

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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## Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

20**13** 

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

9/30/2014 10/1/2013 and ending For the 2013 calendar year, or tax year beginning D Employer identification number C Name of organization American Society of Farm Managers & Check if applicable Doing Business As Rural Appraisers, Inc. Address change Room/suite Number and street (or PO box if mail is not delivered to street address) 36-2443304 Name change 508 E Telephone number 950 S Cherry St ZIP code Initial return City or town 303-758-3513 80246 Denver CO Terminated Foreign postal code Foreign country name Foreign province/state/county 2.349.973 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No H(a) is this a group return for subordinates? Application pending Brian Stockman 950 S. Cherry St., #508, Denver, CO. 80246 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) ( ) **4** (insert no.) 4947(a)(1) or Tax-exempt status Website: ► www.asfmra.org H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation 1971 M State of legal domicile CO Part I Summarv Briefly describe the organization's mission or most significant activities ASFMRA members protect and serve the Activities & Governance rural property owner with trustworthy valuation, management, consulting and marketing Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 12 12 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 126 6 Total unrelated business revenue from Part VIII, column (C), line 12 9,041 7a Net unrelated business taxable income from Form 990-T, line 34 7b -1.470 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) E2-671 2,230,323 Program service revenue (Part VIII, line 2g) 2,237,887 Investment income (Part VIII, column (A), lines 3 4 10 68,599 104,885 Other revenue (Part VIII, column (A), lines 5, 6d, 200c, 10c and 11e) 11 19,005 14,765 Total revenue—add lines 8 through 11 (must equal Part VII) 12 dine 2,325,491 2,349,973 Grants and similar amounts paid (Part IX, column (ALlihes 1-3) 13 0 0 Benefits paid to or for members (Part IX, column (A) (Tine 4) 14 0 0 Salaries, other compensation, employee benefits (Part I 15 843,172 987,436 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 n Total fundraising expenses (Part IX, column (D), line 25 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 1,098,263 1,137,710 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1.941.435 2,125,146 19 Revenue less expenses Subtract line 18 from line 12 384,056 224,827 Beginning of Current Year End of Year Total assets (Part X, line 16) 20 2,114,819 2.636.495 21 Total liabilities (Part X, line 26) 823,614 1,025,605 Net assets or fund balances Subtract line 21 from line 20 1,291,205 1,610,890 Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer 10 Type or print name and title Print/Type preparer's name Preparer's signature Paid Preparer PTIN Check Naomi Hull 3/10/2015 self-employed P00544291 ► Hull & Associates, P.C. Firm's name **Use Only** Firm's EIN > 84-1215980 Firm's address ▶ 780 Simms St., Ste. 200, Golden, CO 80401 (303) 202-2702 Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2013)

Form 99	0 (2013) America	n Society of Farm Manage	rs &		36-2443304	Page 2
Par	III Statemen	t of Program Service		Part III		
1	Briefly describe the or	ganization's mission				
			I property review appraisal & farm			
			leas, conducting schools & other infor	mation		
	dissemination, and ad	ministering an accrediting p	program for the recognition of the			
	professional advancen	ment of members & promot	ing a code of business & professional ogram services during the year which	etnics		
	bid the organization ut the prior Form 990 or 9		ogram services during the year which	were not listed on	Yes	X No
	•	e new services on Schedul	e O			(1)
	•		significant changes in how it conducts	any program		
	services?	odoo oomaadang, or make k		,	Yes	X No
	If "Yes," describe these	e changes on Schedule O				<u></u>
4	Describe the organization	tion's program service acco	omplishments for each of its three larg	est program services,	as measured by	
			izations are required to report the amo	ount of grants and allo	cations to others	ı
	the total expenses, an	d revenue, if any, for each	program service reported			
	(Code	) (Expenses \$	including grants of \$	) (Revenue	\$	)
			tation, educational instruction in all fac			
	iaim management and	Truial applaising and disse	emination of pertinent information mate			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue	\$	)
,						
·						
,						
•						
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue	\$	)
•						
•		•••••••••				
-						
-			*			
_						
-						
-						
4d	Other program service	s (Describe in Schedule O	)			
	Expenses \$	0 including gra	nts of \$ 0 ) (Reve	nue \$	0)	
4e	Total program service e	expenses >	0			

art	V Checklist of Required Schedules		r	
	Letter any action described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vee "	Γ	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 instructions)?	2	X	<u> </u>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del> </del> -	-	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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_	ļ 	
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	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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- 1		
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		ĺ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		,	
4.0	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	140	Ì	l 🗸
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	1344	X
''	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	III SEE	i line	3.200
_	Schedule D, Part VI	11a	Х	
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
ıza	Schedule D, Parts XI and XII	425	V	[
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	X	
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school 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
	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	1		ļ
	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 other assistance to or			
	for any foreign organization? 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 other			
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
10	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		ļ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		_X_
. •	If "Yes," complete Schedule G, Part III	140	1	v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Par	t V Checklist of Required Schedules (continued)			· · ·
		Γ	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		-
22	Did the organization report more than \$5,000 of grants or 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>  ^</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	- (		1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1 1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			}
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		
27	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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,	121		<del>  ^</del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1-00		
	Schedule L, Part IV	28b		Х
С	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,	1 1	}	
20	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	_	}	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
<b>J</b> J	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	1 00 1	1	v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
•	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	338		_^_
	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	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ļ	
	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	x l	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7 '	{	-
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-	{	}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.0	×	
_	gaming (gambling) winnings to prize winners?	1c	<del>  ^-</del> -	<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 11	1	]	Ì
	Statements, filed for the calendar year ending with or within the year covered by this return  11 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del> </del>
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	<del>  ^</del>	<del> </del>
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	<u> </u>	<del> </del>
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		1
	account)?	4a	ļ	x
b	if "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ĺ	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1	i	1
_	gifts were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).		ŀ	ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	├	┼
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	<del> </del>	<del> </del>
·	required to file Form 8282?	7c	1	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	···	<b> </b> -	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		<u> </u>	l
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<del> </del>
10	Section 501(c)(7) organizations. Enter	} '	}	
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	·	l	Į
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	<b></b>	}	}
	Gross income from members or shareholders	[		{
b	Gross income from other sources (Do not net amounts due or paid to other sources	{		1
	against amounts due or received from them )	}		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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	1 1		
С	Enter the amount of reserves on hand			;
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		]

Form 990 (2013)	American Society of Farm Managers &	36-2443304	Page
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. See inst	ructio <u>ns</u> .
	Check if Schedule O contains a response or note to any line in this Part VI.		X

<u>Sect</u>	ion A. Governing Body and Management						
		4- 10		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 12			1		
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	41- 40			] ]		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	nip 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						
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w.		4	_X_			
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		_X_		
6	Did the organization have members or stockholders?		6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			İ		
	one or more members of the governing body?		7a		_X_		
p	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 undertake	n during	i		1 1		
	the year by the following						
а	The governing body?		8a	Χ_			
b	Each committee with authority to act on behalf of the governing body?		8b	X	<b> </b>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached			Ì		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue C</u>	ode				
40-	D. I. I. a			Yes	No		
	Did the organization have local chapters, branches, or affiliates?		10a	X			
D	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?						
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
b	<ul> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> </ul>						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	give rise to conflicts?	12b	Χ			
·	describe in Schedule O how this was done	162,	40-				
13	Did the organization have a written whistleblower policy?		12c	X	<del></del>		
14	Did the organization have a written document retention and destruction policy?		13		X		
15	Did the process for determining compensation of the following persons include a review and appro	val by	14		<del>  ^-</del> -		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ond decision?					
а	The organization's CEO, Executive Director, or top management official	and decision?	450	$\overline{\mathbf{x}}$			
b	Other officers or key employees of the organization		15a 15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130		<del>^</del>		
16a							
	with a taxable entity during the year?	cinent	16a		×		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ato ito	10a				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	ale ils	,		lli		
	the organization's exempt status with respect to such arrangements?	juaru	16b				
Sect	ion C. Disclosure	··-	1001	!	L		
17	List the states with which a copy of this Form 990 is required to be filed	<del></del>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	0-T (Section 501(c)(3):	s only	)			
	available for public inspection. Indicate how you made these available. Check all that apply	(======================================		,			
	Own website X Another's website X Upon request Other (ex	plaın ın Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and						
	financial statements available to the public during the tax year		y,				
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the					
	organization   Accounting Manager		3				
	950 S Cherry St , #508, Denver, CO 80246						

	-
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Form 990 (2013) American Society of Farm Managers &

Part VII

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

Compensation of Officers, Directors, To	rustees, Ke	y Employees,	Highest Compensat	ted
<b>Employees, and Independent Contracto</b>	ors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees, Key Employ	yees, and Highest Compensated Employees	
1a Complete t	his table for all persor	ns required to be listed	Report compensation for the calendar year ending with or within the	ne

- organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  - 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (F) Estimated (do not check more than one (B) (D) (E) Reportable Name and Title Reportable Average box, unless person is both an hours per officer and a director/trustee) compensation compensation amount of week (list any from from related other Individual trustee Officer Highest compensated employee Institutional trustee Key employee compensation hours for the organizations related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) Paul Joerger 1 00 0.00 X. Х Immediate Past Pres 1 00 (2) S James Rickert President 0.00 Х 24.000 (3) Fred L Hepler 1 00 President Elect 0 001 Х Х (4) Merrill Swanson 100 First Vice-President 0 00 Х Х 1 00 (5) LeeAnn Moss Academic Vice-Pres 0.00 Х (6) Timothy Harpster 1 00 District 1 Vice-Pres 0.00 Х (7) Paul E Moore 1 00 District 2 Vice-Pres 0 00 Х Х

(8) Jerry Hicks 1 00 District 3 Vice-Pres 0 00 Х Χ (9) Terry Longtin 1 00 District 4 Vice-Pres 0 00 Х Х (10) Edward E Lumpee 1 00 District 5 Vice-Pres 0.00 Х Х (11) James Duniap 1 00 District 6 Vice-Pres 0 00 Χ Χ (12) Thomas Schorr 1 00 District 7 Vice-Pres Х Х 0.00 (13) Brian Stockman 40 00 Exec Vice Pres 1 00 Х 168,789 26,734

	(A) Name and title	(B) Average hours per	(C) Position (do not check more than obox, unless person is both officer and a director/trustr				is both or/trust	ee)	( <b>n</b> ) Reportable compensation	(E) Reportable compensation from related		(F) stimate mount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	other npensa rom the janizate d relate anizate	e on ed
(15)				-	_	-							
(16)				-		-							
(17)													
(18)				-						<del> </del>			
(19)						-							
(20)													
(21)			-		-			-		<u> </u>			
(22)				-				_			_		
(23)						-		-					
(24)								-	:				
(25)													
1b c	Sub-total  Total from continuation sheets to Part VII, Se	ection A	l	L	l	<u>L_</u> _	<u>.                                    </u>	<b>&gt;</b>	192,789	0			0,734
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including but not line reportable compensation from the organization		sted a	bov	e) v	vho	recei	ved	192,789 I more than \$100	,000 of	<b>L</b>		5,734
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ector, or trustee,	•	•	oye	e, o	r higi	hes	t compensated			Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual		•						•	ר		×	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									ridual	5		×
Sec	tion B. Independent Contractors	30, 00							·				
1	Complete this table for your five highest compecompensation from the organization Report coyear										tax		
	(A) Name and business add	ress							(B) Description of serv	vices (	(C Comper		
													0
													0
				_									0
		·								<del></del>			0
2	Total number of independent contractors (include more than \$100,000 of compensation from the		ed to	tho	se li	sted	abo	ve)	who received				

Par	t VIII	Check if Schedule O contains	a response or	note to any line ii	n this Part VIII	•		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	0		高级 美国		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
	С	Fundraising events	10	0	表作 14.3 AGA		The state of the s	
ar A	d	Related organizations .	1d	0	思認的問題			
S, E	е	Government grants (contributions	s) <u>1e</u>	0		and the state of the state of	(中國語彙語	學的學術的
tion	f	All other contributions, gifts, gran	ts, and	1			The series of the state of	
흱		similar amounts not included abo	ve 1f	0		tax the little		
onti nd (	g	Noncash contributions included in li	nes 1a-1f. \$	0	1 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ပေဖ	h	Total. Add lines 1a-1f		<u> </u>	0	14 1 3 2 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- F	Mark of the Mark
Je				Business Code		1	Port of the last o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Program Service Revenue	2a	EDUCATION		611600	597,271	597,271		
Re	b	MEETINGS		611600	412,498	412,498		
,ICe	С	PUBLICATIONS		511190	23,816	23,816		
Sen	d	ACCREDITATIONS		611600	28,887	28,887		
E	е	MEMBERSHIP DUES		611600	1,167,851	1,167,851		
g	f	All other program service revenu	е		0			
٩	g	Total. Add lines 2a-2f		<u> </u>	2,230,323		这些是他們們們的	
	3	Investment income (including div	idends, interest	, and		1		1
		other similar amounts)		▶	104,885			104,885
	4	Income from investment of tax-ex	empt bond pro	ceeds <b>&gt;</b>	0			
	5	Royalties	<u> </u>	0				
			(ı) Real	(II) Personal	THE STATE OF THE S		12 30 34	The Rent of the second
	6a	Gross rents	·	ļ <u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10000000000000000000000000000000000000
	b	Less rental expenses		<u> </u>				
	С	Rental income or (loss)	(	0	* 4 C E 13	Clarita China	in Signal and a signal and	4 3 6 4 1 1 1 1 1 1 1 1 1 1 1 1
	d	Net rental income or (loss)	<del></del>	▶	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other	יים ביים אות היות היות היות היים לאים ביים לאים לאים היים אותם ביים ביים ביים היים לאים היים לאים היים היים הי	اللعوري تمادي باسطويها أطال طبطن يوبات	tal i talk in managana and a significant	channes in a trainer adm and the
		assets other than inventory	(	0				
	b	Less cost or other basis						Of the state of
		and sales expenses	(	0	MINISTER STATE			1. "一个一个一个
	С	Gain or (loss)		)0			The state of the state of	146 - 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ď	Net gain or (loss)		<u> </u>	0			
4.					man dar hat have get in b "	المساهمة والمسترقين والمالية	The or the rate of a propulation of	والمساورة الماري والمارية المارية
ות	8a	Gross income from fundraising						
Vei		events (not including \$	0	1	· 是"不是那么"			the transfer of
Re		of contributions reported on line	Ic)	}			West of the second	The state of the s
er		See Part IV, line 18	а	0		The state of the s	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other Revenue	b	Less direct expenses	b	0	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 17 27 27 17 17
	С	Net income or (loss) from fundrar		<b>&gt;</b>	0			
	9a	Gross income from gaming activi	ties	1			and the state of	
	_	See Part IV, line 19	а	0			<b>通常数温</b>	
	b	Less direct expenses	b	0	San	Sin to walk of the second	The Market of the	
	С	Net income or (loss) from gaming	activities	<u> </u>	0			
	10a	Gross sales of inventory, less		1			<b>国际的特别</b>	
1		returns and allowances	а	0	4 3 6 6 6 6 6 6 6 6	The state of the s		
1	b	Less cost of goods sold	b	0	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27
ļ	<u>c</u>	Net income or (loss) from sales of	finventory	<u>,                                    </u>	0	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
	44	Miscellaneous Revenue	<del></del>	Business Code	1			A Modern
	11a	MISCELLANEOUS		900099	5,724	5,724		
ŀ	b	DIRECTORY AND AD REVENUE	:S		9,041		9,041	
ł	C	All other and			0	<del></del>		
j	d	All other revenue			0	9		71 - 67 - 6
Ì	e	Total. Add lines 11a-11d		•	14,765		a file	
	12	Total revenue. See instructions			2,349,973	2,236,047	9,041	104,885

### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 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 United States See Part IV, line 21	0		Paragraphy Carl Strain Haran	1. W. P. E. A. C. P.		
2	Grants and other assistance to individuals in the			The contract of the			
	United States See Part IV, line 22	0		3, 1, 133 1 24 2 24 3 24			
3	Grants and other assistance to governments,				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	organizations, and individuals outside the						
	United States See Part IV, lines 15 and 16	0		The state of the s	1775 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4	Benefits paid to or for members	0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	and the second of the second		
5	Compensation of current officers, directors,	102 780	149 534	44.055			
6	trustees, and key employees  Compensation not included above, to disqualified	192,789	148,534	44,255	c		
U	persons (as defined under section 4958(f)(1)) and		İ				
	persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages	510,394		61,244	0		
8	Pension plan accruals and contributions (include	010,004	443,130	01,244			
•	section 401(k) and 403(b) employer contributions)	57,559	50,652	6,907	l 0		
9	Other employee benefits	176,024		21,123			
10	Payroll taxes	50,670					
11	Fees for services (non-employees)	00,010	17,000	0,000	<u>-</u>		
а	Management	1 0					
b	Legal	11,840	11,840	0	0		
С	Accounting	9,000					
d	Lobbying	623	<del></del>	0			
е	Professional fundraising services. See Part IV, line 17	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		
f	Investment management fees	6,144		0	0		
g	Other (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O)	36,998	36,998	0	l o		
12	Advertising and promotion	7,817	7,739	78	0		
13	Office expenses	72,037	63,392	8,645	0		
14	Information technology	66,318	66,318	0	0		
15	Royalties	0					
16	Occupancy	66,531	58,547	7,984	0		
17	Travel	15,800	13,904	1,896	, 0		
18	Payments of travel or entertainment expenses						
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0		·	· · · · · · · · · · · · · · · · · · ·		
20	Interest	0			<del></del>		
21	Payments to affiliates	0			· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	52.146	45.000	0.050			
23	Insurance	52,146	45,888	6,258	0		
24	Other expenses Itemize expenses not covered	6,261	5,510	751	0		
	above (List miscellaneous expenses in line 24e If	We have a second		The second of th			
	line 24e amount exceeds 10% of line 25, column	19 all					
	(A) amount, list line 24e expenses on Schedule O)			الإدوالي والراق يواعلن المارية			
а	Education & Continuing education certification	338,424	338,424	0	0		
b	Member meetings & educational events	151,310	151,310	0	0		
С	Membership & chapter services	157,154	157,154	0	0		
d	Governance expenses	97,115	97,115	0	0		
е	All other expenses Bank fees & miscellaneous	42,192	37,130	5,062	0		
25	Total functional expenses. Add lines 1 through 24e	2,125,146	1,951,957	173,189	0		
26	Joint costs. Complete this line only if the		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0,,00			
	organization reported in column (B) joint costs			}			
	from a combined educational campaign and						
	fundraising solicitation Check here ► I if	[					
	following SOP 98-2 (ASC 958-720)						

Form 990 (2013) American Society of Farm Managers & Balance Sheet

		Check if Schedule O contains a response or	note to an	y line in this P	art X			
						(A)		(B)
						Beginning of year	-	End of year
	1	Cash—non-interest-bearing				100	1	100
	2	Savings and temporary cash investments				427,773	2_	549,938
	3	Pledges and grants receivable, net				50.070	3	40.040
	4	Accounts receivable, net .				56,376	4	48,312
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensa	ated emplo	yees				(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Complete Part II of Schedule L	, , ,	,			5	G 7 7 80 5 8
	6	Loans and other receivables from other disqualified person	•				, c ,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a			a .		17. 18	
w		sponsoring organizations of section 501(c)(9) voluntary el		eneticiary		33		
Assets	_	organizations (see instructions) Complete Part II of Sche	edule L .				6	
Ąŝ	7	Notes and loans receivable, net				0	7	0
	8	Inventories for sale or use				2,354	8	1,704
	9	Prepaid expenses and deferred charges	1 1			45,279	9	77,059
	10a	9-1	40-	207	400		14	a server
		other basis Complete Part VI of Schedule D	10a		,428	00.450	40	404.054
	b	Less accumulated depreciation	10b	213	,377	83,158		184,051
	11 12	Investments—publicly traded securities Investments—other securities See Part IV, line	44	•		1,495,585		1,771,137
	13	•				0	12	0
	14	Investments—program-related See Part IV, line	<del>)</del>			0	13	0
	15	Intangible assets Other assets See Part IV, line 11				<del></del>		0
	16	·	al lina 24\			4,194	15	4,194
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	al lille 34)			2,114,819		2,636,495
	18	Grants payable				62,546		122,515
	19	Deferred revenue				761,068	18	003 000
	20	Tax-exempt bond liabilities				761,006	19 20	903,090
	21	Escrow or custodial account liability Complete F	Part IV of S	Schedule D			21	
S	22	Loans and other payables to current and former				No.	21	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		trustees, key employees, highest compensated						
ıbil		disqualified persons Complete Part II of Schedu		s, and			22	
Lia	23	Secured mortgages and notes payable to unrela		arties		0	23	<u> </u>
	24	Unsecured notes and loans payable to unrelated	•			0		0
	25	Other liabilities (including federal income tax, pa	•					<u> </u>
		parties, and other liabilities not included on lines				`		
		Part X of Schedule D				0	25	0
	26	Total liabilities. Add lines 17 through 25			İ	823,614	26	1,025,605
		Organizations that follow SFAS 117 (ASC 958	3) check h	ere ► X	and		f _ ~ [	
ş		complete lines 27 through 29, and lines 33 an		CIC - [A]	ا ""		\- · · ·	
ä	27	Unrestricted net assets				4.004.005		4.040.000
3ag	28	Temporarily restricted net assets			ł	1,291,205	27	1,610,890
<u> </u>	29	Permanently restricted net assets			}		28 29	
<u>.</u>		-		. $\Box$	. 1	r king gran	25	
5		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here	► [ a	ind		, , , , , ,	
\$	20	_			ļ		-	The state of the s
Net Assets or Fund Balances	30 31	Capital stock or trust principal, or current funds			ļ	······································	30	
Ä	31	Paid-in or capital surplus, or land, building, or eq					31	
Se	32 33	Retained earnings, endowment, accumulated incommentation and assets or fund balances	come, or o	tner funds			32	
	34					1,291,205	33	1,610,890
	34	Total liabilities and net assets/fund balances				2,114,819	34	2,636,495

Form	990 (2013) American Society of Farm Managers &	3	6-2443304	Pag	e 12
Par	Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI.			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,349	,973
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,125	,146
3	Revenue less expenses Subtract line 2 from line 1	3		224	827
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,291	,205
5	Net unrealized gains (losses) on investments	5		94	,858
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ГТ			
	column (B))	10	1	,610	,890
Part				,	1
	Check if Schedule O contains a response or note to any line in this Part XII	•		<u>.       </u>	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other		_	ı	.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 (	[	- 1
	Schedule O		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1	ĺ	{
	reviewed on a separate basis, consolidated basis, or both		1 1	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		
	separate basis, consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis			- {	- 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1		1
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	<del>^  </del>	
	Schedule O				- }
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	ĺ	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja	$\dashv$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	ļ	
			Form 9	90	2012)
			roilli a	JU (	2013)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

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

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

20**13** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ See separate instructions.

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

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

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

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

	•	rganizations Complete Part III	, 14x, 01 1 01111 000	, LL, 1 are v, into 000 (1 10x)	10.7, 1.10.7
	e of organization			Employe	er identification number
Ame	erican Society of Farm Mar	nagers &			36-2443304
Pa		he organization is exempt und			organization.
1	•	he organization's direct and indirect p	olitical campaign a	activities in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	rt I-B Complete if t	the organization is exempt und	er section 501	c)(3).	<del></del>
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization m	anagers under sec	ction 4955 . <b>&gt;</b> \$	
3		ed a section 4955 tax, did it file Form	-	<u>-</u>	Yes No
4a	Was a correction made?	·	•		Yes No
b	If "Yes," describe in Part	IV			
		the organization is exempt und	er section 501	c), except section 501	(c)(3).
1		expended by the filing organization f			
	activities			▶ \$	
2		iling organization's funds contributed	to other organizati		
	for section 527 exempt fu	inction activities		▶ \$	
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form 1	·	
	line 17b			▶ \$	0
4		file Form 1120-POL for this year?			Yes No
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political organization	ons to which the filing
	organization made payme	ents For each organization listed, en	ter the amount par	d from the filing organization	on's funds Also enter
	as a separate segregated	ntributions received that were prompt fund or a political action committee	ily and directly dell (PAC), if additiona	vered to a separate political	al organization, such
	<del></del>		· · · · · · · · · · · · · · · · · · ·	Space is freeded, provide	Thomason in Part 1V
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds if none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
(2)					
				<del></del>	
(3)	<del></del>				
(4)					
(5)					
-					

Dooo	2
race	_

P	art II-A Complete if the organization	is exempt under section 501(c)(3) and file	ed Form 5768 (elec	tion			
	under section 501(h)).		<u></u>				
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's						
	name, address, EIN, exper	nses, and share of excess lobbying expenditu	ires)				
В		ecked box A and "limited control" provisions a					
		ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public	c opinion (grass roots lobbying)		0			
b	Total lobbying expenditures to influence a leg			0			
С	Total lobbying expenditures (add lines 1a and	11b)	0	0			
d	Other exempt purpose expenditures			0			
е	Total exempt purpose expenditures (add lines	s 1c and 1d)	0	0			
f	Lobbying nontaxable amount. Enter the amou						
	columns	•	o	0			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
į	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	1	•			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		1			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	F	'			
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of	line 1f)	0	0			
h	Subtract line 1g from line 1a If zero or less, e	enter -0-	0	0			
i	Subtract line 1f from line 1c If zero or less, er	nter -0-	0	0			
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 47	20 reporting				
	section 4911 tax for this year?			Yes No			
		ear Averaging Period Under Section 501(h)	ploto all of the five				

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

	Lo	bbying Expenditures	During 4-Year Ave	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))				п	0
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
_e	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2013

Par	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	i Forn	n 5768	•	
		(election under section 501(h)).	(6	a)		(b)	
		es," response to lines 1a through 1i below, provide in Part IV a detailed description ng activity.	Yes	No	Aı	nount	
1	During	the year, did the filing organization attempt to influence foreign, national, state or local					1
		on, including any attempt to influence public opinion on a legislative matter or					1
		dum, through the use of		<u> </u>			
а	Volunte						ļ
b		aff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	$\vdash \dashv$	·····-	<del></del>	
C		advertisements?		$\vdash$			
d	-	s to members, legislators, or the public? tions, or published or broadcast statements?	l				
e		to other organizations for lobbying purposes?					
f		contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
g h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i		ctivities?	-				
i		dd lines 1c through 1i					0
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b		enter the amount of any tax incurred under section 4912					
С		enter the amount of any tax incurred by organization managers under section 4912		احدا			
d	If the fi	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pari	III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
		501(c)(6).					
						Yes	No
1		ubstantially all (90% or more) dues received nondeductible by members?			1		Х
2		organization make only in-house lobbying expenditures of \$2,000 or less?			2	<b>  </b>	X
3		organization agree to carry over lobbying and political expenditures from the prior year?			3		Χ
rail	: III-B	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				, line	
1		assessments and similar amounts from members		1		1,16	7,851
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	•	al expenses for which the section 527(f) tax was paid).					
a	Curren			2a			623
b	•	ver from last year		2b			0
C	Total	ata annount no antique annique (0000/a)/(4)/(A) makessa af mandade abble annique (000/a). I se		2c			623
3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			1,679
4		es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
		does the organization agree to carryover to the reasonable estimate of nondeductible g and political expenditure next year?					
5		e amount of lobbying and political expenditures (see instructions)		5			1,056
Part		Supplemental Information		<u> </u>			1,030
		escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	lio#\ I	Doct II	A line	2 004	
		1 Also, complete this part for any additional information	iist), i	raitiis	A, IIIIe i	ı, anu	
I alt	i-D, iii le	Also, complete this part for any additional information					
		•••••					

A	American Society of Farm Managers &			36-2443304	
	American Society of Farm Managers & C (Form 990 or 990-EZ) 2013			 	Page 4
Part I	V Supplemental Information	(continued)	<del></del>	 	
		i		 	
<b></b>				 	
<b></b>				 	
		~		 	
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### **SCHEDULE D** (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization		Employer identification number
	rican Society of Farm Managers &		36-2443304
Par	Organizations Maintaining Done	or Advised Funds or Other Similar F	
1 (4)	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	<b>)</b>
	Complete if the organization arisin	(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 do	nor advisors in writing that the assets held i	n donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant	funds can be
•	used only for charitable purposes and not for	the benefit of the donor or donor advisor, or	r for any other
	purpose conferring impermissible private ben		Yes No
Par			
rai		ered "Yes" to Form 990, Part IV, line 7	,
1	Purpose(s) of conservation easements held to		·
٠	Preservation of land for public use (e.g., recr	· -	of an historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ion held a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	• • •	
	historic structure listed in the National Regist		2d
3	Number of conservation easements modified	, transferred, released, extinguished, or terr	minated by the organization
	during the tax year		
4	Number of states where property subject to o	••	
5	Does the organization have a written policy r		
_	violations, and enforcement of the conservati		Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	easements during the year
-	American of a second and a second as a		
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year
8	Door cach consoniation accoment reported	an line 2/d) above action, the recomments	of a cabas
0	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above salisty the requirements of	
9	In Part XIII, describe how the organization re	norte conconvation accomente in ite revenue	Yes No
3	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		ancial statements that describes
Par		ections of Art, Historical Treasures,	or Other Similar Assets
		rered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements th	nat describes these items
b	If the organization elected, as permitted under	r SFAS 116 (ASC 958), to report in its rever	nue statement and balance sheet
	works of art, historical treasures, or other sim		ion, or research in furtherance
	of public service, provide the following amour		
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$ ► \$
2	(ii) Assets included in Form 990, Part X	at the term of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	<b>&gt;</b> \$
2	If the organization received or held works of a		
_	following amounts required to be reported un		ems
a	Revenues included in Form 990, Part VIII, lin	9 1	▶ \$
<u>_ b</u> _	Assets included in Form 990, Part X		<u> </u>

Part	Organizations Maintaining	Collections of	Art, Hist	orical Tr	easures, o	r Othe	r Similar Ass	ets (con	tınued)	
3	Using the organization's acquisition, ac	cession, and other	records, o	check any	of the follow	ing that	are a significan	it		
	use of its collection items (check all that	it apply)	_							
a	Public exhibition		d	Loan	or exchange	progran	ns			
ь	Scholarly research		e	Other						
c	Preservation for future generation	ns								
4	Provide a description of the organization Part XIII	on's collections and	explain h	ow they fu	irther the org	anızatıo	n's exempt purp	oose in		
5	During the year, did the organization so assets to be sold to raise funds rather t	olicit or receive dona	ations of a	art, historic	cal treasures, ganization's d	, or othe	er sımılar n?	☐ Ye	es 🗍 N	lo
Part										
T GIL	Complete if the organization	answered "Yes"	to Form	990. Par	t IV. line 9.	or repo	orted an amou	int on Fo	rm	
	990, Part X, line 21			,	, ,	•				
1a	Is the organization an agent, trustee, co	ustodian or other in	termediar	y for conti	ributions or o	ther ass	sets not			
	included on Form 990, Part X?							Ye	s 🔲 N	lo
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ving table						
								Amount		
С	Beginning balance					10				_0
d	Additions during the year					10	<del></del>			
e	Distributions during the year					1e				0
f	Ending balance			10						
2a	Did the organization include an amoun						2-48/11	¥€	es 💢 N	lo
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	if the expl	anation na	as been provi	ided in i	Part XIII		_Ц_	
Part				000 D-	41141					
	Complete if the organization						(4) Thursday by	(.) 5		
1.	Paginning of year balance	(a) Current year	( <b>b</b> ) Pri	or year O	(c) Two years	O	(d) Three years ba	O (8) FC	our years bac	0 0
1a b	Beginning of year balance Contributions						<del></del>			
C	Net investment earnings, gains,							-		—
•	and losses							j		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	<del> </del>								
g	End of year balance	0	<u> </u>	0		0]		0		_0
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) he	ld as				
a b	Board designated or quasi-endowment  Permanent endowment	%	%							
c	Temporarily restricted endowment	<b>▶</b> %								
	The percentages in lines 2a, 2b, and 2		%							
3a	Are there endowment funds not in the	· · · · · · · · · · · · · · · · · · ·		n that are	held and ad	minister	ed for the			
	organization by								Yes N	lo
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz		•					3b		
4	Describe in Part XIII the intended uses		's endowr	nent fund	<u> </u>					
Part			to Form	000 B	4 11/1 1	- 0	C 000 D-	V 1	40	
	Complete if the organization									
	Description of property	(a) Cost or ot (investm			st or other s (other)	, ,	Accumulated epreciation	(d) Bo	ook value	
	Land		0		0	<del>                                     </del>				0
b	Buildings		0		0	<u> </u>	o			0
C	Leasehold improvements		0		0		o			0
d	Equipment		0		397,428		213,377		184,0	_
e_	Other		0		0		0			0
<u>Total</u>	. Add lines 1a through 1e (Column (d) n	nust equal Form 99	0, Part X,	column (L	B), line 10(c)	)	<b>•</b>		184,0	51

Part VII	Investments—Other Secu		990. Part IV. line 11b Se	ee Form 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation id-of-year market value
(1) Financial	<u></u>		0	· · · · · · · · · · · · · · · · · · ·
` '	eld equity interests		0	
(B)				
(C)				
(H)	must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>		
Part VIII	Investments—Program R	elated	C many C to take to seem to come to the to the total and	a coloni, ( ) A al III summer introduction in a rate in a commonwell of a second the first
I are ans			990, Part IV, line 11c Se	ee Form 990, Part X, line 13
	(a) Description of investment	(b) Book value		ethod of valuation id-of-year market value
(1)				
(2)				
(3)			<del></del>	
(4)	<del></del>		<del> </del>	
(5)	<del></del>			
(6)			<del></del>	
(8)	<del></del>			<del></del>
(9)		<del></del>		
	must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	O MANAGEMENT OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWN	
Part IX	Other Assets.			
	Complete if the organization	n answered "Yes" to Form	990, Part IV, line 11d Se	ee Form 990, Part X, line 15
		(a) Description		(b) Book value
(1)			<u></u>	
(2)			- <u>-</u>	
(3)	<del></del>			
(4)				
(5) (6)	<del></del>			
(7)	· · · · · · · · · · · · · · · · · · ·		- <del></del>	
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)	· · · · · · · · · · · · · · · · · · ·			
	nn (b) must equal Form 990, Part >	(, col (B) line 15)		<b>&gt;</b> (
Part X	Other Liabilities.			
	Complete if the organization line 25	n answered "Yes" to Form	990, Part IV, line 11e or	11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes		0	
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)				
(8)				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
(9)	untanual Form 200 Part Visit 1911 - 251			
	ust equal Form 990, Part X, col. (B) line 25)	and the test of the test of		
Z. LIADIIILY TOP L	incertain tax positions. In Part XIII, pr	ovide the text of the footnote to	the organization's financial sta	atements 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

Schedule D (Form 990) 2	2013 American Society of Farm Managers &	36-2443304	Page <b>5</b>
	pplemental Information (continued)		
<u> </u>			
		*	
		• • • • • • • • • • • • • • • • • • • •	

### **SCHEDULE J** (Form 990)

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

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization American Society of Farm Managers & Employer identification number

36-2443304

. Pai	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	Yes	No
	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	luse	ļ	ļ
	X Travel for companions Payments for business use of personal resid	lence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		l.	
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	ef)		,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	ent	l	
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	explain	<u>1b</u>	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in 1a?	ine 2	×	1
			<del>  ^-</del>	<del> </del>
3	Indicate which, if any, of the following the filing organization used 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, but explain in Part III		ļ	
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation com	mittee	ļ	i
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	,		ļ
	organization or a related organization	'	l	
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part I	4c	├	Х
	Test to any strained to strain persons and provide the approache amounts for each term in a arti	,,,,	}	
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		}	ļ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ļ
а	compensation contingent on the revenues of The organization?	5a		]
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For pareone listed in Form 000, Part VIII. Continue A. line to did the assessment as a 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 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			
0	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		}	
а	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		<del></del> -	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	]	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Regulations section 53 4958-4(a)(3)?		}	
	ın Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		- <del></del>	لــــا
	Regulations section 53 4958-6(c)?			

Schedule J (Form 990) 2013

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 Part II

(F) Compensation reported as deferred in prior Form 990 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, applicable column (D) and (E) amounts for that individual 195,523 (E) Total of columns (B)(i)–(D) 12,387 (D) Nontaxable benefits 14,347 (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation (ii) Bonus & incentive compensation 168,789 (I) Base compensation  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\equiv$  $\Xi$  $\in$  $\Xi$  $\equiv$  $\Xi$ (A) Name and Title Brian Stockman 1 Exec Vice Pres 2 က 4 3 9 œ თ 9 7 13 4 5 16 42 £

Schedule J (Form 990) 2013

힌	36-2443304	Page 3
Provide the information evaluation of decomptant for Both 1 least 45 45 45 45 55 55 55 55 7 and 8 and 6	otelamon only II Alex	this part
Flovide the information, explanation, of descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and 10th Fart 11 Also complete this part for any additional information	טו רמוניוו אופט כטוווףופופ	ווווא אמונו
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	Schedule J (Form 990) 2013	orm 990) 2013

### SCHEDULE O (Form 990 or 990-EZ)

### 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
2013
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public Inspection

Employer identification number

American Society of Farm Managers &	36-2443304
Form 990, Part VI, Section A, Line 1 The Board of Directors consists of representatives from	
Chapter organizations around the country The Board of Directors delegates ongoing work and	
decisions to its Executive Council The Board of Directors meets once per year to ratify the	
work of the Executive Council	
Form 990, Part VI, Section A, Line 4 The Society is incorporated in the State of Colorado	
The Colorado State Legislature changed state law regarding education providers. In order to	
continue to provide educational services to our entire membership, including those located in	
Colorado, a new membership classification was added to the Bylaws. This membership	
classification known as Educational Service Members, have no rights as members other than to	
be able to obtain professional education through the Society	
Form 990, Part VI, Section B, Line 11b The 990 is prepared by an independent CPA and is	
reviewed by the Director of Finance and Administration. The Executive Vice President performs	
a second review and signs the 990	
Form 990, Part VI, Section B, Line 12c The Executive Council of the Board of Directors	
handles minor conflicts of interest. Major conflicts are communicated with the membership of	
the Society	
Form 990, Part VI, Section B, Line 15 The key employee of the Society is the Executive Vice	
President His salary is reviewed and approved by the Executive Committee of the Executive	
Council of the Board of Directors The salary review relies upon comparable non-profit	
organization compensation data according to size and location	
Form 990, Part VI, Section C, Line 19 Information on the Society's policies and procedures,	
staff policies, Articles of Incorporation, Bylaws, annual reports, membership, education	
accreditation, financial information and Forms 990 are available for viewing at the Society's	
Denver office Some of this information is available on websites independent of the Society	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
American Society of Farm Managers &	36-2443304
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# SCHEDULE R (Form 990)

American Society of Farm Managers &

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number 36-2443304

Partl	Identification of Disregarded Entities Complete	ete if the organization answered "Yes" on Form 990, Part IV, line 33	answered "Yes" c	n Form 990, Pa	ırt IV, line 33		
	(a) Name, address, and ElN (if applicable) of disregarded entity	Вита	(b) Primary activity or fo	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizat	cations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had uring the tax year	e organization an	swered "Yes" or	n Form 990, Pa	rt IV, line 34 bec	ause it had
	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Lus Direct controlling 3)) entity	(9) Section 512(b)(13) controlled entity?
(1) Education 950 S Cherry	(1) Education Foundation of ASFMRA 74-2336560 950 S Cherry St Ste 508 Denver, CO 80246	Education	CO	501(c)(3)	Type I supporting	N/A	<b>-</b>
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2013

(ı) Section 512(b)(13) controlled Percentage ž ownership 3 entity? Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year ž managing partner? General or (h) Percentage ownership Yes 36-2443304 amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Code V-UBI (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year Share of total ncome (d)
Direct controlling
entity unrelated, excluded from tax under sections 512-514) Predominant income (related, (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV £ ල 4 (5) 9 8 2 3 <u>(C)</u> Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

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ed Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
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Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Ş		Yes	ę
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-10 /	IISTED IN PARTS II-I				<b>[</b> ]:
ซ	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			æ	1	×
Ω	Gift, grant, or capital contribution to related organization(s)			1b		×
ပ	Gift, grant, or capital contribution from related organization(s)			10	×	
ס	Loans or loan guarantees to or for related organization(s)			1d	-	×
a	name or loan autorantone by related or account of the			4		,
ע	Logis of logingualees by related organization(s)		-	ב ב		<
•	Dividends from related organization(s)			14		×
ס	Sale of assets to related organization(s)			19	-	×
· <u>-</u>	Purchase of assets from related organization(s)			1h		×
-	Exchange of assets with related organization(s)			1i		×
-	Lease of facilities, equipment, or other assets to related organization(s)			1,	×	
د				;		>
۷.	rease of achievs, equipment, of other assets non-related organization(s)			٤ ;	1,	<
-				= ,	<b>†</b>	
Ε	Performance of services or membership or fundraising solicitation			Ε,	× :	1
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			드	×	
0	Sharing of paid employees with related organization(s)			10	×	
<u>a</u>	Reimbursement paid to related organization(s) for expenses			10	×	
σ	Reimbursement paid by related organization(s) for expenses			19	×	
h	Other transfer of cash or property to related organization(s)			+		×
S	Other transfer of cash or property from related organization(s)			18		×
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	vered relationships	s and transaction	thresh	olds	
			(၁)	:	(p)	i
	Name of related organization Transaction Transaction type (a-s)		Amount involved	Method of determining amount involved	thod of determin amount involved	uiu <b>d</b>
E						<u> </u>
(2)		!				
						i I
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<b>4</b>						
(5)						
(9)						
			Schedule R (Form 990) 2013	e R (Fo	(066 m	2013

Schedule R (Form 990) 2013

# Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part Vi

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) (b) (c)	(q)	(2)	(a) (b) (b) (b)	(e)		€	(6)	ε	L	3	Г	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners section 501(c)(3)	artners ion (3)	Share of total income	Share of end-of-year assets	Disproportionale allocations?	s? amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			sections 512-514)	, XoX	Ž			Yes	CZ	Ypc	S	
(1)				3				<del></del>		<del></del>	2	
(2)												
(3)											-	
(4)												
(5)												
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(10)												<u> </u>
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Part VII		ental Information		
rait vii	Dravide a	dditional information for responses to questions on Schedule R (see	nstructions)	
	Provide a	uditional information for responses to questions on ochedule it lose	monactions	
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