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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)

OMB No 1545-0047

Open to Public Inspection

Depa	artment of th	e Tre a sury Service	► The organization	may have to use a copy of	this return to satisfy	state reportin	ng requiremen	ts	· `	Inspection	
			ar year, or tax year begin	ning	, 2012, a	and ending			,		
_	Check if app		С				D	Employer	dentific	ation Number	
	Addres	s change	AGRICULTURAL & A	PPLIED ECONOMI	CS				<u>70541</u>	. 6	
	Name		ASSOCIATION				ſΈ	Telephon	e number		
	Initial		555 E WELLS STREI					414-	918-3	3190	
	Termin	ated	MILWAUKEE, WI 53	202							
	Amend	led return						Gross rec		1,372,	
	Applica	ation pending	F Name and address of principal	officer KRISTIN	OUWENEEL		(a) Is this a g			- Н	X No
	_		SAME AS C ABOVE			H	(b) Are all aff If 'No,' atta	iliates includach a	ded? see instru	ctions) Yes	No
ī	Tax-exen	npt status	X 501(c)(3) 501(c) ()◀ (insert no)	4947(a)(1) or	527	,	•••••••••••••••••••••••••••••••••••••••			
J	Websit	te: ► WWW	V.AAEA.ORG			Н	I(c) Group exe	mption num	nber 🟲		
K	Form of o	organization	Corporation Trust X	Association Other ►	LY	ear of Formatio	n 1967	M Sta	ate of lega	I domicile IA	
Pa	art I	Summary									
	1 Bri	efly describ	e the organization's missi							<u>ESSIONAL</u>	
ģ	<u>s</u> 9		COMMITTED TO FURT			THE ECO	<u>ONOMICS</u>	_QF_ <u>A</u> (<u>GRICU</u>	<u>LTURE,</u>	
anc	<u>R</u> I	JRAL COM	<u>MUNITIES, AND NA</u>	<u> TURAL RESOURC</u>	<u>ES.</u>						
Activities & Governance	<u> </u>						- II 2E0			-	-
્ટ્રે	2 Ch 3 Nu	eck this box	ing members of the gover	n discontinued its ope		sea or mor	e man 257	0 01 115 11 	ει αδδε 3	ıs	9
જ	4 Nu		lependent voting members			1b)		<u> </u>	4		 9
ë	5 To		of individuals employed in	•	•			<u> </u>	5		Ō
Ξ	6 To		of volunteers (estimate if						6		0
Ac			d business revenue from f						7 a		095.
	b Ne	t unrelated	business taxable income	from Form 990-T, line	34				7 b		<u>114.</u>
9							Pric	or Year		Current Ye	
	1		and grants (Part VIII, line	51,82			454.				
Revenue	1	-	ce revenue (Part VIII, line	- ·		$\frac{115,9}{100}$		1,144,			
ě			come (Part VIII, column (A : (Part VIII, column (A), Iir			109,54 56,46		100,	<u>655.</u>		
			- add lines 8 through	1	333,80		1,372,	189			
	13 Gr	ante and sir	nilar amounts paid (Part		128,6			080.			
	1		to or for members (Part I)	120,0	,,,	131,	000.				
	15 Sa	laries other	r compensation, employee	chanests 2813 IX Co	lumn (A) lines	5-10)	-				
es			undraising fees (Part IX, o			· · · · · ·					
Expenses				The same of the sa	1					.	
ន្ន			ing expenses (Part IX, col						-		
	1	•	es (Part IX, column (A), Îir					974,9			020.
			s Add lines 13-17 (must e		(A), line 25)			103,5		1,141,	
- x 8		venue less	expenses Subtract line 1	8 from line 12				230,2			089.
Net Assets or Fund Balance	00 Ta		Dark V. Jones 165				Beginning			End of Ye	
Ba.	20 To 21 To		Part X, line 16) s (Part X, line 26)					868,13 184,8		4,408,	
ž	21 10		·								878.
	22 110		fund balances Subtract III	ne 21 from line 20				683,2	69.]	4,243,	143.
		<u>Signature</u>									
com	er penalties plete Declai	of periury, I dec ration of prepar	clare that I have examined this retu er (other than officer) is based on a	irn, including accompanying : all information of which prepa	schedules and statem arer has any knowled	nents, and to th ige	ne best of my F	knowleage a	ina bellet,	it is true, correct,	and
		1	ly () Corre		_		$\overline{1}$	1113	112		
Sig	nn	Signature	e of officer			1 .	Date				
He			fulle A. CA	SUXLL PR	SIDE	17					
		Type or p	print name and title	5,5000	<u> </u>					-	
		Print/Type pr	eparer's name	Preparer's signature		Date /	С	heck	ıf Pī	TIN	
Pa	id	KATY L	. SOMMER	date Zor	ma	10/30/1	(3) se	ــــ elf-employed	d P	00273273	
	eparer	Firm's name	► RITZ HOLMAN I		·. • • -	- 1 - 1 :					
	e Only	Firm's addres	L	 			F	ırm's EłN 🏲			
	-		MILWAUKEE, WI				Р	hone no	(414)	271-145	1
Ma	y the IRS	discuss thi	s return with the preparer		nstructions)		 _			X Yes	No
			eduction Act Notice, see t			TEEA	A0113L 12/18	3/12		Form 990	(2012)

Fdrn	m 990 (2012), AGRICULTURAL & APPLIED ECONOMICS	61-070541	<u> 6</u>	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission		-	
	THE ASSOCIATION IS A PROFESSIONAL SOCIETY COMMITTED TO FURTHERING	KNOWLEDGE	ABOUT	THE_
	ECONOMICS OF AGRICULTURE, RURAL COMMUNITIES, AND NATURAL RESOURCE	ES.		
2	Did the organization undertake any significant program services during the year which were not listed on the price)r	_	
	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 set	vices?	Yes X	No
	If 'Yes,' describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measure	ed by expe	nses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and alloca	ations to	
	others, the total expenses, and revenue, if any, for each program service reported.			
4:		Revenue \$	380,2	<u>?73.</u>)
	ANNUAL MEETING: THE ORGANIZATION'S ANNUAL MEETING INCLUDES VARIOUS	. 		
	SESSIONS ON TOPICS IN AGRICULTURAL ECONOMICS INCLUDING INVITED PA			
	AND POST CONFERENCE WORKSHOPS & POSTER SESSIONS. OTHER EVENTS IN	ICLUDE THE	KEYNOT	<u>E</u>
	AND PRESIDENTIAL SPEECHES AS WELL AS AN EMPLOYMENT CENTER.			
41	b (Code) (Expenses \$ 314,093. including grants of \$) (R	devenue \$	366,5	64)
•	OTHER PROGRAM SERVICE ACTIVITY FOR THE ASSOCIATION INCLUDE THE NE			
	OUTREACH, SECTION ACTIVITY, AND OTHER MEETINGS AND CONFERENCES.	. <u></u>		='
	OUTREACH, SECTION ACTIVITY, AND OTHER MEETINGS AND CONFERENCES.			
		· ·		
4	c (Code) (Expenses \$129, 228. including grants of \$36, 500.) (R	evenue \$	-)
	AAEA TRUST: THE TRUST IS FORMED WITHIN THE ASSOCIATION FOR THE PU	JRPOSE OF S	OLICIT	TNG
	FUNDS AND BUILDING AN ENDOWMENT TO SUPPORT PROGRAMS BEYOND THOSE			
	THROUGH THE ASSOCIATION'S OPERATING BUDGET.	. 11111 _CAN_L	T TOND	=
	TINOUGH THE ASSOCIATION 5 OF EXATING BODGET.	. – – – – – .		
		··		
4 (d Other program services (Describe in Schedule O) SEE SCHEDULE O			
	(Expenses \$ 77,434, including grants of \$) (Revenue \$	397,	243.)	
4 6	e Total program service expenses ► 919, 995.			
BAA			Form 990	(2012)

		\longrightarrow	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			_
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
l	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		_ X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

<u> i ui</u>	The following of Hedgined Schedules (continued)	1	Yes	No
01	Did the constraint and the CE 000 of content and although a section to an expension and expensions in the	İ		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21_	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	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>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	n 990 ((2012)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 8	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State			
	ments, filed for the calendar year ending with or within the year covered by this return 2 a 0		-	
١	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	اء	X	-
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	$\frac{\Lambda}{X}$	-
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		Х
1	b If 'Yes,' enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	 7 а		~X
	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	,	,	×
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		_^
1	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	, 9		
	Form 1098-C?	7 h		
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?	9 a		
	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			
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	•		
11	Section 501(c)(12) organizations. Enter:			İ
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
l	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
_				_

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 cha	nges i	n	
Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.			X
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members	<u> </u>		
of the governing body, or if the governing body delegated broad			,
authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b	9		
· · · · · · · · · · · · · · · · · · ·	- 기		٠ .
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	~	X
3 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? SEE SCH O	3	Х	
4 Did the organization make any significant changes to its governing documents			,
since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders? SEE SCHEDULE 0	6	Х	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O	7 a	Х	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH	7 b	х	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	-
a The governing body?	8 a	Х	
b Each committee with authority to act on behalf of the governing body?	8 ь	Х	<u> </u>
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.		<u> </u>
10 a Did the organization have local chapters, branches, or affiliates? .	10 a	Yes	No X
	10 a		
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		l
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	ļ
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE Q	12 c	х	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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?			1
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15 a	Х	
b Other officers of key employees of the organization SEE SCHEDULE O	15 b	Х	
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?	16 a		- X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16ь		
Section C. Disclosure	1 100	L	<u> </u>
17 List the states with which a copy of this Form 990 is required to be filed ► NONE			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	avaılab	le for	public
Own website Another's website X Upon request Other (explain in Schedule O)			
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements averable the public during the tax year. SEE SCHEDULE O			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the organization becomes a property of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who property of the person who person because the person of the person who person because the person of the person who person because the person of			1 E
EXECUTIVE DIRECTOR, INC. 555 E WELLS ST, STE 1100 MILWAUKEE WI 53202 (414		-04	<u> </u>

		_			
Form 990 (2012) ,	AGRICULTURAL	δ.	APPLIED	ECONOMICS	

61-0705416

Page **7**

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

. Check if Schedule O contains a response to any question in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

		(C)								
(A) Name and Title	(B) Average hours per	one bo	x, un	less p	perso	more to n is both r/truste	h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ROBERT KING	2									
PAST PRESIDENT	0	Х		Х				0.	0.	0.
(2) LORI LYNCH	11								_	_
DIRECTOR	0	X					_	0.	0.	0.
_(3)_GIANCARLO_MOSCHINI	11	ļ <u>.</u>							•	
DIRECTOR	0	Х						0.	0.	0.
(4) RICHARD J SEXTON	2	ļ.,		.,					0	0
PRESIDENT TO THE PRESIDENT	0	Х		X				0.	0.	0.
_(5) JAYSON L LUSK	1							0.	0.	0.
DIRECTOR (6) DAWN THILMANY MCFADDEN	1	Х					\vdash	<u> </u>	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
7) JULIA CASWELL	2		H				┢			<u> </u>
PRESIDENT-ELECT		х		Х				O.	0.	0.
(8) KEITH COBLE	1									
DIRECTOR	0	x						0.	0.	0.
(9) SCOTT SWINTON	1									
DIRECTOR	0	Х						0.	0.	0.
(10) KRISTIN OUWENEEL	2									
EXECUTIVE DIREC	0			Х				0.	0.	0.
(11)										
(12)										
(13)										
(14)						ļ. <u> </u>				

(A)	(B)			Pos) sition	es,		(D)	(E)	oyees	(F)	<i>n)</i>
Name and title	hours per week	box	, unle	ess pe	erson direct	u botts Highest compensated employee	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amou com fr org and	itimated int of old pensation om the anization of related anization of related anization	her on n d
(15)							_					
(16)		-										
(17)												
(18)									-			
(19)												
(20)												-
(21)												
(22)												
(23)												
(24)		-									·	
(25)												
1 b Sub-total				!	!	•	-	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						•	0.	0.			<u>0.</u> 0.
2 Total number of individuals (including but not limited to	those I	sted	abo	ve) v	who	recei	ved			ensation	<u> </u>	
from the organization 0			_								Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	r or trus Individu	stee, <i>al</i>	key	em	ploy	ee, d	or h	ighest compensat	ed employee	3		χ
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater is such individual.	eportab than \$1	le co 50,0	mpe	ensa If '\	ition Yes'	and com	oth plet	er compensation e Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compen comple	satio	n fr	om dule	any J fo	unre	elate ch p	ed organization or erson	ındıvıdual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted inde	epen	den	t co	ntra	ctors	tha	at received more t	ban \$100 000 of			
compensation from the organization Report compensa	tion for	the c	alen	dar	year	endi	ng v	vith or within the oi	ganızatıon's tax year		~\	
(A) Name and business addres								Description	of services	Compe		
EXECUTIVE DIRECTOR, INC. 555 E WELLS ST STE	1100 I	MILW	AUK	EE,	WI	532	202	MANAGEMENT		4	42,3	<u> 392.</u>
		_										
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►		ted to	o tha	se I	ısted	d abo	ve)	who received more	than			

rai	Check if Schedule O contains a response to any questi	on in this Part VIII			
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e	,	-		
CONTRIBUTA AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f \$ 10, 290. h Total. Add lines 1a-1f	127 454			
	2a PUBLICATIONS 900099	127,454. 397,243.	397,243.	· · · · · · · · · · · · · · · · · · ·	
RVICE RI	b ANNUAL MEETING 900099 c MEMBERSHIP DUES & ASSESSMENTS 900099	380,273. 218,888.	380,273. 218,888.	-	
PROGRAM SERVICE REVENUE	d EMPLOYMENT SERVICES 900099 e SYMPOSIA 900099 f All other program service revenue	53,095. 50,615. 43,966.	50,615. 43,966.	53,095.	
<u>a.</u>	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts)	1,144,080.			100,655.
	4 Income from investment of tax-exempt bond proceeds ► 5 Royalties (i) Real (ii) Personal				
	6a Gross rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses c Gain or (loss)				
ш	d Net gain or (loss)	-			
OTHER REVENUE	(not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
OTHE	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b			_	
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b				
	d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1 372 189	1.090.985	53.095.	100.655

Part IX S Statement of Functional Expenses

Sect	Check if Schedule O contains a r			implete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States See		expenses	general expenses	ехрепзез
2	Part IV, line 21 Grants and other assistance to individuals in	52,620.	52,620.		
3	the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the	92,460.	92,460.		
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	6,000.	6,000.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	442,392.	312,551.	129,841.	
	Legal	139.	312/0011	139.	
	: Accounting	8,800.		8,800.	
	Lobbying	0,000.		0,000.	
	, <u> </u>				
	Professional fundraising services See Part IV, line 17	7.076		7 076	
	Investment management fees	7,976.		7,976.	
g	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)				
12	Advertising and promotion	864.	691.	173.	
13	i	22,117.	926.	21,191.	
14	Information technology	9,026.	6,770.	2,256.	
15	Royalties	5,020.		2/200.	
	Occupancy				
16	· -	2 520	1 765	1 765	
• •	Travel	3,530.	1,765.	1,765.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	285,835.	285,835.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	13,370.		13,370.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
ā	FOUNDATION PROJECTS	46,082.	46,082.		
	BOARD OF DIRECTORS-GENERAL	44,096.	26,458.	17,638.	
	SECTIONS EXPENSE	32,894.	32,894.		
	SYMPOSIA	23,510.	23,510.		
	All other expenses	49,389.	31,433.	17,956.	
	Total functional expenses. Add lines 1 through 24e	1,141,100.	919,995.	221,105.	0.
		1,141,100.	212,333.	221/100.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year 1 382,376. 93,708 Cash - non-interest-bearing 2 355,705. Savings and temporary cash investments 393,520 2 3 3,235. 3 Pledges and grants receivable, net 4 63,228. Accounts receivable, net 154.349 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 63,207 7.781. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2,940 10b 2,940 10 c b Less accumulated depreciation 11 Investments - publicly traded securities 11 3,163,355 3,595,696. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 4,408,021. 3,868,139 16 Total assets. Add lines 1 through 15 (must equal line 34) 15,950 Accounts payable and accrued expenses 17 7,573. 17 18 18 Grants payable 19 Deferred revenue 157,471 19 139,262. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 11,449 18,043. 184,870 26 164,878. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here N E T X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3,465,223 27 3,976,515. 27 28 Temporarily restricted net assets 218.046 266,628. 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 3,683,269 33 4,243,143. 34 Total liabilities and net assets/fund balances 3,868,139 34 4,408,021. BAA Form 990 (2012)

Forn	n 990 (2012) AGRICULTURAL & APPLIED ECONOMICS	1-0/03410		га	ge 12			
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	72,1	<u>.89.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	41,1	<u>.00.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	231,089					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5	3,683,269. 328,785.						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))								
Pa	t XII Financial Statements and Reporting	+ +		<u>43,1</u>				
	Check if Schedule O contains a response to any question in this Part XII							
	Check if Schedule O contains a response to any question in this rait XII			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
٠					\(\frac{1}{2}\)			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both'	ewed on a		,				
	Separate basis Consolidated basis Both consolidated and separate basis		.					
1	b Were the organization's financial statements audited by an independent accountant?		2 Ь	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate						
	basis, consolidated basis, or both.							
	X Separate basis Consolidated basis Both consolidated and separate basis			4. .	-			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		,	٠.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le						
•	Audit Act and OMB Circular A-133?		3 a		X			
	f '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		3 b		<u> </u>			
RΔΔ			Form	990 ((2012)			

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization AGRICULTURAL & APPLIED ECONOMICS 61-0705416 ASSOCIATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(bX1)(AXI). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi)**. (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of 11 supporting organization and complete lines 11e through 11h Type III - Functionally integrated d Type III - Non-functionally integrated Type II c Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported organization (VII) Amount of monetary (ii) EIN (IV) Is the (v) Did you notify (vi) Is the (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) organization in e organization in organization in support column (i) listed in column (i) of your support? column (i) your governing document? organized in the Yes Yes No Yes No No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

oupport concurrent or Same and a series of the series of t	
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the	9
(Complete only if you checked the box of time 5, 7, or 6 of 1 are 1 of it the organization lands to qualify	
organization fails to qualify under the tests listed below, please complete Part III)	
organization tand to quanty energy the transmission (process to)	

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see in:	structions)	•		12	
13	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗌
	tion C. Computation of Pul					1 24	
	Public support percentage for 20			ne 11, column (f))		14	% %
	Public support percentage from 3					15	
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported o	box on line 13, a organization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test – 2011. If t and stop here. The organization				Sa, and line 15 is	33-1/3% or more	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Par ted organization	t IV how the ►
18	Private foundation. If the organic	zation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions
DAA						hadula A (Farm 9	00 000 57 0010

61-0705416

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
_	received. (Do not include any unusual grants)	282,258.	272,207.	299,760.	282,380.	346,342.	1,482,947.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	597,780.	843,351.	940,651.	890,416.	770,633.	4,042,831.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	880,038.	1,115,558.	1,240,411.	1,172,796.	1,116,975.	5,525,778.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	21,500.	10,000.	18,527.	100,000.	55,000.	205,027.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						0
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	21,500.	10,000.	18,527.	100,000.	55,000.	205,027.
	Public support (Subtract line 7c from line 6)		, ,		,		5,320,751.
$\overline{}$	tion B. Total Support			T	1 48 0011		40 T + 1
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	880,038.	1,115,558.	1,240,411.	1,172,796.	1,116,975.	5,525,778.
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	64,175.	67,909.	46,542.	109,546.	100,655.	388,827.
c	: Add lines 10a and 10b	64,175.	67,909.	46,542.	109,546.	100,655.	388,827.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	127,050.	57,390.	60,995.	56,410.	53,095.	354,940.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					50,615.	50,615.
13	Total support. (Add Ins 9, 10c, 11, and 12)	1,071,263.	1,240,857.	1,347,948.	1,338,752.	1,321,340.	6,320,160.
14		is for the organiza					
Sec	tion C. Computation of Pul						
15	Public support percentage for 20	12 (line 8, columi	n (f) divided by lir	ne 13, column (f)))	15	84.19 %
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	83.00 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	 e			
17	Investment income percentage for				ımn (f))	17	6.15 %
18	Investment income percentage fi					18	6.66 %
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14. a	and line 15 is mor as a publicly supp	دـــــــ e than 33-1/3%, a orted organization	ind line 17
b	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%						
	Private foundation. If the organiz	zation did not che	ck a box on line	14 19a or 19b o	heck this box and	see instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2012 AGRICULTURAL & APPLIED EC	ONOMICS 61-0705416	Page 4
Part IV Supplemental Information. Complete this part to provide Part II, line 17a or 17b; and Part III, line 12. Also complet (See instructions).	the explanations required by Part II, line this part for any additional information	ne 10; 1.

SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection
Employer identification number

AGI	RICULTURAL & APPLIED ECONOMICS		Ì	
	SOCIATION			61-0705416
Paı	the organizations Maintaining Dono	or Advised Funds or Other Similar Ful to Form 990, Part IV, line 6.	nds or Acc	ounts. Complete if
		(a) Donor advised funds	(b) Fi	unds 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		nor advisors in writing that the assets held in d organization's exclusive legal control?	onor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any other	ds can be use r purpose con	ed only ferring Yes No
Pai	t II Conservation Easements. Comp	lete if the organization answered 'Yes	to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by		·	
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	of an historica	ally important land area
	Protection of natural habitat	Preservation	of a certified l	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the for		
			Н	leld at the End of the Tax Year
	a Total number of conservation easements		2 a	
l	b Total acreage restricted by conservation ease	ments	2 b	
(c Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
	d Number of conservation easements included i structure listed in the National Register Number of conservation easements modified, trans		2 d	n during the
	tax year ►	·	_	
4	Number of states where property subject to conse		_	
5	and enforcement of the conservation easemer			Yes No
6	•	Inspecting, and enforcing conservation easements		ır
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements during	ng the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that o	nse statement, describes the	and balance sheet, and organization's accounting for
Da:		ctions of Art, Historical Treasures, or	r Other Sim	nilar Assets
Pai	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8. ————————————————————————————————————	
1 :	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in f	enue statemer furtherance of p	nt and balance sheet works of public service, provide,
į	following amounts relating to these items.	or public exhibition, education, or research in furth	statement ar erance of publi	ic service, provide the
	(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, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items:	ncial gain, prov	vide the following
	a Revenues included in Form 990, Part VIII, line	e 1		► \$
1	h Assets included in Form 990. Part X			►S

• ,							ca 655	- 41.0		
Schedule D (Form 990) 2012 AGRI(Part III Organizations Mainta	CULTURAL ining Colle	& APF	of Art, Histo	OMIC orica	S I Treasures, o	Other Sim	51-070 lar Ass	<u>6416</u> ets (con	tinue	Page 2 e <i>d)</i>
3 Using the organization's acquisition items (check all that apply)					··					
a Public exhibition			d Loan	orex	change programs					
b Scholarly research			e Other		onango programo					
H ₂ '. , , ,	rations									
c Preservation for future gener 4 Provide a description of the organiz Part XIII		ions and	explain how they	y furth	er the organization'	s exempt purpo	se in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or han to be ma	receive intained	donations of ar	rt, hist organi	torical treasures, c zation's collection	or other similar	assets	Yes		No
Part IV Escrow and Custodial Arr reported an amount o	angements.	Complet	e if the organiz				art IV, lin	e 9, or		
1 a Is the organization an agent, true on Form 990, Part X?			_			ner assets not	included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	and com	plete the follow	ıng ta	ble			Amount		
0						1.		Amount		
c Beginning balance						1 c				
d Additions during the year						1 d				
e Distributions during the year										
f Ending balance										
2 a Did the organization include an amount on Form 990, Part X, line 21?				No						
b If 'Yes,' explain the arrangement	in Part XIII	Check h	ere if the explai	ntion	has been provided	I in Part XIII			L]
Part V Endowment Funds. C			ganization ar	ารwe						
	(a) Currer	nt	(b) Prior yea	ar	(c) Two years	(d) Three	years	(e) Fou	r years	5
1 a 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 percentag	e of the curre	nt vear	end balance (lır	ne 1a.	column (a)) held	as	_	1		
a Board designated or quasi-endowm		•	8		,					
b Permanent endowment ►										
c Temporarily restricted endowmer			%							
The percentages in lines 2a, 2b,		d equal								
3 a Are there endowment funds not in to organization by	the possessior	of the o	rganization that a	are he	ld and administered	d for the		$\overline{}$	es	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related of	organızatıons	listed as	s required on S	chedu	le R?			3b		
4 Describe in Part XIII the intended	d uses of the	organiza	ation's endowm	ent fu	nds					
Part VI Land, Buildings, and	Equipmen	t. See	Form 990, P	art X	, line 10.					
Description of property		(a) Cos	t or other basis evestment)	(b	Cost or other basis (other)	(c) Accumi deprecia		(d) Bo	ok va	lue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment					2,940.	2	,940.	•		0.
e Other					=, = : : : :		,	· · ·		
Total. Add lines 1a through 1e (Colum	nn (d) must e	gual For	m 990 Part X	colum	n (B), line 10(c)		•			0.
BAA	(4) 111451 6		223, 1 41171,		(=), , 0(0))	·	Schedi	ule D (Form	9901	

Part VII	Investments -	- Other Securities. See	Form 990, Part X,	line 12. N/A		
	(a) Description of (including nai	security or category me of security)	(b) Book value	(c	 Method of valuation end-of-year market v 	Cost or value
	ial derivatives					
	y-held equity intere	sts				
(3) Other						
(A) (B)						
(B)						
(0)						
(C) (D) (E) (F) (G) (H)						
(E)						
(G)						
(H)						
(l)						
	mn (b) must equal Form	990, Part X, column (B) line 12.)				
		- Program Related. See	Form 990, Part X,		I/A	
-		f investment type	(b) Book value	(0) Method of valuation end-of-year market	
(1)						
(2)						
(3)						
(4)			t			
(5)						
(6)						
(7)				·		
(8)						
(10)			.,.			
	mn (h) must equal Form	990, Part X, column (B) line 13)				
Part IX		See Form 990, Part X, I	ine 15. N/A	<u> </u>		
			scription			(b) Book value
(1)						
(2)				· · · · · · · · · · · · · · · · · · ·		
(3)						
(4)						
(5)				- 		
(6)						
(8)			 			
(9)		····				
(10)		-				
	olumn (b) must equ	al Form 990, Part X, column (i	B), line 15)		>	
Part X	Other Liabiliti	ies. See Form 990, Part	X, line 25.			
		ption of liability	(b) Book value			
(1) Fede	eral income taxes					
	TO WAEA			30.		
	S COLLECTED	FOR OTHER ASSOCIAT	17,41	L3.		
_(4)		-				
_(5)						
(6)			- 			
(7)						
(8)				 -}		
(10)	 					
(11)						
	mn (h) must equal Form	990, Part X, column (B) line 25)	► 18,0°	43.		
		art XIII. provide the text of the footnote			te the organization's liability	for uncortain, tax positions

FROM CERTAIN ACTIVITIES, PRIMARILY EMPLOYMENT SERVICE INCOME, IS NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE AND IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AS OF DECEMBER 31, 2012, THE ASSOCIATION HAD A TAX ASSET OF \$255 FOR ESTIMATED PAYMENTS IN EXCESS OF ACTUAL UNRELATED BUSINESS INCOME TAX ESTIMATED TAX PAYMENTS AND PRIOR YEAR OVERPAYMENTS APPLIED TO 2012 TAX (UBIT)

Schedule **D** (Form 990) 2012

BAA

Schedule D (Form 990) 2012 AGRICULTURAL & APPLIED ECONOMICS	61-0/05416	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
TOTALED \$8,296. THE TOTAL UNRELATED BUSINESS INCOME TAX EXPENS	E FOR THE YEAR EN	NDED
WAS \$8,041.		
MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOU	SLY FILED TAX RE	TURNS
IN THE U.S. FEDERAL AND STATE JURISDICTIONS AND THOSE EXPECTED	TO BE TAKEN IN FU	JTURE
TAX RETURNS. AS OF DECEMBER 31, 2012, THE ASSOCIATION HAD NO A	MOUNTS RELATED TO	<u> </u>
UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCR	RUED_INTEREST_AND	
PENALTIES. THE ASSOCIATION DOES NOT ANTICIPATE ANY SIGNIFICANT	CHANGES TO	
UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR. THE ASSOC	CIATION IS CURRENT	rly
NOT UNDER AUDIT BY ANY FEDERAL OR STATE TAXING AUTHORITY AND IS	NO LONGER SUBJEC	CT TO
TAX EXAMINATIONS BY THE U.S. FEDERAL JURISDICTION FOR YEARS PRI	OR TO 2009 AND TH	нE
STATE HIDISDICTION FOR VEADS DRICH TO 2008		
		-
, 		

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2012 Open to Public

OMB No 1545-0047

Inspection

61-0705416

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AGRICULTURAL & APPLIED ECONOMICS General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) PART V (f) Total expenditures for (c) Number of (b) Number of (d) Activities conducted in (a) Region (e) If activity listed in employees, offices in the region (by type) (e g , (d) is a program agents, and and investments region fundraising, program service, describe independent in region services, investments, specific type of contractors in grants to recipients service(s) in region located in the region) region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

61-0705416

AGRICULTURAL & APPLIED ECONOMICS Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (boók, FMV, appraisal, other)
€									
8									
ල									
€									
6									
9									
6									
8									
ච									
(E)									
E									
(12)									
(13)									
<u>5</u>									
(15)									
(le)									
2 En	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	ons listed above that ar	e recognized as char	rities by the foreig	In country, recognize	ed as tax-exempt by	the IRS, or for which	ch	

the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2012

3 Enter total number of other organizations or entities BAA

Page 3

61-0705416

Schedule F (Form 990) 2012 AGRICULTURAL & APPLIED ECONOMICS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2012 FMV (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement WIRE 6,000. (d) Amount of cash grant (c) Number of recipients (b) Region EUROPE (a) Type of grant or assistance (1) EDITOR STIPEND B 8 (1) (2) ල € 9 9 9 8 <u></u> (10) (11) (12) (13) <u>4</u> (3) (16)

TEEA3503L 12/17/12

Sche	dule F (Form 990) 2012 AGRICULTURAL & APPLIED ECONOMICS6	1-0705416	Page 4
	t IV. Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cert Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	ain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations (see Instructions for Form 5471)	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualification glund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Yes	X No
BAA	TEEA3505L 12/17/12	Schedule F (F	orm 990) 2012

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3,
column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
PART I - ADDITIONAL SUPPLEMENTAL INFORMATION
AAEA HAS AN AWARDS COMMITTEE THAT IS RESPONSIBLE FOR ENCOURAGING AWARD NOMINATIONS
CHOOSING THE WINNERS OF ALL AAEA AWARDS EXCEPT THE AAEA FELLOWS, AND FOR MANAGING
THE AWARDS PROGRAM. THE CHAIR AND THE SUBCOMMITTEE CHAIRS ALSO ARE RESPONSIBLE FOR
MAKING POLICY RECOMMENDATIONS TO THE EXECUTIVE BOARD CONCERNING AAEA AWARDS
RECOMMENDATION TOPICS INCLUDE THE NUMBER AND DELINEATION OF AWARD CATEGORIES,
DEVELOPMENT_OF_APPROPRIATE_EVALUATION_CRITERIA, METHODS_TO_ENCOURAGE_NOMINATIONS,
APPROPRIATE RECOGNITION OF AWARD RECIPIENTS, AND THE AWARDS PROGRAM FORMAT.
~

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	ΩĒ.

Department of the Treasury Internal Revenue Service Name of the organization

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

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•		•	

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 61-0705416

AGRICULTURAL & APPLIED ECONOMICS

Part | 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?

X Yes

% □

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. Part II can be duplicated 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
(1) COUNCIL ON FOOD AGR & RESOURC 555 E. WELLS STREET SUITE 110 MILWAUKEE, WI 53202	36-3929032 501 (C) (3)	501 (C) (3)	36,500.	0.	ΛMJ		GENERAL SUPPORT
(2)							
(3)							
(4)							
(<u>5)</u>							,
<u>6</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government c	organizations listed	in the line 1 table			A .	
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				•	
						J. P. L. a.d.	(C100) (000)

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Page-2

61-0705416

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non cash assistance		•						2, Part III, column (b), and any other										
(e) Method of valuation (book, FMV, appraisal, other)	FMV	FMV	FMV	FMV	FMV	FMV	FMV	irt I, line 2, Part III, col		NOMINATION) FOR	ARE	NCERNING AREA	Ð		S PROGRAM		
(d) Amount of non-cash assistance					:			ion required in Pa		ENCOURAGING AWARD NOMINATION	AAEA FELLOWS, AND FOR	SUBCOMMITTEE CHAIRS ALSO ARE	THE EXECUTIVE BOARD CONCERNING	EATION OF AWA	 , METHODS TO 1	AND THE AWARD		
(c) Amount of cash grant	2,000.	58,000.	1,000.	4,524.	2,500.	6,000.	1,500.	to provide the information required in Part I, line		FOR	PT TE	COMMI	님	ER		D RECIPIENTS,		
(b) Number of recipients	1	7	1	18	2	8		ı —	AL INFORMATION	HAT IS RESPONS	L AAEA AWARDS	1 -		INCLUDE THE NU	 ROPRIATE EVALU			
(a) Type of grant or assistance	1 MCCORKLE SCHOLARSHIP	2 EDITOR STIPENDS	3 TW SCHULTZ HONORARIUM	4 SECTION AWARDS	HEADING NORTH AND SOUTH 5 AWARDS	6 LUTHER TWEENTEN GRANT	7 ACHIEVEMENT AWARDS	Part IV Supplemental Information. Complete this part	PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION	AAEA HAS AN AWARDS COMMITTEE THAT IS RESPONSIBLE	AND CHOOSING THE WINNERS OF ALL AAEA AWARDS	MANAGING THE AWARDS PROGRAM. THE CHAIR AND	RESPONSIBLE FOR MAKING POLICY RECOMMENDATIONS	AWARDS. RECOMMENDATION TOPICS INCLUDE THE			FORMAT.	

Schedule I (Form 990) (2012)

Schedule I Cont (Form 990) 2012 AGRICULTURAL & APPLIED ECONOMICS

[Part III * | Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990). Part III.)

Continuation Page 1 of

61-0705416

(a) Type of grant or assistance (b) Number of grant non-cash assistance valuation (book, recipients grant non-cash assistance FMV, appraisal, other)	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, appraisal, other)	(f) Description of non-cash assistance
STUDENT TRAVEL AWARDS	2	370.		FMV	
GAILBRAITH HONORARIUM	T	5,000.		FMV	٠
SYLVIA LANE MENTORSHIP	4	10,366.		FMV	
BRUCE GARDNER AWARDS	4	1,200.		FMV	
		TEEA4002L 12/10/12			Schedule I Cont (Form 990) 2012

SCHEDULE L. (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization AGRICULTURAL & APPLIED ECONOMICS ASSOCIATION

Employer identification number

61-0705416

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Co	rrected?
1		person and organization		Yes	No
(1)					<u> </u>
(2)					<u> </u>
(3)					<u> </u>
(4)					ـــــــ
(5)					<u> </u>
(6)					<u> </u>

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
- Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$		
► \$		

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V. line 38a or Form 990. Part IV. line 26: or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo froi organ	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	proved ard or uttee?	(ı) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
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(8)												
(9)												
(10)												
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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)	**************************************				
(2)					
(3)					
(4)					
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(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	arıng zatıo nues
	Organization			Yes	N
) LORI LYNCH	ON CFARE BOARD	36,500.	GRANT TO CFARE		>
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SCHEDULE O. (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization AGRICULTURAL & APPLIED ECONOMICS 61-0705416 ASSOCIATION FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION JOURNALS (AJAE AND AEPP): THE APPLIED ECONOMIC PERSPECTIVES & POLICY (AEPP) SERVES AS A SCHOLARLY JOURNAL FOR RESEARCH FINDINGS ON REAL WORLD ISSUES RELEVANT TO VARIOUS AREAS OF AGRICULTURAL, FOOD, AND NATURAL RESOURCE ECONOMICS. THE AMERICAN JOURNAL OF AGRICULTURAL ECONOMICS (AJAE) SERVES AS A FORUM FOR CREATIVE AND SCHOLARLY WORK IN AGRICULTURAL ECONOMICS FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY AAEA CONTRACTS WITH EXECUTIVE DIRECTOR INC. (A FOR-PROFIT MANAGEMENT COMPANY) TO PROVIDE OFFICE FACILITIES, MANAGEMENT, RECORD KEEPING, ACCOUNTING, STORAGE, OTHER SIGNIFICANT SERVICES, PLUS RELATED OVERHEAD COSTS. FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THE ORGANIZATION HAS MEMBERS FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY MEMBERS ELECT THE BOARD OF DIRECTORS FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

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

ALL BYLAW CHANGES HAVE TO BE APPROVED BY THE MEMBERSHIP

AFTER THE FORM 990 IS COMPLETED, IT IS MADE AVAILABLE TO THE ENTIRE BOARD OF
DIRECTORS AND REVIEWED IN DEPTH BY THE FINANCE/AUDIT COMMITTEE OF THE ORGANIZATION

AFTER A RECOMMENDATION TO THE BOARD BY THIS COMMITTEE, AN OFFICER OF THE

ORGANIZATION SIGNS THE 990 BEFORE IT IS FILED.

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

AAEA'S OFFICERS, BOARD MEMBERS, & COMMITTEE MEMBERS ARE REQUIRED ANNUALLY TO

DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. AAEA'S GOVERNING BOARD HAS FINAL SAY

AS TO DETERMINING CORRECTIVE MEASURES FOR SUCH CONFLICTS. CORRECTIVE MEASURES AT

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization AGRICULTURAL & APPLIED ECONOMICS · ASSOCIATION	Employer identification number 61-0705416
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORC	EMENT OF CONFLICTS (CONTINUED)
THE VERY MINIMUM INCLUDE DISCLOSURE TO THE GOVERNING BODY, B	UT ALSO MAY INCLUDE
RECUSAL OR RESIGNATION FROM ASSIGNED DUTIES.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCI	ESS - CEO, TOP MANAGEMENT
AAEA IS MANAGED BY EXECUTIVE DIRECTOR INC. (A FOR-PROFIT MAN	AGEMENT COMPANY). AAEA
HAS NO OFFICIAL EMPLOYEES, BECAUSE ALL STAFF ASSIGNED TO AAE	A ARE EMPLOYEES OF THE
MANAGEMENT COMPANY. AAEA ALSO DOES NOT COMPENSATE DIRECTORS	OR OTHER TOP OFFICIALS.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCI	ESS - OFFICERS & KEY EMPLOYEES
AAEA IS MANAGED BY EXECUTIVE DIRECTOR INC. (A FOR-PROFIT MAN	AGEMENT COMPANY). AAEA
HAS NO OFFICIAL EMPLOYEES, BECAUSE ALL STAFF ASSIGNED TO AAE	A ARE EMPLOYEES OF THE
MANAGEMENT COMPANY. AAEA ALSO DOES NOT COMPENSATE DIRECTORS	OR OTHER TOP OFFICIALS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	(AVAILABLE
AAEA'S 990 & 990-T ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	AAEA'S POLICIES ARE
EITHER POSTED ON THE WEBSITE AND THOSE THAT ARE NOT POSTED A	RE AVAILABLE UPON
REQUEST.	
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2012

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 AGRICULTURAL & APPLIED ECONOMICS ASSOCIATION 61-0705416

PART III,	LINE	12 - 0	THER	INCOME
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NATURE AND SOURCE	-	2012	2011	2010	2009	2008
SYMPOSIA	TOTAL	\$ 50,615. \$ 50,615.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

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

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

<ul><li>If you ar</li></ul>	e filing for an <b>Automatic 3-Month Extension, cor</b>	mplete only	Part I and check this box			- X	
<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-Mont	th Extension	n, complete only Part II (on page 2 of th	is form	)		
Do not com	olete Part II unless you have already been grante	ed an autom	natic 3-month extention on a previously f	iled Fo	rm 8868		
corporation request an ex Associated \	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not tension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	t automatic) I or Part II v oust be sent	) 3-month extension of time. You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronic n Return	ally file Form for Transfers	1 8868 to	
Part I	<b>Automatic 3-Month Extension of Time</b>	. Only sul	omit original (no copies needed).	<del></del> _			
	n required to file Form 990-T and requesting an				te Part I only	, <u>►</u> □	
	porations (including 1120-C filers), partnerships,						
income tax i	eturns.		Enter filer's identi				
	Name of exempt organization or other filer, see instructions		Effet mer 3 identi		er identification		
Type or print	ASSOCIATION 61-070541						
File by the due date for	Number, street, and room or suite number. If a P O box, see in	nstructions		50	ocial security num	iber (2214)	
filing your return See	555 E WELLS STREET #1100  City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions	MILWAUKEE, WI 53202	·					
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)			01	
Application Is For		Return Code	Application Is For			Return Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	990-T (corporation)			
Form 990-Bl		02	Form 1041-A			08	
Form 4720 (ır		03	Form 4720			09	
Form 990-PF	<del>.</del>	04	Form 5227			10	
	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Telephon If the org If this is check the exter	e No (414) 276-6445  ganization does not have an office or place of bustor a Group Return, enter the organization's four s box  If it is for part of the group, consion is for  st an automatic 3-month (6 months for a corporation)	FAX No siness in the digit Group theck this be	e United States, check this box Exemption Number (GEN) ox I and attach a list with the na		for the whole	•	
until The ex ► X ► 1	8/15 , 20 13 , to file the exempt orgatension is for the organization's return for calendar year 20 12 or tax year beginning , 20 ax year entered in line 1 is for less than 12 montaing in accounting period	anization ref	turn for the organization named above	ıal retui	rn		
3a If this a	application is for Form 990-BL, 990-PF, 990-T, 47 indable credits. See instructions.	20, or 6069	, enter the tentative tax, less any	3 a	\$	0.	
<b>b</b> If this a payme	application is for Form 990-PF, 990-T, 4720, or 60 ints made Include any prior year overpayment all	069, enter a lowed as a	ny refundable credits and estimated tax credit	3 Ь	\$	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.

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

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	3 (Rev 1-2013)				Page 2		
	are filing for an Additional (Not Automatic) 3-Mont				► X		
	complete Part II if you have already been granted			ısly filed Form 8868			
	are filing for an Automatic 3-Month Extension, con			1 (			
Part II	Additional (Not Automatic) 3-Month E	xtension					
	Enter filer's identifyin						
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or					
Type or	AGRICULTURAL & APPLIED ECONOMIC	0705416					
print	ASSOCIATION  Number, street, and room or suite number. If a P O box, see insi	61-0705416 Social security number (SSN)					
File by the	File by the						
extended due date for	RITZ HOLMAN LLP						
filing your return See instructions	330 E. KILBOURN STE. 550  City, town or post office, state, and ZIP code For a foreign addre	ss, see instructi	ons	<u> </u>			
HISQUETIONS							
	MILWAUKEE, WI 53202-3144						
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return)		01		
Application Is For		Return Code	Application Is For		Return Code		
Form 990 o	r Form 990-EZ	01	Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Servic	#	***		
Form 990-l	3L	02	Form 1041-A		08		
Form 4720	(individual)	03	Form 4720		09		
Form 990-F	PF	04	Form 5227		10		
Form 990-	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-	T (trust other than above)	06	Form 8870		12		
If the o     If this is whole group	bks are in care of <b>EXECUTIVE DIRECTOR</b> , one No. (414) 276-6445  rganization does not have an office or place of bus s for a Group Return, enter the organization's four p, check this box  If it is for part of the group extension is for	FAX No F siness in the digit Group	e United States, check this box Exemption Number (GEN)	. If this th the names and EINs of	► ☐ is for the f all		
5 For ca 6 If the C 7 State	lest an additional 3-month extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 month hange in accounting period in detail why you need the extension	g hs, check re	, 20, and ending _ eason:		-		
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions							
b 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.							
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							
	Signature and Verifica	ition mus	t be completed for Part II on	ıly.			
Under penalties correct, and con	s of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form  Title	empanying sche		Date > 8//	4/J3 Rev 1-2013)		