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
BOB GRAY, LLC 6435 ALDERMAN DRIVE ALEXANDRIA, VA 22315	54-2014614		5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
COUNCIL FOR AGRICULTURAL SCIENCE & TECHNOLOGY - 4420 W LINCOLN WAY - AMES, IA 50014	23-7186154	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NAT'L FARM-CITY COUN-SPONSORSHIP 600 MARYLAND AVENUE, SW WASHINGTON, DC 20024	36-6107924	501(C)(3)	6,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
POLICY DIRECTIONS INC 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	52-1907369		6,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
LAA 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	20-2635587		7,500.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations **8.**
3 Enter total number of other organizations **6.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

Open to Public
Inspection

Employer identification number
36-0725160

AMERICAN FARM BUREAU FEDERATION

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MINOR CROP FARMERS ALLIANCE 1901 PENNSYLVANIA AVE, NW WASHINGTON, DC 20006	54-1608554	501(C)(6)	7,500.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
CONGRESSIONAL SPORTSMEN'S FOUNDATION - 110 NORTH CAROLINA AVE SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
EDISON ELECTIC INSTITUTE 701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	13-0659550	501(C)(6)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
US CHAMBER OF COMMERCE 1615 H STREET, NW, ROOM 460 WASHINGTON, DC 20062	53-0045720	501(C)(6)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
HEARTLAND INSTITUTE 19 SOUTH LASALLE STREET CHICAGO, IL 60603	36-3309812	501(C)(3)	18,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
NATIONAL FFA FOUNDATION 6060 FFA DRIVE INDIANAPOLIS, IN 46268	54-6044662	501(C)(3)	42,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURAL - 600 MARYLAND AVENUE, SW - WASHINGTON, DC 20024	36-6169577	501(C)(3)	115,000.	190,437.	FMV	DONATED SERVICES	GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		
KVIE-19348 PO BOX 6 SACRAMENTO, CA 95812	94-1421463	501(C)(3)	200,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS		

2 Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN FARM BUREAU FEDERATION	Employer identification number 36-0725160
--	---

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BOB STALLMAN	(i) 440,915.	(ii) 0.	(iii) 0.	56,766.	9,619.	507,300.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
RICHARD NEWPHER	(i) 307,868.	(ii) 0.	(iii) 0.	58,778.	9,619.	376,265.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
JULIE ANNA POTTS	(i) 214,376.	(ii) 0.	(iii) 0.	40,159.	9,214.	263,749.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
C DAVID MAYFIELD	(i) 182,867.	(ii) 0.	(iii) 0.	32,971.	9,769.	225,607.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DAVID P CONOVER	(i) 226,253.	(ii) 0.	(iii) 0.	36,357.	9,967.	272,577.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
MARK A MASLYN	(i) 213,004.	(ii) 0.	(iii) 0.	26,883.	9,340.	249,227.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
ROBERT E YOUNG	(i) 208,523.	(ii) 0.	(iii) 0.	30,879.	9,905.	249,307.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DONALD M LIPTON	(i) 169,279.	(ii) 0.	(iii) 0.	24,971.	9,283.	203,533.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
BRADLEY J ECKART	(i) 164,887.	(ii) 0.	(iii) 0.	38,796.	13,245.	216,928.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
MARY KAY THATCHER	(i) 162,699.	(ii) 0.	(iii) 0.	20,120.	6,699.	189,518.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
ROSEMARIE WATKINS	(i) 149,948.	(ii) 0.	(iii) 0.	21,161.	5,400.	176,509.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
PAUL SCHEGEL	(i) 144,289.	(ii) 0.	(iii) 0.	20,401.	1,161.	165,851.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
RICHARD KRAUSE	(i) 138,986.	(ii) 0.	(iii) 0.	19,688.	9,011.	167,685.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DAVID FRANCIS	(i) 132,685.	(ii) 0.	(iii) 0.	22,607.	9,458.	164,750.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A: THE PRESIDENT'S AND EXECUTIVE VICE PRESIDENT'S SPOUSES TRAVEL TO AFBF MEETINGS IF THERE ARE SCHEDULED BUSINESS ACTIVITIES. THE SCHEDULED ACTIVITIES AT THE MEETINGS MAY INCLUDE: OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF; EDUCATIONAL PRESENTATIONS REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE AGRICULTURE OF THE HOST STATE; VISITS TO AGRICULTURAL PRODUCTION FACILITIES; PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES; VARIOUS AGRICULTURAL ACTIVITIES PROVIDED BY HOSTING STATE FARM BUREAU; VISITS TO AGRICULTURAL PROCESSING AND MARKETING FACILITIES.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

AMERICAN FARM BUREAU FEDERATION

Employer Identification number

36-0725160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
SCOTT VANDERWAL DIRECTOR	2.00	X					5,400.	0.	0.	
DON VILLWOCK DIRECTOR	2.00	X					6,700.	0.	0.	
DAVID WAIDE DIRECTOR	2.00	X					4,500.	0.	0.	
MICHAEL WHITE DIRECTOR	2.00	X					6,500.	0.	0.	
DAVID WINKLES DIRECTOR	2.00	X					7,900.	0.	0.	
WAYNE WOOD DIRECTOR	2.00	X					4,400.	0.	0.	
LARRY WOOTEN DIRECTOR	2.00	X					6,200.	0.	0.	
BARRY BUSHUE VICE PRESIDENT & DIRECTO	40.00	X		X			18,450.	0.	0.	
RICHARD NEWPHER EXEC. VICE PRESIDENT &	40.00			X			307,868.	0.	68,397.	
JULIE ANNA POTTS GEN COUNSEL & SEC	40.00			X			214,376.	0.	49,373.	
C DAVID MAYFIELD CORP. SECRETARY	40.00			X			182,867.	0.	42,740.	
DAVID P CONOVER DIRECTOR, ADMINISTRATIVE	40.00				X		226,253.	0.	46,324.	
MARK A MASLYN EXEC. DIRECTOR, PUBLIC P	40.00				X		213,004.	0.	36,223.	
ROBERT E YOUNG CHIEF ECONOMIST	40.00				X		208,523.	0.	40,784.	
DONALD M LIPTON DIRECTOR, PUBLIC RELATIO	40.00				X		169,279.	0.	34,254.	
BRADLEY J ECKART DIRECTOR, ORGANIZATION D	40.00				X		164,887.	0.	52,041.	
MARY KAY THATCHER DIRECTOR, PUBLIC POLICY	40.00					X	162,699.	0.	26,819.	
ROSEMARIE WATKINS DIRECTOR, PUBLIC POLICY	40.00					X	149,948.	0.	26,561.	
PAUL SCHEGEL DIRECTOR, PUBLIC POLICY	40.00					X	144,289.	0.	21,562.	
RICHARD KRAUSE SR DIRECTOR, PUBLIC POLI	40.00					X	138,986.	0.	28,699.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS
AND TO BUILD STRONG, PROSPEROUS AGRICULTURAL COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: AFBF MEMBERS ARE THE STATE FARM
BUREAU'S AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT ON AFBF
BOARD OF DIRECTORS.

THIRTY-ONE OF THE BOARD MEMBERS OF AFBF ARE STATE FARM BUREAU PRESIDENTS.

THE BOARD POSITIONS ARE DETERMINED BASED ON THE FOLLOWING INTERPRETATION OF
SECTION 4, ARTICLE VIII OF THE AFBF BYLAWS:

TOTAL MEMBERSHIP - BOARD POSITIONS

UNDER 200,001 - 4

200,001 - 600,000 - 5

600,001 - 1,000,000 - 6

1,000,001 - 1,400,000 - 7

1,400,001 - 1,800,000 - 8

1,800,001 - 2,200,000 - 9

2,200,001 - 2,600,000 - 10

2,600,001 - 3,000,000 - 11

3,000,001 - 3,400,000 - 12

3,400,001 - 3,800,000 - 13

3,800,001 - 4,200,000 - 14

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE BOARD POSITIONS ARE DETERMINED BY THE 4 REGIONS:

NORTHEAST

MIDWEST

WEST

SOUTH

IN ADDITION TO THE 4 REGIONS AND MEMBERSHIP DETERMINING THE NUMBER OF BOARD POSITIONS FOR EACH OF THE REGIONS - THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: SEE RESPONSE TO PART VI, SECTION A, QUESTION 6

FORM 990, PART VI, SECTION A, LINE 10: GOVERNING BODY REVIEW OF THE FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW THE FORM 990. THE FORM 990 IS FILED AFTER THE EXECUTIVE COMMITTEE REVIEW. THE EXECUTIVE COMMITTEE REPORTS TO THE ENTIRE BOARD THAT THE FORM 990 WAS REVIEWED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer Identification number

36-0725160

STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL
CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS OF DETERMINING COMPENSATION
- A SALARY ADMINISTRATION PROGRAM HAS BEEN DEVELOPED BY AMERICAN FARM
BUREAU FEDERATION FOR THE ADMINISTRATION OF PAY DECISIONS TO ENSURE THAT
EMPLOYEES COVERED BY THE PROGRAM ARE PAID ACCORDING TO FAIR, EQUITABLE AND
UNIFORM PRINCIPLES. THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATIONS
BOARD OF DIRECTORS.

IN MID-OCTOBER, HUMAN RESOURCES PREPARES A REPORT, BY DEPARTMENT, THAT
INCLUDES THE FOLLOWING:

CURRENT SALARY

CURRENT GRADE

MIDPOINT OF GRADE

% - CURRENT SALARY TO MIDPOINT

COLUMNS ARE ADDED FOR THE ADDITION OF RECOMMENDED INCREASES AND FORMULAS
FOR A NEW SALARY AND NEW % OF SALARY TO MIDPOINT. THE SPREADSHEET IS THEN
SENT TO THE EXECUTIVE VICE PRESIDENT.

MIDPOINT IS DETERMINED BY THE CURRENT SALARY STRUCTURE. THE RANGES ARE
REVIEWED EACH YEAR AND MAY BE SHIFTED IN ACCORDANCE WITH SALARY SURVEY DATA
PROVIDED EACH YEAR BY PRICEWATERHOUSECOOPERS. WE ASK FOR DATA ON EXPECTED
SALARY INCREASES FOR THE NEXT YEAR AND EXPECTED SHIFTS IN SALARY GRADES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE EXECUTIVE VICE PRESIDENT GIVES HUMAN RESOURCES AN ALLOWANCE FOR EACH DEPARTMENT'S SALARY INCREASES. THIS IS GENERALLY IN THE FORM OF A PERCENT OF CURRENT TOTAL SALARIES FOR THE DEPARTMENT. HUMAN RESOURCES INCLUDES THE NUMBER IN THE SPREADSHEET, BREAKS OUT EACH DEPARTMENT'S INFORMATION, THEN SENDS THE APPROPRIATE REPORT TO EACH DEPARTMENT MANAGER ALONG WITH INSTRUCTIONS AND DEADLINES FOR COMPLETION.

DEPARTMENT MANAGERS COMPLETE THE SPREADSHEET WITH THEIR RECOMMENDATIONS FOR EMPLOYEE SALARY INCREASES AND RETURN IT TO HUMAN RESOURCES.

HUMAN RESOURCES REVIEWS THE RECOMMENDATIONS AND MAKES NOTES FOR THE EXECUTIVE VICE PRESIDENT REVIEW. THE NOTES MIGHT INCLUDE DRAWING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE WAS PROMOTED AND HAD A RECENT SALARY INCREASE). THE EXECUTIVE VICE PRESIDENT MAY FOLLOW UP WITH THE DEPARTMENT MANAGER FOR FURTHER EXPLANATIONS AND MAKE CHANGES. ONCE THE DOCUMENT IS FINALIZED, HUMAN RESOURCES PROVIDES AN UPDATED COPY FOR EXECUTIVE VICE PRESIDENT'S SIGNATURE. COPIES ARE GIVEN THEN TO THE DIRECTOR OF ACCOUNTING AND PAYROLL FOR THEIR FILES.

THE EMPLOYEE'S COMPENSATION IS INCLUDED IN THE YEARLY BUDGET PROCESS WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

THE PRESIDENT'S SALARY IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THEY MAKE THE RECOMMENDATION TO THE BOARD OF DIRECTORS WHO THEN APPROVE THE SALARY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS - FINANCIAL

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Multiple horizontal lines for providing supplemental information.

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
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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	B	305,437.
(2) AMERICAN FARM BUREAU, INC.	P	165,309.
(3) AMERICAN AGRICULTURAL MARKETING ASSOCIATION	O	1,000.
(4) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	O	121,310.
(5)		

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).

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

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

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

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

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 |

CHRISTY LILJA

- The books are in the care of ▶ **600 MARYLAND AVE SW, SUITE 1000W - WASHINGTON, DC 20024**
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, 2010**, 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, 2008**, and ending **NOV 30, 2009**.

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 Balance Due. 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

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).

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

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.

CHRISTY LILJA

• The books are in the care of **▶ 600 MARYLAND AVE SW, SUITE 1000W - WASHINGTON, DC 20024**
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, 2010.**

5 For calendar year _____, or other tax year beginning **DEC 1, 2008**, and ending **NOV 30, 2009**.

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 Balance Due. 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 **▶** _____ Title **▶ ENROLLED AGENT** Date **▶** _____

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning DEC 1, 2008, and ending NOV 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

AMERICAN FARM BUREAU FEDERATION

36-0725160

Name and title of officer

**RICHARD NEWPHER
EXEC VICE PRESIDENT/TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>26115079</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BLACKMAN KALLICK, LLP to enter my PIN 25160
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36948160606
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/15/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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)

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

A For the 2008 calendar year, or tax year beginning **DEC 1, 2008** and ending **NOV 30, 2009**

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.	C Name of organization AMERICAN FARM BUREAU FEDERATION Doing Business As 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 G Gross receipts \$ 33,653,860.
F Name and address of principal officer: BOB STALLMAN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.FB.COM	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920 M State of legal domicile: IL	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS		
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)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of employees (Part V, line 2a)	5	114
6	Total number of volunteers (estimate if necessary)	6	51
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	24,973,144.	25,110,656.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,256,845.	797,882.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,165.	206,541.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,364,154.	26,115,079.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		447,000.
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)	12,463,198.	14,376,674.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,372,933.	10,683,165.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,836,131.	25,506,839.
19	Revenue less expenses. Subtract line 18 from line 12	1,528,023.	608,240.
20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	41,714,223.	39,696,274.
22	Net assets or fund balances. Subtract line 21 from line 20	4,355,024.	4,691,770.
		37,359,199.	35,004,504.

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

RICHARD NEWPHER, EXEC. VICE PRESIDENT/TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

LU ANN TRAPP

Date

11/15/10

Check if self-employed

Preparer's identifying number (see instructions)

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**

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:
AFBF IS THE UNIFIED NATIONAL VOICE OF AGRICULTURE WORKING THROUGH OUR GRASSROOTS ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS AND TO BUILD STRONG, PROSPEROUS AGRICULTURAL COMMUNITIES.

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:) (Expenses \$ including grants of \$) (Revenue \$)
FARM BUREAU NEWS: PROVIDES FARMERS CURRENT INFORMATION CONCERNING LEGISLATIVE AND MARKETING MATTERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
AMERICAN FARM BUREAU FEDERATION: PROMOTES AND ADVOCATES FOR ECONOMIC, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS.

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 \$ (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)? <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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	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? <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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 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.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 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
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 175		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

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
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.			
1a	Enter the number of voting members of the governing body		
			34
b	Enter the number of voting members that are independent		
			33
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
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	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	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
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:		
	CHRISTY LILJA - (202)406-3732		
	600 MARYLAND AVE SW, SUITE 1000W, WASHINGTON, DC 20024		

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) 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 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			
BOB STALLMAN PRESIDENT AND DIRECTOR	40.00	X		X			440,915.	0.	66,385.	
RONALD ANDERSON DIRECTOR	2.00	X					5,900.	0.	0.	
STEVE BACCUS DIRECTOR	2.00	X					6,100.	0.	0.	
MARSHALL COYLE DIRECTOR	2.00	X					6,700.	0.	0.	
KENNETH DIERSCHKE DIRECTOR	2.00	X					6,300.	0.	0.	
ALEX DOWSE DIRECTOR	2.00	X					7,000.	0.	0.	
ZIPPY DUVALL DIRECTOR	2.00	X					6,900.	0.	0.	
ALAN FOUTZ DIRECTOR	2.00	X					8,100.	0.	0.	
TERRY GILBERT DIRECTOR	2.00	X					12,900.	0.	0.	
JOHN HOBlick DIRECTOR	2.00	X					6,300.	0.	0.	
LELAND HOGAN DIRECTOR	2.00	X					5,900.	0.	0.	
CHARLES KRUSE DIRECTOR	2.00	X					7,600.	0.	0.	
TOWNSEND KYSER DIRECTOR	2.00	X					11,000.	0.	0.	
CRAIG LANG DIRECTOR	2.00	X					4,000.	0.	0.	
JOHN W. LINCOLN DIRECTOR	2.00	X					7,700.	0.	0.	
DOUG MOSEBAR DIRECTOR	2.00	X					3,500.	0.	0.	
PHILIP NELSON DIRECTOR	2.00	X					12,100.	0.	0.	

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

(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			
JERRY NEWBY DIRECTOR	2.00	X					3,500.	0.	0.	
RICHARD NIEUWENHUIS DIRECTOR	2.00	X					6,400.	0.	0.	
KEITH OLSEN DIRECTOR	2.00	X					6,300.	0.	0.	
BOB PETERSON DIRECTOR	2.00	X					5,800.	0.	0.	
WAYNE PRYOR DIRECTOR	2.00	X					4,900.	0.	0.	
STANLEY REED DIRECTOR	2.00	X					4,500.	0.	0.	
KEVIN ROGERS DIRECTOR	2.00	X					2,700.	0.	0.	
CARL SHAFFER DIRECTOR	2.00	X					4,000.	0.	0.	
MIKE SPRADLING DIRECTOR	2.00	X					5,500.	0.	0.	
LACY UPCHURCH DIRECTOR	2.00	X					5,700.	0.	0.	
1b Total							3,083,929.	0.	572,227.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 35

	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
CROWELL & MORING LLP, 1001 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20004	AFBF LLC LEGAL SERVICES	173,685.
ROYLANCE, ABRAMS, BERDO & GOODMAN, LLC 1300 19TH STREET, NW SUITE 600	AFBF LEGAL SERVICES	163,358.
VISUALEYES CORPORATION, 22842 SOUTH HARLEM AVENUE, FRANKFORT, IL 60423	AFBF AUDIO VIDEO SERVICES	155,364.
MAYER BROWN LLP 1999 K STREET NW, WASHINGTON, DC 20006	AFBF LLC LEGAL SERVICES	131,094.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 4

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above					
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a MEMBERSHIP DUES	900099	25110656.	25110656.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		25110656.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		836,663.		836,663.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	206,541.			
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)	206,541.				
	d Net rental income or (loss)		206,541.		206,541.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7500000.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	7534765.	4,016.		
		c Gain or (loss)	-34,765.	-4,016.		
	d Net gain or (loss)		-38,781.		-38,781.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			26115079.	25110656.	0.	
					1004423.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	447,000.			
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	2,791,845.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,302,383.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,601,569.			
10 Payroll taxes	680,877.			
11 Fees for services (non-employees):				
a Management				
b Legal	923,535.			
c Accounting	185,697.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	417,012.			
13 Office expenses	234,520.			
14 Information technology				
15 Royalties				
16 Occupancy	2,815,761.			
17 Travel	3,072,197.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	736,253.			
23 Insurance	136,456.			
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>PROGRAMS</u>	1,523,226.			
b <u>OUTSIDE SERVICES AND CO</u>	370,558.			
c <u>FARM BUREAU NETWORK</u>	255,191.			
d <u>DUES AND SUBSCRIPTIONS</u>	214,751.			
e <u>TELEPHONE</u>	113,419.			
f All other expenses	-315,411.			
25 Total functional expenses. Add lines 1 through 24f	25,506,839.			
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	6,374,500.	1	7,095,637.
	2 Savings and temporary cash investments	6,846,354.	2	6,540,382.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	296,562.	4	286,125.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	551,514.	9	446,569.
	10a Land, buildings, and equipment: cost basis ...	10a 8,767,092.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,676,635.	5,522,457.	10c 5,090,457.
	11 Investments - publicly traded securities	11,275,032.	11	9,967,776.
	12 Investments - other securities. See Part IV, line 11	9,070,873.	12	9,997,018.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,776,931.	15	272,310.
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,714,223.	16	39,696,274.	
Liabilities	17 Accounts payable and accrued expenses	1,064,026.	17	1,304,962.
	18 Grants payable		18	
	19 Deferred revenue	56,737.	19	61,030.
	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	3,234,261.	25	3,325,778.
	26 Total liabilities. Add lines 17 through 25	4,355,024.	26	4,691,770.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	37,359,199.	27	35,004,504.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	37,359,199.	33	35,004,504.	
34 Total liabilities and net assets/fund balances	41,714,223.	34	39,696,274.	

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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► To be completed by organizations described below.
► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN FARM BUREAU FEDERATION	Employer identification number 36-0725160
--	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **AMERICAN FARM BUREAU FEDERATION** Employer identification number **36-0725160**

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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.

- 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.
- If the organization elected, as permitted under SFAS 116, 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	▶ \$ _____
- 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.

- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 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 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 _____ %
- 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? Yes No
- 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
1a Land				
b Buildings				
c Leasehold improvements		5,407,963.	1,259,328.	4,148,635.
d Equipment		1,010,327.	788,570.	221,757.
e Other		2,348,802.	1,628,737.	720,065.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,090,457.

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)	1	26,115,079.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,506,839.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	608,240.
4	Net unrealized gains (losses) on investments	4	804,364.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,767,299.
9	Total adjustments (net). Add lines 4-8	9	-2,962,935.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,354,695.

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	26,383,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	804,364.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-535,425.
e	Add lines 2a through 2d	2e	268,939.
3	Subtract line 2e from line 1	3	26,114,976.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	103.
c	Add lines 4a and 4b	4c	103.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	26,115,079.

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

1	Total expenses and losses per audited financial statements	1	25,020,598.
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)	2d	4,016.
e	Add lines 2a through 2d	2e	4,016.
3	Subtract line 2e from line 1	3	25,016,582.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	490,257.
c	Add lines 4a and 4b	4c	490,257.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	25,506,839.

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.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -73857.

PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: -3693442.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES: -535425.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 4119.

LOSS ON SALE OF PROPERTY AND EQUIPMENT: -4016.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF PROPERTY AND EQUIPMENT: 4016.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC: 490257.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization: **AMERICAN FARM BUREAU FEDERATION**
Employer identification number: **36-0725160**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any grants and other assistance to governments and organizations in the United States. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL AGRICULTURE ALLIANCE PO BOX 9522 ARLINGTON, VA 22209	54-1384916	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
BOB GRAY, LLC 6435 ALDERMAN DRIVE ALEXANDRIA, VA 22315	54-2014614		5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
COUNCIL FOR AGRICULTURAL SCIENCE & TECHNOLOGY - 4420 W LINCOLN WAY - AMES, IA 50014	23-7186154	501(C)(3)	5,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NAT'L FARM-CITY COUN-SPONSORSHIP 600 MARYLAND AVENUE, SW WASHINGTON, DC 20024	36-6107924	501(C)(3)	6,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
POLICY DIRECTIONS INC 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	52-1907369		6,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
LAA 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	20-2635587		7,500.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations: **8.**

3 Enter total number of other organizations: **6.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number
36-0725160

Part I		Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MINOR CROP FARMERS ALLIANCE 1901 PENNSYLVANIA AVE, NW WASHINGTON, DC 20006	54-1608554	501(C)(6)	7,500.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
CONGRESSIONAL SPORTSMEN'S FOUNDATION - 110 NORTH CAROLINA AVE SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
EDISON ELECTRIC INSTITUTE 701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	13-0659550	501(C)(6)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
US CHAMBER OF COMMERCE 1615 H STREET, NW, ROOM 460 WASHINGTON, DC 20062	53-0045720	501(C)(6)	10,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
HEARTLAND INSTITUTE 19 SOUTH LASALLE STREET CHICAGO, IL 60603	36-3309812	501(C)(3)	18,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
NATIONAL FFA FOUNDATION 6060 FFA DRIVE INDIANAPOLIS, IN 46268	54-6044662	501(C)(3)	42,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURAL - 600 MARYLAND AVENUE, SW - WASHINGTON, DC 20024	36-6169577	501(C)(3)	115,000.	190,437.	FMV	DONATED SERVICES	GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	
KVLE-19348 PO BOX 6 SACRAMENTO, CA 95812	94-1421463	501(C)(3)	200,000.	0.			GENERAL SUPPORT OF AGRICULTURAL PROGRAMS	

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **AMERICAN FARM BUREAU FEDERATION** Employer identification number **36-0725160**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- | | | | |
|--|-----------|--|----------|
| a Receive a severance payment or change of control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 5a | | |
| b Any related organization? | 5b | | |
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 6a | | |
| b Any related organization? | 6b | | |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BOB STALLMAN	(i) 440,915.	(ii) 0.	(iii) 0.	56,766.	9,619.	507,300.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
RICHARD NEWPHER	(i) 307,868.	(ii) 0.	(iii) 0.	58,778.	9,619.	376,265.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
JULIE ANNA POTTS	(i) 214,376.	(ii) 0.	(iii) 0.	40,159.	9,214.	263,749.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
C DAVID MAYFIELD	(i) 182,867.	(ii) 0.	(iii) 0.	32,971.	9,769.	225,607.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DAVID P CONOVER	(i) 226,253.	(ii) 0.	(iii) 0.	36,357.	9,967.	272,577.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
MARK A MASLYN	(i) 213,004.	(ii) 0.	(iii) 0.	26,883.	9,340.	249,227.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
ROBERT E YOUNG	(i) 208,523.	(ii) 0.	(iii) 0.	30,879.	9,905.	249,307.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DONALD M LIPTON	(i) 169,279.	(ii) 0.	(iii) 0.	24,971.	9,283.	203,533.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
BRADLEY J ECKART	(i) 164,887.	(ii) 0.	(iii) 0.	38,796.	13,245.	216,928.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
MARY KAY THATCHER	(i) 162,699.	(ii) 0.	(iii) 0.	20,120.	6,699.	189,518.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
ROSEMARIE WATKINS	(i) 149,948.	(ii) 0.	(iii) 0.	21,161.	5,400.	176,509.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
PAUL SCHEGEL	(i) 144,289.	(ii) 0.	(iii) 0.	20,401.	1,161.	165,851.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
RICHARD KRAUSE	(i) 138,986.	(ii) 0.	(iii) 0.	19,688.	9,011.	167,685.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
DAVID FRANCIS	(i) 132,685.	(ii) 0.	(iii) 0.	22,607.	9,458.	164,750.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A: THE PRESIDENT'S AND EXECUTIVE VICE PRESIDENT'S SPOUSES TRAVEL TO AFBF MEETINGS IF THERE ARE SCHEDULED BUSINESS ACTIVITIES. THE SCHEDULED ACTIVITIES AT THE MEETINGS MAY INCLUDE: OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF; EDUCATIONAL PRESENTATIONS REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE AGRICULTURE OF THE HOST STATE; VISITS TO AGRICULTURAL PRODUCTION FACILITIES; PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES; VARIOUS AGRICULTURAL ACTIVITIES PROVIDED BY HOSTING STATE FARM BUREAU; VISITS TO AGRICULTURAL PROCESSING AND MARKETING FACILITIES.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

AMERICAN FARM BUREAU FEDERATION

Employer Identification number

36-0725160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
SCOTT VANDERWAL DIRECTOR	2.00	X					5,400.	0.	0.	
DON VILLWOCK DIRECTOR	2.00	X					6,700.	0.	0.	
DAVID WAIDE DIRECTOR	2.00	X					4,500.	0.	0.	
MICHAEL WHITE DIRECTOR	2.00	X					6,500.	0.	0.	
DAVID WINKLES DIRECTOR	2.00	X					7,900.	0.	0.	
WAYNE WOOD DIRECTOR	2.00	X					4,400.	0.	0.	
LARRY WOOTEN DIRECTOR	2.00	X					6,200.	0.	0.	
BARRY BUSHUE VICE PRESIDENT & DIRECTO	40.00	X		X			18,450.	0.	0.	
RICHARD NEWPHER EXEC. VICE PRESIDENT &	40.00			X			307,868.	0.	68,397.	
JULIE ANNA POTTS GEN COUNSEL & SEC	40.00			X			214,376.	0.	49,373.	
C DAVID MAYFIELD CORP. SECRETARY	40.00			X			182,867.	0.	42,740.	
DAVID P CONOVER DIRECTOR, ADMINISTRATIVE	40.00				X		226,253.	0.	46,324.	
MARK A MASLYN EXEC. DIRECTOR, PUBLIC P	40.00				X		213,004.	0.	36,223.	
ROBERT E YOUNG CHIEF ECONOMIST	40.00				X		208,523.	0.	40,784.	
DONALD M LIPTON DIRECTOR, PUBLIC RELATIO	40.00				X		169,279.	0.	34,254.	
BRADLEY J ECKART DIRECTOR, ORGANIZATION D	40.00				X		164,887.	0.	52,041.	
MARY KAY THATCHER DIRECTOR, PUBLIC POLICY	40.00					X	162,699.	0.	26,819.	
ROSEMARIE WATKINS DIRECTOR, PUBLIC POLICY	40.00					X	149,948.	0.	26,561.	
PAUL SCHEGEL DIRECTOR, PUBLIC POLICY	40.00					X	144,289.	0.	21,562.	
RICHARD KRAUSE SR DIRECTOR, PUBLIC POLI	40.00					X	138,986.	0.	28,699.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS TO ENHANCE AND STRENGTHEN THE LIVES OF RURAL AMERICANS
AND TO BUILD STRONG, PROSPEROUS AGRICULTURAL COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: AFBF MEMBERS ARE THE STATE FARM
BUREAU'S AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT ON AFBF
BOARD OF DIRECTORS.

THIRTY-ONE OF THE BOARD MEMBERS OF AFBF ARE STATE FARM BUREAU PRESIDENTS.

THE BOARD POSITIONS ARE DETERMINED BASED ON THE FOLLOWING INTERPRETATION OF
SECTION 4, ARTICLE VIII OF THE AFBF BYLAWS:

TOTAL MEMBERSHIP - BOARD POSITIONS

UNDER 200,001 - 4

200,001 - 600,000 - 5

600,001 - 1,000,000 - 6

1,000,001 - 1,400,000 - 7

1,400,001 - 1,800,000 - 8

1,800,001 - 2,200,000 - 9

2,200,001 - 2,600,000 - 10

2,600,001 - 3,000,000 - 11

3,000,001 - 3,400,000 - 12

3,400,001 - 3,800,000 - 13

3,800,001 - 4,200,000 - 14

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE BOARD POSITIONS ARE DETERMINED BY THE 4 REGIONS:

NORTHEAST

MIDWEST

WEST

SOUTH

IN ADDITION TO THE 4 REGIONS AND MEMBERSHIP DETERMINING THE NUMBER OF BOARD POSITIONS FOR EACH OF THE REGIONS - THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: SEE RESPONSE TO PART VI, SECTION A, QUESTION 6

FORM 990, PART VI, SECTION A, LINE 10: GOVERNING BODY REVIEW OF THE FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW THE FORM 990. THE FORM 990 IS FILED AFTER THE EXECUTIVE COMMITTEE REVIEW. THE EXECUTIVE COMMITTEE REPORTS TO THE ENTIRE BOARD THAT THE FORM 990 WAS REVIEWED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS OF DETERMINING COMPENSATION - A SALARY ADMINISTRATION PROGRAM HAS BEEN DEVELOPED BY AMERICAN FARM BUREAU FEDERATION FOR THE ADMINISTRATION OF PAY DECISIONS TO ENSURE THAT EMPLOYEES COVERED BY THE PROGRAM ARE PAID ACCORDING TO FAIR, EQUITABLE AND UNIFORM PRINCIPLES. THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATIONS BOARD OF DIRECTORS.

IN MID-OCTOBER, HUMAN RESOURCES PREPARES A REPORT, BY DEPARTMENT, THAT INCLUDES THE FOLLOWING:

CURRENT SALARY

CURRENT GRADE

MIDPOINT OF GRADE

% - CURRENT SALARY TO MIDPOINT

COLUMNS ARE ADDED FOR THE ADDITION OF RECOMMENDED INCREASES AND FORMULAS FOR A NEW SALARY AND NEW % OF SALARY TO MIDPOINT. THE SPREADSHEET IS THEN SENT TO THE EXECUTIVE VICE PRESIDENT.

MIDPOINT IS DETERMINED BY THE CURRENT SALARY STRUCTURE. THE RANGES ARE REVIEWED EACH YEAR AND MAY BE SHIFTED IN ACCORDANCE WITH SALARY SURVEY DATA PROVIDED EACH YEAR BY PRICEWATERHOUSECOOPERS. WE ASK FOR DATA ON EXPECTED SALARY INCREASES FOR THE NEXT YEAR AND EXPECTED SHIFTS IN SALARY GRADES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

THE EXECUTIVE VICE PRESIDENT GIVES HUMAN RESOURCES AN ALLOWANCE FOR EACH DEPARTMENT'S SALARY INCREASES. THIS IS GENERALLY IN THE FORM OF A PERCENT OF CURRENT TOTAL SALARIES FOR THE DEPARTMENT. HUMAN RESOURCES INCLUDES THE NUMBER IN THE SPREADSHEET, BREAKS OUT EACH DEPARTMENT'S INFORMATION, THEN SENDS THE APPROPRIATE REPORT TO EACH DEPARTMENT MANAGER ALONG WITH INSTRUCTIONS AND DEADLINES FOR COMPLETION.

DEPARTMENT MANAGERS COMPLETE THE SPREADSHEET WITH THEIR RECOMMENDATIONS FOR EMPLOYEE SALARY INCREASES AND RETURN IT TO HUMAN RESOURCES.

HUMAN RESOURCES REVIEWS THE RECOMMENDATIONS AND MAKES NOTES FOR THE EXECUTIVE VICE PRESIDENT REVIEW. THE NOTES MIGHT INCLUDE DRAWING HIS ATTENTION TO MATTERS OF INTERNAL EQUITY, OR SALARY HISTORY (LIKE IF AN EMPLOYEE WAS PROMOTED AND HAD A RECENT SALARY INCREASE). THE EXECUTIVE VICE PRESIDENT MAY FOLLOW UP WITH THE DEPARTMENT MANAGER FOR FURTHER EXPLANATIONS AND MAKE CHANGES. ONCE THE DOCUMENT IS FINALIZED, HUMAN RESOURCES PROVIDES AN UPDATED COPY FOR EXECUTIVE VICE PRESIDENT'S SIGNATURE. COPIES ARE GIVEN THEN TO THE DIRECTOR OF ACCOUNTING AND PAYROLL FOR THEIR FILES.

THE EMPLOYEE'S COMPENSATION IS INCLUDED IN THE YEARLY BUDGET PROCESS WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

THE PRESIDENT'S SALARY IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THEY MAKE THE RECOMMENDATION TO THE BOARD OF DIRECTORS WHO THEN APPROVE THE SALARY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS - FINANCIAL

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Lined area for supplemental information.

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
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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	B	305,437.
(2) AMERICAN FARM BUREAU, INC.	P	165,309.
(3) AMERICAN AGRICULTURAL MARKETING ASSOCIATION	O	1,000.
(4) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	O	121,310.
(5)		

Return of Organization Exempt From Income Tax

2006

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)

Open to Public Inspection

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.

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.

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 **28,607,037.**

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

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		
b	Less: cost or other basis and sales expenses	2,032,233.	8b		
c	Gain or (loss) (attach schedule)	290,319.	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	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			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		1,397.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		26,574,804.	
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)	20	SEE STATEMENT 2	<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
- 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 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 AMERICAN FARM BUREAU FEDERATION	Employer identification number 36-0725160
	Number, street, and room or suite no. If a P.O. box, see instructions. 600 MARYLAND AVE. SW, NO. 800E	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20024	

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

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	Balance Due. 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.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-d), Total credits (40e), Other taxes (42), Total tax (43), Payments (44a-f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2007 estimated tax (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign country interest, foreign trust distributions, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Cost of goods sold (7), and Section 263A costs (4a, 4b).

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.

Sign Here section containing signature of officer, date, title, and preparer information for BLACKMAN KALLICK, LLP.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) 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	1,834,551.			
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	7,815,579.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	2,324,754.			
29 Payroll taxes	589,418.			
30 Professional fundraising fees				
31 Accounting fees	218,381.			
32 Legal fees	1,214,617.			
33 Supplies				
34 Telephone	162,349.			
35 Postage and shipping				
36 Occupancy	2,637,153.			
37 Equipment rental and maintenance				
38 Printing and publications	295,942.			
39 Travel	2,699,874.			
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	762,601.			
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	4,428,551.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	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 STMT 6 <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 STMT 5		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	8,696,744.	
	b Less: accumulated depreciation STMT 7	2,540,124.	
	58 Other assets, including program-related investments (describe SEE STATEMENT 8)	16,183,473.	8,930,089.
	59 Total assets (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.
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 SEE STATEMENT 9)	2,891,299.	3,957,901.	
66 Total liabilities . Add lines 60 through 65	4,032,578.	5,295,820.	
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	44,056,348.	37,431,299.
	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 Total net assets or fund balances . 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 Total liabilities and net assets/fund balances . Add lines 66 and 73	48,088,926.	42,727,119.

Part VI Other Information (continued)

Form 990 (2006) 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; section 4912; section 4955
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) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c 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.)

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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					24,934,388.
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities			14	1,348,700.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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	290,319.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC REVENUE			01	1,397.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,640,416.	24,934,388.
105 Total (add line 104, columns (B), (D), and (E))					26,574,804.

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).
16	SEE STATEMENT 16

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
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	----- ----- -----			
Totals				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.
Totals				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. 8696744.		0.	8696744. 8696744.	1777523. 1777523.	0.	762,601. 762,601.

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