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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ App pending

C

Florida Farm Bureau Federation
5700 SW 34th St
Gainesville, FL 32608

D Employer identification no.

59-0642950

E Telephone number

(352) 378-1321

G Gross receipts \$, 994, 869.

F Name and address of Principal Officer:

John L Hoblick
5700 SW 34 Street
Gainesville, FL 32608

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "NO" attach a list (See instructions)

H(c) Group exemption no 1805

I Tax Exempt Status ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: floridafarmbureau.org

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

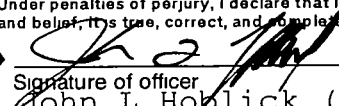
L Year of Formation 1941 M St. of legal domicile FL

Part I Summary

A c t i v i t y t o s e e t r a n s a c t i o n	1	Briefly describe the organization's mission of most significant activities. We apply joint and collective effort at the county, state and national level to the solution of problems of agriculturists and rural communities in economic, educational and social fields.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	41.
	6	Total number of volunteers (estimate if necessary)	6	3,177.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	575,131.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	293,212.	
R E V E N U E	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,445,163.	Current Year 2,367,465.
	9	Program services revenue (Part VIII, line 2g)	206,084.	209,164.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,333.	3,307,937.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	4,045,479.	4,083,991.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,739,059.	9,968,557.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000.	19,955.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15	Salaries, other compensation, or employee benefits (Part IX, column (A), lines 5-10)	3,395,060.	3,024,400.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 23)	0.	0.
E X P E N S E S	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,584,017.	2,476,955.
	18	Total Expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,994,077.	5,521,310.
	19	Revenue less expenses Subtract line 18 from line 12	744,982.	4,447,247.
	A S S E T S	20	Total assets (Part X, line 16)	Beginning of Current Year 15,604,267.
21		Total liabilities (Part X, line 26)	2,832,588.	2,627,947.
22		Net assets or fund balances Subtract line 21 from line 20	12,771,679.	14,261,082.

Part II Signature Block

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

Please Sign Here:  Date 2-13-14

Signature of officer: John L Hoblick (President)

Type or print name and title.

Print preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed ☐ PTIN: _____

Paid Preparer Use Only: Firm's name: _____ Firm's EIN: _____ Firm's address: _____ Phone no.: _____

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

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

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Form 990 (2012)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in Part III ☐**1** Briefly describe the organization's mission:

We apply joint and collective effort at the county, state and national level to the solution of problems of agriculturists and rural communities in economic, educational and social fields.

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

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
The Florida Farm Bureau Women's Program has as its mission, to harness the talents & skills of our women to the task of implementing Farm Bureau policy, goals and objectives. It focuses the unique talents of women to make Farm Bureau more effective in its organizational, legislative, educational & promotional efforts. Any woman that is a Farm Bureau member is eligible to participate in local, state and national activities. The Florida Farm Bureau Federation's Women's Leadership Committee is comprised of a District Women's Chair from each field district and a representative from the Young Farmer and Rancher Committee. The committee hosts the annual State Women's Conference, develops an annual plan and helps coordinate county Women's Committee activities that support state initiatives.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
The overarching mission of Florida Farm Bureau's Young Farmer and Rancher program is to ensure Florida Farm Bureau Federation will have effective leadership in the future. The program includes the State YF&R Leadership Group, a select group of individuals between 18 and 35 years of age who participate in a two year leadership curriculum that includes instruction and travel experiences. This group also hosts the annual Young Farmer and Rancher Conference that is attended by members from around the state. Attesting to the effectiveness of this program is the fact that both our State president and vice president are alumni of the program.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
The County Recognition Program is designed to recognize county Farm Bureaus for outstanding achievements in meeting their members' needs and supporting state policy implementation goals. It provides a means for county Farm Bureaus to share successful program ideas. It also aims to provide a "Roadmap for Success" that will help county leaders plan and execute programs that benefit members and support Farm Bureau policy goals.

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

(Expenses \$ including grant of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (Continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principle amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 990EZ? If "Yes," complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
b	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 ☐ Yes ☒ No		
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	21	
b	Enter the number of Forms W-2G included in Line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (Gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax Statements filed for the calendar year ending with or within the year covered by this return	41	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the year If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25			
b Enter the number of voting members included in line 1a, above who are independent		25		
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, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?			5	X
6 Does the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization's exempt purposes?	10b	X
11a Has the organization provided a copy of the Form 990 to all members of its governing body before filing the form?	11	X
b Describe in Schedule O the process, if any, the organization uses to review the Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with policy? If "Yes," Describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **FL**

18 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
See schedule

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any questions in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Comensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calander 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if the organization did not compensate any salaried officer, director, or officer											
(A) Name and Title	(B) Average hours per week (describe hours for related org below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		I n d i v i d u a l	D i r e c t o r	I n s t i t u t i o n a l	O f f i c e r	K e y e m p l o y e e	H i g h l e v e l c o m p				F o r m e r
(1) Jerry Davis Director	2 .25	X						0	0	12666	
(2) Jon Deas Director	2 .25	X						0	0	11490	
(3) Michael Dooner Director	2 .25	X						0	0	14088	
(4) Dalton Dowdy Director	2 .25	X						0	0	4835	
(5) Brad Etheridge Director	2 .25	X						0	0	8375	
(6) Ken Harrison Director	2 .25	X						0	0	13980	
(7) Steve Johnson Director	2 .25	X						0	0	15288	
(8) Rod Land Treasurer	3 .25				X			0	0	8370	
(9) Kelvin Moreno Director	2 .25						X	0	0	189	
(10)Henry McCrone Director	2 .25	X						0	0	7343	
(11)Virginia Paarlberg Director	2 .25	X						0	0	3196	
(12)Daniel Peterson Director	2 .25	X						0	0	10596	
(13)Jeff Pittman Director	2 .25	X						0	0	7110	
(14)Ed Shadd Director	2 .25	X						0	0	2275	

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

(A) Name and Title	(B) Average hours per week (describe hours for related org's below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organizations (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		1	2	3	4	5	6			
(15) Wilton Simpson Director	2 .25						X	0	0	10824
(16) Mark Soddors Director	2 .25	X						0	0	7074
(17) Ron Wetherington Director	2 .25						X	0	0	8142
(18) Sarah Carte Director	2 .25	X						0	0	5373
(19) R. Mark Wilson Director	2 .25	X						0	0	20022
(20) John L Hoblick President	36 4			X				0	156490	54627
(21) Brantley Shirard, Jr Vice President	3 .25			X				0	0	0
(22) Mark Byrd Secretary	3 .25			X				0	0	14478
(23) Robert Richardson Director of Finance	35 5					X		120237	0	49794
(24) Roy Singleton Director of Marketing f	0 40					X		0	127525	53273
(25) Kevin Morgan Asst to President	38 2					X		123366	0	46885
1b Sub-total								243603	284015	390293
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								243603	284015	390293

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns	1a 0.				
b	Membership Dues	1b 2,367,465.				
c	Fundraising events	1c 0.				
d	Related organizations	1d 0.				
e	Government grants (contributions)	1e 0.				
f	All other contributions, gifts, grants, & similar amounts not included above	1f 0.				
g	Noncash contributions included in lines 1a-1f \$	0.				
h	Total. Add lines 1a-1f	2,367,465.	2,367,465.			
Program Service Revenue						
		Business Code				
2a	Sponsorships	541800	134,400.	134,400.	0.	
b	Project Revenue	561000	74,764.	64,764.	10,000.	
c						
d						
e						
f	All other program service revenue		0.	0.	0.	0.
g	Total. Add lines 2a-2f		209,164.			
3	Investment income (including dividends, interest and other similar amounts)		37,833.	0.	0.	37,833.
4	Income from investment of tax-exempt bond proceeds		0.	0.	0.	0.
5	Royalties		3,488,298.	0.	0.	3,488,298.
		(i) Real (ii) Personal				
6a	Gross Rents	0.	0.			
b	Less: rental expenses	0.	0.			
c	Rental income or (loss)	0.	0.			
d	Net rental income or (loss)		0.	0.	0.	0.
		(i) Securities (ii) Other				
7a	Gross amount from sales of assets other than inventory	0.	3,271,335.			
b	Less: cost or other basis and sales expenses	0.	1,231.			
c	Gain or (loss)	0.	3,270,104.			
d	Net gain or (loss)		3,270,104.	0.	0.	3,270,104.
8a	Gross amount from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	a 0.				
b	Less: direct expenses	b 0.				
c	Net income or (loss) from fundraising events		0.	0.	0.	0.
9a	Gross income from gaming activities. See Part IV, line 19	a 0.				
b	Less: direct expenses	b 0.				
c	Net income or (loss) from gaming activities		0.	0.	0.	0.
10a	Gross sales of inventory, less returns and allowance	a 129,439.				
b	Less: cost of goods sold	b 25,081.				
c	Net income or (loss) from sales of inventory		104,358.	0.	104,358.	0.
Miscellaneous Revenue						
		Business Code				
11a	Commissions	524298	311,140.	0.	311,140.	
b	Member Services & Reimbursements	561000	180,195.	30,562.	149,633.	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		491,335.			
12	Total Revenue See instructions		9,968,557.	229,726.	575,131.	6,796,235.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐				
Do not include amounts reported on line 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	19955			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees and key employees	243603			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1626718			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	605995			
9 Other employee benefits	396744			
10 Payroll taxes	151340			
11 Fees for services (non-employees)	0			
a Management	21781			
b Legal	12250			
c Accounting	28438			
d Lobbying	0			
e Professional fundraising. See Part IV, line 17	0			
f Investment management fees	0			
g Other	85784			
12 Advertising and promotion	89518			
13 Office Expenses	285842			
14 Information technology	31228			
15 Royalties	0			
16 Occupancy	161939			
17 Travel	500199			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions, and meetings	42857			
20 Interest	0			
21 Payments to affiliates	494783			
22 Depreciation, depletion, and amortization	19485			
23 Insurance	0			
24 Other expenses—itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on schedule O.)				
a Subscription Expense	472895			
b Awards & Contributions	242592			
c Vehicle Rent/Maint&Eqpmt	182908			
d Taxes	3044			
e All other expenses	-198588			
25 Total functional expenses. Add lines 1 through 24e	5521310			
26 Joint Costs. Check ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance SheetsCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash-non-interest-bearing	536,711.	1	1,013,733.
	2 Savings and temporary cash investments	7,165,474.	2	7,579,145.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,046.	4	3,012.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	318,645.	7	3,551,533.
	8 Inventories for sale or use	5,530.	8	2,678.
	9 Prepaid expenses and deferred charges	44,177.	9	61,498.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 439,288.		
	b Less: accumulated depreciation	10b 322,557.		
		133,689.	10c	116,731.
	11 Investments-publicly-traded securities	0.	11	0.
	12 Investments-other securities. See Part IV, line 11	7,398,995.	12	4,560,699.
	13 Investments-program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add 1 through 15 (must equal line 34)	15,604,267.	16	16,889,029.	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	374,799.	17	426,035.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured Mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,457,789.	25	2,201,912.
	26 Total liabilities. Add lines 17 through 25	2,832,588.	26	2,627,947.
N E T A S S E T S F U N D B A L A N C E S	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	25,000.	30	25,000.
	31 Paid-in or capital surplus, or land, building, and equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	12,746,679.	32	14,236,082.
	33 Total net assets or fund balances	12,771,679.	33	14,261,082.
	34 Total liabilities and net assets/fund balances	15,604,267.	34	16,889,029.

Part XI Reconciliation of Net AssetsCheck 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	9,968,557.
2	Total Expenses (must equal Part IX, column (A), line 25)	2	5,521,310.
3	Revenue less expenses. Subtract line 2 from line 1.	3	4,447,247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,771,679.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-5,926.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,951,918.
10	Net assets or fund balances at the end of year. Combine lines 3 through 9 (Must equal Part X, line 33, column (B))	10	14,261,082.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

Schedule C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization

Florida Farm Bureau Federation

Employer identification no.

59-0642950

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours ▶ _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction Made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter -0-	(e) Amount of political contributions received & promptly & directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and shares of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Florida Farm Bureau Federation

Employer identification number

59-0642950

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

	(a) Donor Advised Funds	(b) Funds and Other Accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other purpose conferring impermissible private benefit?	☐ Yes	☐ No

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

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

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

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

	Held at the end of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states in which the organization held a conservation easement is located ►

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

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

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

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

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

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

(I) Revenues included in Form 990, Part VIII, line 1 ► \$

(II) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

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

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

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

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

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0.	12,920.		12,920.
b Buildings	0.	90,039.	56,917.	33,122.
c Leasehold improvements	0.	99,509.	49,695.	49,814.
d Equipment	0.	96,594.	87,858.	8,736.
e Other		140,226.	128,087.	12,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				116,731.

Part VII Investments—Other Securities. See Form 990, Part X, line 12

59-0642950

(a) Description of security or category (including name of security)	(b) Book Value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Stock BanCorp</u>	459,900.	C
(A) <u>Stk Cert Plaintiff's S/H Corp</u>	363.	C
(B) <u>Preferred BanCorp Stock</u>	200,000.	C
(C) <u>Stock FFBE</u>	10,000.	C
(D) <u>Stock Holding Corp</u>	58,563.	C
(E) <u>Stock Investment Corp</u>	240,000.	C
(F) <u>FFBE Equity Ret Earnings</u>	3517709.	
(G) <u>Holding Corp Equity Ret Earn</u>	39,960.	
(H) <u>Invstmt Corp Equity Ret Earn</u>	34,204.	
(I)		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	4560699.	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book Value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book Value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <u>Post Retirement Benefit.</u>	1065840.	
(3) <u>Pension Benefit Payable.</u>	1178517.	
(4) <u>Deferred Tax Benefit.</u>	-42,445.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	2201912.	

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

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

1	Total revenue, gains and other support per audited financial statements	1	10314741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0.
b	Donated services and use of facilities	2b	0.
c	Recoveries of prior year grants	2c	0.
d	Other (Describe in Part XIII)	2d	351,184.
e	Add lines 2a through 2d	2e	351,184.
3	Subtract line 2e from line 1	3	9963557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0.
b	Other (Describe in Part XIII)	4b	5,000.
c	Add lines 4a and 4b	4c	5,000.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9968557.

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

1	Total expenses and losses per audited financial statements	1	5249939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5249939.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	271,371.
c	Add lines 4a and 4b	4c	271,371.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5521310.

Part XIII Supplemental Information

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

Schedule D, Part VI - Other fixed assets held for investment

Investment description	Cost or Other Basis (Investment)	Cost or Other Basis (Other)	Depreciation	Book value
Furniture & Fixtures	0.	105,978.	96,469.	9,509.
Computer Software	0.	34,248.	31,618.	2,630.
		140,226.	128,087.	12,139.

Part XII, line 2d - Other on Financial stmt/not on Revenue

Equity in Earnings of Subsidiaries 351,184

Part XII, line 4b - Other on Revenue/not on Financial stmt

Reclass Refund Contribution 5,000

Part XIII. **Supplemental Information.** (continued)Part XIII, line 4b - Other on Func exp/not on Financial

FASB 158 Pension Adjustment	161,633
Post Retirement Benefit	99,491
Reclass Expense Reduction	5,000
Audit Adj Deferred Tax	5,247

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Florida Farm Bureau Federation

Employer identification number

59-0642950

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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) Alachua County Far Schedule Attached	59-0762130 501(c)(5)	4,955.			See Attached
(2) Dade County Farm B Schedule Attached	59-0688990 501(c)(5)	5,000.			See Attached
(3) Holmes County Farm Schedule Attached	59-0919996 501(c)(5)	5,000.			See Attached
(4) Santa Rosa County PO Box 490 Jay, FL 32565-0490	59-0785943 501(c)(5)	5,000.			See Attached
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule I (Form 990) (2012)

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

(a) Type of Grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

The 2013 County Action Partnership (CAP) Program will provide up to \$5,000 funding for approved projects. An application is filled out and successful applicants will be selected by the CAP Committee and must be approved by the Florida Farm Bureau Board of Directors. This innovative program has been created to provide financial assistance for County Farm Bureaus interested in implementing projects of significant importance to Florida agriculture.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional informationSchedule I Part II - Addresses, Description and Purpose

<u>Name, Address and Purpose of Grant</u>	<u>Description of Non-Cash Assistance</u>
Alachua County Farm Bureau 14435 NW US HWY 441 Alachua, FL 32615-8812 County Action Partnership Program	
Dade County Farm Bureau 1850 Old Dixie Hwy Homestead, FL 33033-3212 County Action Partnership Program	
Holmes County Farm Bureau 1108 N Waukesha Street Bonifay, FL 32425-1406 County Action Partnership Program	
Santa Rosa County Farm Bureau PO Box 490 Jay, FL 32565-0490 County Action Partnership Program	

**Schedule J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990** ▶ **See separate instructions.**

OMB NO. 1545-0047

2012

**Open to Public
Inspection**

Name of organization
Florida Farm Bureau Federation

Employer identification number
59-0642950

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board of compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-Misc Compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Kelvin Moreno	(i)							
	(ii)					189.	189.	
(2) Wilton Simpson	(i)							
	(ii)					10,824.	10,824.	
(3) Ron Wetherington	(i)							
	(ii)					8,142.	8,142.	
(4) John L Hoblick	(i)							
	(ii)	156,490.				54,627.	211,117.	201,586.
(5) Robert Richardson	(i)	120,237.				49,794.	170,031.	167,158.
	(ii)							
(6) Roy Singleton	(i)							
	(ii)	127,525.				53,273.	180,798.	187,814.
(7) Kevin Morgan	(i)	123,366.				39,741.	163,107.	157,635.
	(ii)							
(8)	(i)							
	(ii)							
(9)	(i)							
	(ii)							
(10)	(i)							
	(ii)							
(11)	(i)							
	(ii)							
(12)	(i)							
	(ii)							
(13)	(i)							
	(ii)							
(14)	(i)							
	(ii)							
(15)	(i)							
	(ii)							
(16)	(i)							
	(ii)							

Schedule O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Florida Farm Bureau Federation

Employer identification number

59-0642950

Part VI, Line 6 - Organization has members or stockholders

Florida Farm Bureau Federation is a membership based organization.

Part VI, Line 7a - Persons/Groups who can elect any members of governing body

The members elect the President, Vice President and Board of Directors at our annual meeting.

Part VI, Line 7b - Governing body decisions are subject to approval by:

The opportunity for members to challenge or question the actions of the governing body is made available in the general business sessions and the policy development segment of the annual meeting.

Part VI, Line 11b - Process used by the organization to review this 990 return

Prior to mailing, the 990 is reviewed by the Board of Directors and management.

Part VI, Line 12c - Monitoring and enforcement of conflict of interest policy

The organization, through the Assistant to the President, monitors any conflict of interest that may arise.

Part VI, Line 15a/15b - Compensation review process

Vice President, Treasurer and Secretary serve as compensation committee for the President/CEO. They review comparables with other associations in similar positions.

Part VI, Line 19 - How Org. makes Documentation, Policies & Statements public

As an organization exempt under the IRC 501(c)(5) we make our documents available upon request.

Name of the organization

Florida Farm Bureau Federation

Employer identification number

59-0642950

Part VI, Section C, Line 20 - Person in charge of books and recordsRobert Richardson
(352) 378-13215700 SW 34 Street
Gainesville, FL 32608Part XI, Line 9 - Reconciliation changes in net assets or fund balances

Equity in earnings of subsidiaries	449,910
Income Tax Expense	-115,926
Sale of Agency Consolidated Earnings	-3,285,902

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA FARM BUREAU FEDERATION

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

59-0642950

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FLORIDA FARM BUREAU SCHOLARSHIP FUND 5700 SW 34TH STREET, GAINESVILLE, FL 32608 59-1662473	813000	FLORIDA	501(c)3	LINE 11A FFBF			✓
(2) CENTER FOR AGRICULTURAL EDUCATION AND TECH, INC 5700 SW 34TH STREET, GAINESVILLE FL 32608 45-2824894	611710	FLORIDA	501(c)3	LINE 7 FFBF			✓
(3)							
(4)							
(5)							
(6)							
(7)							

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Cat No 50135Y

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FFB Enterprises, Inc 59-1091243									
5700 SW 34th Street Gainesville, FL 32608	561000	FL	FFBF	C			100%		✓
(2) Florida Agricultural Marketing Association									
5700 SW 34th Street Gainesville, FL 32608 59-1228820	424400	FL	ENTERPRISES	C			100%		✓
(3) Florida Farm Bureau Holding Corp 59-2492747									
5700 SW 34th Street Gainesville, FL 32608	551112	FL	FFBF	C			73%		✓
(4) FFBF Investment Corporation 26-3787305									
5700 SW 34th Street Gainesville, FL 32608	551112	FL	FFBF	C			100%		✓
(5) Agricultural Education Services & Tech Inst									
5700 SW 34th Street Gainesville, FL 32608	611710	FL	ENTERPRISES	C			100%		✓
(6)									
(7)									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Florida Farm Bureau Agency	a	194,377	% of sales
(2) Florida Agricultural Marketing Association	a	101,017	% of sales
(3) Florida Farm Bureau Agency	j	123,025	Contract
(4) Florida Farm Bureau Enterprises	o	172,147	Allocation
(5) Florida Farm Bureau Enterprises	p	322,637	Allocation
(6) Florida Farm Bureau Enterprises	q	33,813	Allocation

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

SCHEDULE O
(Form 1120)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule
for a Controlled Group

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No 1545-0123

Name FLORIDA FARM BUREAU FEDERATION	Employer identification number 59-0642950
---	---

Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a ☒ Parent-subsidiary group
 - b ☐ Brother-sister group
 - c ☐ Combined group
 - d ☐ Life insurance companies only
- 2 This corporation has been a member of this group:
 - a ☒ For the entire year.
 - b ☐ From _____, 20 _____, until _____, 20 _____.
- 3 This corporation consents and represents to:
 - a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.
 - b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20 _____, and for all succeeding tax years.
 - c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
 - a ☐ Elected by the component members of the group.
 - b ☐ Required for the component members of the group.
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
 - a ☐ No apportionment plan is in effect and none is being adopted.
 - b ☒ An apportionment plan is already in effect. It was adopted for the tax year ending 06/30/1991, 20 _____, and for all succeeding tax years.
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See instructions.
 - a ☐ Yes.
 - (i) ☐ The statute of limitations for this year will expire on _____, 20 _____.
 - (ii) ☐ On _____, 20 _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20 _____.
 - b ☐ No. The members may not adopt or amend an apportionment plan.
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
 - a ☒ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
 - b ☐ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
 - c ☐ The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1 FLORIDA FARM BUREAU FEDERATION		13-06	50,000	25,000	218,212		293,212	
2 FLORIDA FARM BUREAU ENTERPRISES, INC		13-06			459,974		459,974	
3 FLORIDA FARM BUREAU HOLDING CORPORATION		13-06			1,225		1,225	
4 FFBF INVESTMENT CORPORATION		13-06			3,304		3,304	
5 CENTER FOR AGRICULTURAL EDUCATION, INC		13-06			0		0	
6								
7								
8								
9								
10								
Total								

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 FLORIDA FARM BUREAU FEDERATION	7.500	6.250	74.192		11.750		99.692
2 FLORIDA FARM BUREAU ENTERPRISES, INC			156.391				156.391
3 FLORIDA FARM BUREAU HOLDING CORPORATION			417				417
4 FEBF INVESTMENT CORPORATION			1.123				1.123
5 CENTER FOR AGRICULTURAL EDUCATION, INC			0				0
6							
7							
8							
9							
10							
Total							

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments					(f) Other
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax		
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						
8 _____						
9 _____						
10 _____						
Total						

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

59-0642950

[illegible]