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DLN: 93493287016185

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

C Name of organization AMERICAN FARM BUREAU FEDERATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 600 MARYLAND AVE SW NO 1000W City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20024 F Name and address of principal officer JULIE ANNA POTTS 600 MARYLAND AVE SW NO 1000W WASHINGTON, DC 20024 Solic)(3) F 501(c) (5) (insert no) 4947(a)(1) or 527 WFB ORG Corporation Trust Association Other Imary escribe the organization's mission or most significant activities	E Telepho (202) G Gross r H(a) Is this a group subordinates? H(b) Are all subordincluded?	725160 one numb 406-36 ecceipts \$ return from the content of the	eer 5 0 0 42,620,736
Number and street (or P O box if mail is not delivered to street address) Room/suite 600 MARYLAND AVE SW NO 1000W City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20024 F Name and address of principal officer JULIE ANNA POTTS 600 MARYLAND AVE SW NO 1000W WASHINGTON, DC 20024 Solici(3) F 501(c) (5) ◄ (insert no) 4947(a)(1) or 527 WFB ORG Corporation Trust Association Other ►	G Gross of Gross of H(a) Is this a group subordinates? H(b) Are all subordincluded? If "No," attach	eccepts \$ return fraction at list (er 5000 42,620,736 for
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501(c)(3)	Included? If "No," attach H(c) Group exempt	a lıst (
/W FB O RG ✓ Corporation Trust Association Other ► Imary escribe the organization's mission or most significant activities	If "No," attach H(c) Group exempt		see instructions)
Corporation Trust Association Other Imary escribe the organization's mission or most significant activities	1	ion num	
escribe the organization's mission or most significant activities	1	1	her 🕨
escribe the organization's mission or most significant activities	L rear of formation 19	O M	
escribe the organization's mission or most significant activities		20 M S	State of legal domicile IL
CE AND STRENGHTEN THE LIVES OF RURAL AMERICANS AND TO B NITIES	UILD STRONG, PRO	SPEROL	JS AGRICULTURAL
nis box দ if the organization discontinued its operations or disposed of	more than 25% of its	net ass	sets
		-	34
			120
		 +	51
, , , , , , , , , , , , , , , , , , , ,		7a	1,568,550
, , , , , , , , , , , , , , , , , , , ,		7b	-1,650
	Prior Year		Current Year
butions and grants (Part VIII, line 1h)	73,	500	119,000
am service revenue (Part VIII, line 2g)	24,261,	876	30,817,284
			706,770
	618,	122	1,732,879
	25,538,	096	33,375,933
	340,	000	721,620
ts paid to or for members (Part IX, column (A), line 4)		0	0
	14 349	252	14,350,383
	14,545,		14,550,505
- · · · · · · · · · · · · · · · · · · ·	11,046,	346	17,349,159
expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			_ , , _ , _ , _ ,
expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	25,735,		
expenses (Part IX, column (A), lines 11a-11d, 11r-24e)	25,735, -197,	598	32,421,162
expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	-197, Beginning of Curre	598 502	32,421,162
expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	-197, Beginning of Curre Year	598 502 nt	32,421,162 954,771 End of Year
expenses Add lines 13–17 (must equal Part IX, column (A), line 25) rue less expenses Subtract line 18 from line 12	-197, Beginning of Curre Year 68,844,	598 502 nt 281	32,421,162 954,771 End of Year 69,914,232
expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	-197, Beginning of Curre Year	598 502 nt 281	32,421,162 954,771
	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) imber of individuals employed in calendar year 2013 (Part V, line 2a) . Imber of volunteers (estimate if necessary)	of voting members of the governing body (Part VI, line 1a)	of independent voting members of the governing body (Part VI, line 1b)

May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	1990 (20	013)					Page
Pai			rogram Service Ac				
1	Briefly	describe the organ	zation's mission				
ENH		ND STRENGTHEN				RASSROOTS ORGANI G PROSPEROUS AGRI	
_							
2			take any significant pro -EZ?		g the year which w	ere not listed on	┌ Yes ┌ No
	If"Yes	," describe these ne	w services on Schedule) O			
3	Did the service	_	conducting, or make si	gnıfıcant changes ın	how it conducts, a	any program	┌ Yes ┌ No
	If"Yes	," describe these ch	nanges on Schedule O				
4	expens	es Section 501(c)		izations are required	d to report the amo	st program services, as ount of grants and alloca	•
<u></u>	(Code)	(Expenses \$	ıncludıng grant	ts of \$) (Revenue \$)
	INDUST	RY THE E-NEWSLETTER	R EXPLAINS THE IMPACTS OF	LEGISLATIVE AND REGU	LATORY ISSUES, PROV	O FARM BUREAU MEMBERS A TIDES UPDATES ON THE STAT DOES NOT RUN PAID ADVER	US OF THOSE ISSUES AND
	(Code)	(Expenses \$	ıncludıng grant	 ts of \$) (Revenue \$)
	THROU AFBF PI	GH PUBLIC RELATIONS, ROVIDES NUMEROUS SE	GOVERNMENT RELATIONS, L	EGAL ADVOCACY, INDUS CATES FOR ALL FARMER!	TRY RELATIONS, RURA	SOCIAL AND EDUCATIONAL II AL DEVELOPMENT AND LEADEI D EQUIPS MEMBERS WITH TH	RSHIP TRAINING PROGRAM!
	(Code)	(Expenses \$	ıncludıng grani	ts of \$) (Revenue \$)
	TWO M	AGAZINES PROMOTING		JSINESS FIT PERFECTLY	WITH FARM BUREAU'S	OF REGIONAL FARM SHOWS G GOALS OF PROVIDING INFO E, BY AGRICULTURE "	
	Other	nrogram services (Describe in Schedule O)			
-ru		nses \$	including g	•) (Re	venue \$)

Total program service expenses ►

art 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	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	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		N o
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 Schedule D, Part VI	11a	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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		
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 disqualified persons? If so, complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
_		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 232 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 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	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	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?	12a		
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.			
а	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	13a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe	d by d	or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management cold the organization make any significant changes to its governing documents since					
_	filed?			4		No No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5	.,	No
6	Did the organization have members or stockholders?	• •		6	Yes	
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not			eveni	ıe Cod	e.)
					Yes	No
40-	Did the organization have local chapters, branches, or affiliates?					
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the act	tivitie	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its	tivitie: on's e	s of such chapters, xempt purposes?	10b		No.
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie: on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b		No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its form?	tivitie: on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov orm 9	s of such chapters, xempt purposes? erning body before filing 	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities on's e s gov Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivities on's e s gov Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	tivities on's e s gov Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review of the process.	Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	Form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	Form 9 the p the p lew an	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	tivities on's ess gov Form 9 ly inte the p iew anie deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities on's e s gov Form 9 ly inte the p iew anie deli ization step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	tivities on's e s gov Form 9 ly inte the p iew anie deli ization step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organication in joint venture arrangements under applicable federal tax law, and take	tivities on's e s gov Form 9 ly inte the p iew anie deli ization step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities on's e s gov form 9 ly inte the p lew an le deli or sim lization e step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities on's essential services on services on services or simple services on	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

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

interest policy, and financial statements available to the public during the tax year

► CHRISTY LILJA 600 MARYLAND AVE SW NO 1000W

WASHINGTON, DC 20024 (202) 406-3600

Form 990	(2013)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

List all of the organization's former officers, key employees, or 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	(B) Average hours per week (list any hours for related	more t perso and a	tion (han d n is l a dire	ne l both	oox, an c	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	c	(F) Estima mount o compens from t	ated fother sation the ion and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			C	relat organiza	
1b	Sub-Total		<u> </u>		<u> </u>	<u> </u>							
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				۲					
d	Total (add lines 1b and 1c) .							-\	3,485,262	l	ס		1,357,724
2	Total number of individuals (in \$100,000 of reportable compe						и ароу	e) w	no received more tr	lati			
												Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual												
5	Did any person listed on line 1									or individual for	4	Yes	
	services rendered to the organ	nization? <i>If "Yes</i>	," compl	ete S	ched	ule J	for su	ch pe	erson	[5		No
	ection B. Independent Co												
1	Complete this table for your fix compensation from the organiz											ax year	
		(A)								(B)		(C	.,

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRINDSTONE PARTNERS LLC 600 CAMERON ST STE 310 ALEXANDRIA VA 22314	PROFESSIONAL SERVICES	356,000
HOGAN LOVELLS US LLP 555 THIRTEENTH ST NW WASHINGTON DC 20004	LEGAL SERVICES	341,003
CROWELL & MORNING LLP 1001 PENNSYLVANIA AVE NW WASHINGTON DC 20014	LEGAL SERVICES	295,745
VIANOVO LLP 327 CONGRESS AVE STE 450 AUSTIN TX 78701	PROFESSIONAL SERVICES	256,000
PATTERSON BELKNAP WEBB & TYLER LLP 1133 AVENUE OF THE AMERICAS NEW YORK NY 10036	LEGAL SERVICES	234,837
Takal musekan after dan andrak andra akan Amaludun kukua kukua kumukadka khana luakad akan a		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►8

		Check if Schedu	ule O contains a respoi	nse or note to any li	ne in this Part VIII	<u></u>	<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
Gr. mo	С	Fundraising eve	ents 1c					
fts, r A	d		zations 1d					
Gil iila		Government grants						
ns, Sirr	е	_				ļ		
ıtio er !	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	119,000				
ibt Ath	g		ons included in lines			i		
Conti and (1a-1f \$	- 4 - 44		119,000			
<u>ح</u> ا	h	Total. Add lines	5 1 a - 1 i	.	113,000			
e .				Business Code				
ven	2a	MEMBER DUES		900099	23,953,156	23,953,156		
Program Serwoe Revenue	Ь	CONVENTIONS		900099	4,961,059	4,501,897	138,547	320,61
ИСе	С	PUBLICATIONS		900099	1,903,069	473,066	1,430,003	
Ser	d							
สม	е							
ogr	f	All other progra	am service revenue					
屳	g	Total. Add lines	s 2a-2f	🕨	30,817,284			
	3		ome (including dividen		730,073			730,07
	4		ar amounts) stment of tax-exempt bond	F	,,,,,,			
	5			_	9,385			9,38
			(ı) Real	(II) Personal				
	6a	Gross rents	408,858	(), , , , , , , , , , , , , , , , , , ,				
	ь	Less rental	0					
	c	expenses Rental income	408,858					
	d	or (loss)	me or (loss)	<u> </u>	408,858			408,858
		Net rental medi	(i) Securities	(II) O ther	,			,
	7a	Gross amount						
		from sales of assets other	9,196,108	25,392				
	b	than inventory Less cost or						
		other basis and sales expenses	9,244,803	0				
	С	Gain or (loss)	-48,695	25,392				
	d	Net gain or (los	ss)		-23,303			-23,30
	8a	Gross income f						
Other Revenue		events (not inc \$	luding					
₽		of contributions	reported on line 1c)					
Re		See Part IV, lin	ne 18 a					
ıer	ь	less directev	penses b					
ot o	c		(loss) from fundraising	Levents ▶				
			rom gaming activities					
			ne 19					
	_		a .					
	b c		penses b (loss) from gamıng actı	Vutios b				
		Gross sales of		vicies				
	100	returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inv	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	REIMBURSEME	ENTS	900099	1,314,561	1,314,561		
	b	MISC REV	_	900099	75	75		
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	· · · •	1,314,636			
	12	Total revenue.	See Instructions .	🕨		20 242 755	1 500 550	1 445 63
		_		ŕ	33,375,933	30,242,755	1,568,550	1,445,62

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(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 or note to any line in this Part IX									
	ot include amounts reported on lines 6b, b, 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	721,620	·F	21,50,1000	,					
2	Grants and other assistance to individuals in the United States See Part IV, line 22	,								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				_					
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	3,122,186								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	8,155,941								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,534,340								
9	Other employee benefits	825,667								
10	Payroll taxes	712,249								
11	Fees for services (non-employees)									
а	Management									
b	Legal	906,880								
С	Accounting	96,318								
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	604,937								
12	Advertising and promotion	241,703								
13	Office expenses	1,073,050								
14	Information technology	574,427								
15	Royalties	·								
16	Occupancy	3,277,750								
17	Travel	4,429,298								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	2,390,887								
20	Interest	233,669								
21	Payments to affiliates	302,444								
22	Depreciation, depletion, and amortization	2,299,276								
23	Insurance	208,147								
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)									
а	PRIORITY ISSUES	273,307								
b	DUES & SUBSCRIPTIONS	198,294								
c	TRAINING	115,685								
d	POLICY IMPLEMENTATION	78,806								
е	All other expenses	44,281								
25	Total functional expenses. Add lines 1 through 24e	32,421,162								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response or note to any line in t	hıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			7,169,726	1	8,232,452
	2	Savings and temporary cash investments			270,935	2	4,097,256
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			348,304	4	1,663,029
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	recto	ors, trustees, key of		5	
Assets	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary elorganizations (see instructions) Complete Part II of Schedule	ontri nploy	buting employers		6	
82	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			600,701		722,484
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10,796,936	,		,
	Ь	Less accumulated depreciation	10b	6,677,247	4,449,749	10c	4,119,689
	11	Investments—publicly traded securities	20,056,776	11	18,994,012		
	12	Investments—other securities See Part IV, line 11	31,743,110	12	15,329,320		
	13	Investments—program-related See Part IV, line 11				13	<u> </u>
	14	Intangible assets				14	15,690,945
	15	Other assets See Part IV, line 11			4,204,980	15	1,065,045
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			68,844,281		69,914,232
	17	Accounts payable and accrued expenses			2,891,282	17	2,427,762
	18	Grants payable			_,,,,,,,	18	_,,
	19	Deferred revenue	·		68,450		1,872,406
	20	Tax-exempt bond liabilities				20	.,
_	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualit	ors, tr				
ар		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.	•	7,714,286	23	6,571,429
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	rt X o	f Schedule	0.400.007		2 405 204
		D			3,196,997		3,195,861
——	26	Total liabilities. Add lines 17 through 25			13,871,015	26	14,067,458
ည်		lines 27 through 29, and lines 33 and 34.					FF 010 FF :
<u>8</u>	27	Unrestricted net assets			54,973,266		55,846,774
ă	28	Temporarily restricted net assets	•	• •		28	
Ē	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	∏ and			
ź	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Z €	33	Total net assets or fund balances	•		54,973,266	33	55,846,774
	34	Total liabilities and net assets/fund balances			68,844,281	34	69,914,232

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,3	375,933
2	Total expenses (must equal Part IX, column (A), line 25)	2		32,4	121,162
3	Revenue less expenses Subtract line 2 from line 1	3		ġ	954,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54,9	973,266
5	Net unrealized gains (losses) on investments	5		1,1	126,900
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		- 1	165,663
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,0	042,500
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		55,8	346,774
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-14130)	2/1099-1413C)	related organizations
BOB STALLMAN	40 00	х		х				543,437	0	264,429
PRESIDENT BARRY BUSHUE	5 00 2 00	×		x				0	0	0
VICE PRESIDENT RONNIE ANDERSON	2 00 2 00									
DIRECTOR	1 00	х						0	0	o
STEVE BACCUS	2 00	х						0	0	0
DIRECTOR RICHARD BONANNO	1 00									
DIRECTOR	1 00	Х						0	0	0
TOM BUCHANAN	2 00	х						0	0	0
DIRECTOR (FROM JAN '14) JAKE CARTER	1 00									
DIRECTOR (FROM JAN '14)	1 00	Х						0	0	0
HANK COMBS	2 00	x						0	0	0
DIRECTOR GLEN COPE	1 00	<u> </u>								
DIRECTOR (TO JAN '14)	1 00	X						0	0	0
KENNETH DIERSCHKE DIRECTOR	2 00 1 00	×						0	0	0
ZIPPY DUVALL	2 00	×						0	0	0
DIRECTOR TERRY GILBERT	1 00									
DIRECTOR	1 00	x						0	0	0
MARK HANEY	2 00	х						0	0	0
DIRECTOR BOB HANSON	1 00									
DIRECTOR	1 00	Х						0	0	0
CRAIG HILL	2 00	x						0	0	0
DIRECTOR JOHN HOBLICK	1 00	<u> </u>								
DIRECTOR	1 00	×						0	0	0
ZACH HUNNICUTT DIRECTOR (TO JAN '14)	2 00 1 00	x						0	0	0
BLAKE HURST	2 00	×						0	0	0
DIRECTOR RANDY KNIGHT	1 00 2 00									
DIRECTOR	1 00	x						0	0	0
PAT LANGENFELDER	2 00	Х						0	0	0
DIRECTOR (TO JAN '14) PERRY LIVINGSTON	1 00									
DIRECTOR	1 00	Х						0	0	0
PHILIP NELSON	2 00	x						0	0	0
DIRECTOR (TO JAN '14) STEVE NELSON	1 00	 						_	_	
DIRECTOR (FROM JAN '14)	1 00	×						0	0	0
JERRY NEWBY DIRECTOR (TO JAN '14)	2 00	×						0	0	О
RICHARD NIEUWENHUIS	1 00	×						0	0	0
DIRECTOR (TO JAN '14)	1 00	_ ^								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Cor	tracto	rs			, .	,			
(A) Name and Title	(B) A verage hours per week (list any hours	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
DEAN NORTON	2 00	х						0	0	0
DIRECTOR KEVIN PAAP	2 00							, and the second		
DIRECTOR	1 00	×						0	0	0
JIMMY PARNELL	2 00	x						0	0	0
DIRECTOR WAYNE PRYOR	1 00									
DIRECTOR	2 00	x						0	0	0
CARL SHAFFER	2 00	x						0	0	0
DIRECTOR	1 00							Ů	0	
DON SHAWCROFT DIRECTOR	2 00	×						0	0	0
MIKE SPRADLING	1 00	x						0	0	0
DIRECTOR (TO JAN '14)	1 00							Ů	0	
RYCK SUYDAM DIRECTOR (FROM JAN '14)	2 00	×						0	0	0
LACY UPCHURCH	2 00							0	0	0
DIRECTOR	1 00	Х						Ů	0	0
SCOTT VANDERWAL DIRECTOR	2 00	×						0	0	0
RANDY VEACH	2 00							0	0	0
DIRECTOR	1 00	×						Ů	0	0
DON VILLWOCK DIRECTOR	2 00	×						0	0	0
PAUL WENGER	2 00	x						0	0	0
DIRECTOR	2 00							Ů	0	0
MICHAEL WHITE DIRECTOR (TO JAN '14)	2 00	×						0	0	0
DAVID WINKLES	1 00 2 00									
DIRECTOR	1 00	Х						0	0	0
WAYNE WOOD DIRECTOR	2 00	×						0	0	0
LARRY WOOTEN	1 00	x						0	0	0
DIRECTOR	1 00							0	0	0
ELLEN STEEN GENERAL COUNSEL & SECRETARY	40 00			х				253,671	0	79,363
JULIE ANNA POTTS	5 00 40 00							220 524		440 227
EXT VP & TREASURER	5 00			X				339,524	0	118,327
CHRISTINA LILIA	40 00				x			208,141	0	73,913
DALE MOORE	5 00 40 00				,			245.025		74.400
EXEC DIR, PUBLIC POLICY	5 00				Х			245,025	0	74,189
MARGARET WOLFF	40 00				х			171,725	0	81,676
EXEC DIR, ORGANIZATION MARION THORNTON	5 00 40 00									
EXEC DIR, COMMUNICATIONS	5 00				Х			170,358	0	83,735
DANIEL J DURHEIM	40 00				х			162,802	0	84,756
EXEC DIR, INDUSTRY AFFAIRS ROBERT E YOUNG II	5 00 40 00					.,		251515	_	05.010
CHIEF ECONOMIST						X		254,346	0	95,042

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Average hours per week (list any hours and a director/trustee) Average hours and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the					
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
MARY PAT WEYBACK	40 00					х		174,370	0	63,091	
DEPUTY GENERAL COUNSEL				ļ							
MARY KAY THATCHER	40 00					х		183,035	0	63,143	
SR DIR, CONGRESSIONAL RELATIONS				<u> </u>							
RONALD L GASKILL DIR, MEMBER BENEFITS	40 00					х		156,295	0	71,391	
DAVID C FRANCIS DIR, INFORMATION TECHNOLOGY	40 00					х		191,323	0	72,263	
MARK MASYLN		-									
EXEC DIR, PUBLIC POLICY (TO FEB '13)	0 00						Х	273,790	0	82,235	
DONALD M LIPTON	0 00			 							
EXEC DIR, PUBLIC RELATIONS (TO OCT '12)							Х	157,420	0	50,171	

DLN: 93493287016185

OMB No 1545-0047

Open to Public Inspection

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 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

	me of the organization ERICAN FARM BUREAU FEDERATION			Employer iden	tification number				
				36-0725160					
ar'	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.				
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV					
2	Political expenditures			▶	\$				
3	Volunteer hours								
ar	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).					
1	Enter the amount of any excise	e tax incurred by the organization (under section 495!	5 -	\$				
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$				
3	If the organization incurred a s		┌ Yes ┌ No						
4a	Was a correction made?		┌ Yes ┌ No						
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50	1(c)(3).				
1		ended by the filing organization for			\$				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	re and on Form 112	20-POL, line 17b ►	\$				
4	Did the filing organization file Form 1120-POL for this year?								
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid from	om the filing organization's to a separate political orga	funds Also enter the inization, such as a				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's	(e) A mount of political				
				funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				
					contributions received and promptly and directly delivered to a separate political organization If none,				

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount to					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir					
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	and "Was" was a see to be a fact to be seen to be seen to be seen to be a seen to be seen as the seen as	(a	1)	(b))
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amo	unt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
: :	Media advertisements?				
e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
) 1	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
•	Other activities?				
	Total Add lines 1c through 1i				
ı	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
,	If "Yes," enter the amount of any tax incurred under section 4912				
-	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section !	501(c)(5), c	r secti	on
_	501(c)(6).				
	Were substantially all (90% or more) dues received nondeductible by members?			1 Yes	-
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	-
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		⊢	3	+
Ŧ	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	501/6	\(5\) c		
: •	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a			
1					
	Carryover from last year	2b			
•	Total	2c			
)	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	\vdash			
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			
b	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2c			
:	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3			
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	2c 3			
rc	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evident to Supplemental Information (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-C, line 5, Part II-A, line 4, Part I-C, line	2c 3 4 5	Part II	-A, line 2	2, an
b c Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information	2c 3 4 5	Part II	-A , line 2	2, an
b c Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
o ro	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A , line 2	2, ar

201124416 3 (1 31111 333 31 333 12) 2313		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493287016185

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

tema	Revenue Service Tana 163 m361 de	eions is de <u>www.irs.gov/rorm.sso</u> .		Inspection
	me of the organization RICAN FARM BUREAU FEDERATION			oloyer identification number
D۵	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar F		0725160 or Accounts Complete if the
ĿĊ	organization answered "Yes" to Form 990		ullus	of Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
Pai	rt II Conservation Easements. Complete if	f the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	n or education) $igcap igcap $ Preservation of ar		ically important land area d historic structure
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in	the forn	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transfer the tax year ▶	red, released, extinguished, or terminato	ed by th	ne organization during
ŀ	Number of states where property subject to conservat	tion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation easer	ments o	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year
3	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financia		
ar	Complete if the organization answered "\	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
la	If the organization elected, as permitted under SFAS aworks of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	ent and balance sheet
	(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 following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$
ь	Assets included in Form 990, Part X			. <u></u>
_	A 33Et3 HICIUUEU III FUIIII 33U, Fail A			F D

Part	Tit Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal T</u>	<u>reasu</u>	res, or O	the	<u>r Similar As</u>	sets (c	<u>ontinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of	the foll	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or excl	hange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	y furth	er the o	rganızatıon	's ex	empt purpose i	n	
5	During the year, did the organization solicit									_	_
	assets to be sold to raise funds rather than t								<u> </u>	Yes	l No
Par	Part IV, line 9, or reported an an						n answered	γ '' Γ	es" to Form 9	 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	ford	ontrib	utions d	or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able		_				
							_		An	nount	
С	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 Fo	orm 990, Part X, line	21?							│ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been p	rovided in P	art :	XIII		Γ
Pa	tt V Endowment Funds. Complete										
_		(a)Current year	(b)) Prior	year	b (c) T\	wo years back	(d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							_			
Ь	Contributions							_			
С	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 cur	rent year end balanc	e (lın	e 1g	, colun	nn (a)) l	held as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ▶										
c	Temporarily restricted endowment ►	11000									
_	The percentages in lines 2a, 2b, and 2c sho	·									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion	tnat	are nei	a ana a	aministered	ITOT	tne	Yes	No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(ii)	
b	If "Yes" to $3a(II)$, are the related organizatio	· · · · · · · · · · · · · · · · · · ·				٠.			3t	,	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızatıo	n ansv	vered 'Yes	' to	Form 990, Pa	ırt IV, lı	ne
	11a. See Form 990, Part X, line : Description of property	10.) Cost o	r other stment)	(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) B	ook value
				+						+	
	Land			-						+	
	Buildings		•	-							
	Leasehold improvements		•	-			5,612		3,113,46	_	2,499,391
	Equipment		•	-			3,492		2,970,72		521,732
		agual Form 000 Port V		<u> </u>	D) I	10(=))	1,691		593,05	79	1,098,566
iota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	quai rorm 990, Part X	, colu	mn (), iine	: 10(C).)	• • •	•	<u> ► </u>		4,119,689

Part VII Investments—Other Securities. Comp	plete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests	9,671,464	С	
(3)Other		6	
(A) FB BANCORP COMMON STOCK	4,657,856	С	
(B) FB BANCORP SUBORDINATED	1,000,000	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		-	
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	nplete if the organization	answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line 11d See	Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.		Form 990, Part IV,	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED LEASE INCENTIVE	1,118,939		
DEFERRED RENT	1,816,653		
DEFERRED COMP LIABILITIES	260,269		
Table (Column (b) and a subject to the column (b) and a subjec			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,195,861		

Par		Revenue per Audited Financial State Wered 'Yes' to Form 990, Part IV, line 1.		ts with Revenue p	er K	eturn Complete if
1		er support per audited financial statements			1	
2	A mounts included on line 1 be	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of	acılıtıes	2b		1	
c	Recoveries of prior year grant	······································	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d .				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b		1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12).		5	
Part		xpenses per Audited Financial Sta		nts With Expenses	per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line			Τ.	T
1		raudited financial statements			1	
2		ut not on Form 990, Part IX, line 25	۔ ا	1		
a		acılıtıes	2a		-	
b			2b		-	
с			2c		-	
d	Other (Describe in Part XIII)		2d		┨	
e					2e	
3					3	
4		0, Part IX, line 25, but not on line 1:	1 .	I		
a	·	uded on Form 990, Part VIII, line 7b	4a		4	
b			4b		_	
с _					4c	
5		nd 4c. (This must equal Form 990, Part I, line	18)		5	
	Supplemental In			> - + 1) / 1 4 h 4 21		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART X, LINE 2		MANAGEMENT HAS ANALYZED THE TAX CONDUCTED THAT AS OF NOVEMBER 3 TAKEN OR EXPECTED TO BE TAKEN THA OR DISCLOSURE IN THE CONSOLIDATE	0,2014 AT WOU	, THERE ARE NO UNC JLD REQUIRE RECOG	CERTA NITIC	IN POSITIONS

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493287016185

OMB No 1545-0047

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

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

t of the grants or assistance, to the grants or assistance, to the understance of grant funds in the Unand Organizations in the elved more than \$5,000.				Γ Yes ΓΙ
t of the grants or assistance, to the grants or assistance, to the Uname of grant funds in the Uname of Granizations in the Uname of				∀ Yes
e use of grant funds in the Un				✓ Yes 🗀
			-1 1 1157	11 . 1 -
	Part II can be duplicated			es to
1	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
	1	on grant cash	on grant cash valuation assistance (book, FMV, appraisal,	on grant cash valuation non-cash assistance assistance (book, FMV, appraisal,

Ī	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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	ition. Provide the info	ormation required in Pa	art I, line 2, Part III, col	umn (b), and any other a	dditional information.

Part IV Supplemental In	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
,	SCHEDULE I, PART I, LINE 2 CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS THE CONTRIBUTIONS APPROVED BY THE BOARD MEET THE MISSION OF THE ORGANIZATION SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF AGRICULTURAL PROGRAMS, THE RECIPIENTS ARE NOT REQUIRED TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS

Additional Data

Software ID:

Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US FARMERS & RANCHERS ALLIANCE 16020 SWINGLEY RIDGE RD CHESTERFIELD, MO 63017		501C(6)	310,000				GENERAL SUPPORT

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE 600 MARYLAND AVE SW WASHINGTON,DC 20024	36-6169577	501C(3)	165,000				GENERAL SUPPORT			

Form 990,Schedule 1, Pai	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL FFA FOUNDATION PO BOX 68960 INDIANAPOLIS,IN 46268	54-6044662	501C(3)	45,000				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HAWAII FARM BUREAU PO BOX 253 KUNIA,HI 96759	23-7055532	501C(5)	25,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OREGON FARM BUREAU FEDERATION 1320 CAPITOL ST NE SALEM,OR 97301	93-0242330	501C(5)	25,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL CORN GROWERS ASSOCIATION 20 F STREET NW STE 600 WASHINGTON,DC 20001	42-0897662	501C(5)	15,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FARMER'S VETERAN COALITION 4614 2ND STREET STE 4 DAVIS,CA 95618	95-4302067	501C(3)	10,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL 4-H CONGRESS PO BOX 367 ALPHARETTA,GA 30009	45-2572008	501C(3)	10,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL ENDANGERED SPECIES ACT REFORM COALITION 1050 THOMAS JEFFERSON ST NW 6TH FL WASHINGTON, DC 20007	52-1763800	501C(6)	10,000				GENERAL SUPPORT		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States													
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance							
THE FERTILIZER INSTITUTE 425 THIRD ST STE 950 WASHINGTON,DC 20024	53-0225257	501C(6)	10,000				GENERAL SUPPORT							

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
UNITED STATES CHAMBER OF COMMERCE 1615 H STREET NW WASHINGTON,DC 20062	53-0045720	501C(6)	10,000				GENERAL SUPPORT						

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
UNITED STATES MEAT EXPORT COUNCIL 1050 17TH STREET STE 220 DENVER,CO 80265	52-1067268	501C(6)	8,000				GENERAL SUPPORT						

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MINOR CROP FARM ALLIANCE 1901 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	54-1608554	501C(6)	7,500				GENERAL SUPPORT				

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
NATIONAL COUNCIL OF FARMER COOPERATIVES 50 F STREET NW STE 900 WASHINGTON, DC 20001	53-0115150	501C(6)	5,500				GENERAL SUPPORT						

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DLN: 93493287016185

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

		30-0723100						
Pa	t I Questions Regarding Compensat	tion						
		1		Yes	No			
1a		provided any of the following to or for a person listed in Form t 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 idemnification and gross-up payments	Health or social club dues or initiation fees						
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)						
b		e organization follow a written policy regarding payment or s described above? If "No," complete Part III to explain	1b	Yes				
2		to reimbursing or allowing expenses incurred by all Executive Director, regarding the items checked in line 1a?	2	Yes				
3	organization's CEO/Executive Director Check a used by a related organization to establish comp	organization used to establish the compensation of the all that apply Do not check any boxes for methods bensation of the CEO/Executive Director, but 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 or compensation committee						
4	During the year, did any person listed in Form 99 or a related organization	90, Part VII, Section A, line 1a with respect to the filing organization						
а	Receive a severance payment or change-of-conf	trol payment?	4a		Νo			
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	Participate in, or receive payment from, an equit	y-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and	d provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only	/ must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Sectio compensation contingent on the revenues of	n A, line 1a, did the organization pay or accrue any						
а	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, Sectio compensation contingent on the net earnings of	n A, line 1a, did the organization pay or accrue any						
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 payments not described in lines 5 and 67 If "Yes"	n A, line 1a, did the organization provide any non-fixed s," describe in Part III	7					
8		II, paid or accured pursuant to a contract that was						
		ed in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III		8					
9	If "Yes" to line 8, did the organization also follow section 53 $4958-6(c)$?	v the rebuttable presumption procedure described in Regulations	9					

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)(1)-(111) 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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

ties compilete time partition and, addition	
Return Reference	Explanation
PART I, LINE 1A	STACY BRYAN (SPOUSE OF BOB STALLMAN, PRESIDENT) TRAVELS TO AFBF MEETINGS WHERE THERE ARE SCHEDULED BUSINESS ACTIVITIES THE AFBF BOARD OF DIRECTORS JUNE BOARD MEETING INCLUDED TRAVEL EXPENSES FOR SPOUSES/COMPANIONS FOR SCHEDULED BUSINESS ACTIVITIES THE SCHEDULED ACTIVITIES MAY INCLUDE OFFICIAL MEETING OF SPOUSES OR COMPANIONS TO INFORM EACH OF THEM ON THE VARIOUS ISSUES FACING AFBF, EDUCATIONAL PRESENTATIONS REGARDING THE INDIVIDUAL STATE FARM BUREAU ACTIVITY AND THE AGRICULTURE OF THE HOST STATE, VISITS TO AGRICULTURAL PRODUCTION FACILITIES, PROGRAMS AND TOURS OF STATE AND COUNTY FARM BUREAU OFFICES, VARIOUS AGRICULTURAL ACTIVITIES PROVIDED BY THE HOST FARM BUREAU OR VISITS TO AGRICULTURAL PROCESSING AND MARKETING FACILITIES
PART I, LINE 1B	BOB STALLMAN 457(F) \$90,000

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Schedule J, P	art IJ	ا - Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name			f W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BOB STALLMAN PRESIDENT	(ı) (ıı)		0	61,564	243,577 0	20,852 0	807,866	0
ELLEN STEEN GENERAL COUNSEL & SECRETARY	(I) (II)) 0	747 0	19,057	74,773 0	4,590 0	333,034	0
JULIE ANNA POTTS EXT VP & TREASURER	(ı) (ıı)		0	56,800	90,106	28,221 0	. 457,851 0	0
CHRISTINA LILJA EXEC DIR, ACCTG & ADMIN	(I) (II)		774 0	8,675	63,571 0	10,342 0	282,054	0
DALE MOORE EXEC DIR, PUBLIC POLICY	(ı) (ıı)		780 0	20,494	71,560 0	2,629 0	319,214	0
MARGARET WOLFF EXEC DIR, ORGANIZATION	(I) (II)) 0	766 0	18,854	48,721 0	32,955 0	253,401 0	0
MARION THORNTON EXEC DIR, COMMUNICATIONS	(I)) 0	0	5,196 0	52,638 0	31,097 0	254,093	0
DANIEL J DURHEIM EXEC DIR, INDUSTRY AFFAIRS	(1)	0	0	2,819	50,988 0	33,768 0	247,558	0
ROBERT E YOUNG II CHIEF ECONOMIST	(ı) (ıı)		785 0	27,349	72,346 0	22,696 0	349,388	0
MARY PAT WEYBACK DEPUTY GENERAL COUNSEL	(I) (II)		737 0	19,080	49,492 0	13,599 0	237,461	0
MARY KAY THATCHER SR DIR, CONGRESSIONAL RELATIONS	(I) (II)		737 0	25,387	50,244 0	12,899 0	246,178	0
RONALD L GASKILL DIR, MEMBER BENEFITS	(I)		737	2,177	49,119 0	22,272 0	227,686	0
DAVID C FRANCIS DIR, INFORMATION TECHNOLOGY	(I) (II)) 188,501) 0	0	1 ' 1	60,077 0	12,186 0	263,586	0
MARK MASYLN EXEC DIR, PUBLIC POLICY (TO FEB '13)	(I)		0	1	79,836 0	2,399 0	356,025	0
DONALD M LIPTON EXEC DIR, PUBLIC RELATIONS (TO OCT '	(I) (II)		0	0	50,171 0	0	207,591	0

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DLN: 93493287016185

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization AMERICAN FARM BUREAU FEDERATION

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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Employer identification number

36-0725160

990 Schedule O, Supplemental	Intermation
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	SEE RESPONSE TO PART VI, SECTION A, QUESTION 6
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD RETAINS THE SERVICES OF AN INDEPENDANT CPA FIRM TO PREPARE AND REVIEW THE ORGANI ZATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO T HE EXECUTIVE COMMITTEE OF THE ORGANIZATION THE EXECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRESCURSOR TO THEIR SERVICE TO THE ORGANIZATION POTENTIAL CONF LICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD
FORM 990, PART VI, SECTION B, LINE 15	AMERICAN FARM BUREAU FEDERATION (AFBF) MAINTAINS A GRADE STRUCTURE AND PAY FOR PERFORMANCE SYSTEM TO ADMINISTER COMPENSATION DECISIONS AND ENSURE THAT EMPLOYEES ARE PAID ACCORDING TO FAIR, EQUITABLE AND UNIFORM PRINCIPLES THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATI
	ON'S BOARD OF DIRECTORS EACH YEAR, AFBF REVIEWS ITS GRADE STRUCTURE TO DETERMINE IF THE R ANGES NEED TO BE ADJUSTED BASED ON FACTORS SUCH AS COST OF LIVING AND CHANGES IN THE INDUS TRY AFBF WILL OFTEN CONSULT WITH A THIRD PARTY TO REVIEW THE GRADE STRUCTURE AND CONDUCT
	A REVIEW OF MARKET DATA THE GRADE RANGES MAY BE SHIFTED IN ACCORDANCE WITH MARKET OR SURV EY DATA AFBF CONDUCTS PERFORMANCE REVIEWS ANNUALLY THROUGH AN ONLINE SYSTEM UTILIZING A S TANDARD TEMPLATE APPROVED BY THE AFBF MANAGEMENT TEAM AND EXECUTIVE VICE PRESIDENT THE TE MPLATE HAS PERFORMANCE CATEGORIES WITH SEVERAL COMPETENCIES UTILIZED TO ASSESS PERFORMANCE IN EACH AREA SUPERVISORS COMPLETE THE REVIEWS, AND THE OVERALL PERFORMANCE
	RATING FOR EA CH EMPLOYEE DETERMINES THEIR ANNUAL SALARY INCREASE HUMAN RESOURCES REVIEWS EACH COMPLETE D PERFORMANCE REVIEW DOCUMENT THE PERCENTAGE SALARY INCREASE FOR VARIOUS PERFORMANCE RATI NG AVERAGES IS SUBJECT TO THE APPROVAL OF THE EXECUTIVE VICE PRESIDENT AND THE OVERALL BUD GET APPROVED BY THE AFBF BOARD OF DIRECTORS EMPLOYEES ARE NOTIFIED OF ANY INCREASE IN PAY AFTER THE OCTOBER BOARD MEETING THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUT IVE COMMITTEE OF THE ORGANIZATION AND IS REPORTED TO THE BOARD OF DIRECTORS DURING
FORM GOD DARTIN SECTION OF LINE	THE BUD GET PROCESS FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE LIBON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19	
FORM 990, PART XI, LINE 9	ADDITIONAL PENSION CHARGES -1,666,194 EQUITY IN SUBSIDIARIES 623,694

DLN: 93493287016185

OMB No 1545-0047

Open to Public Inspection

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

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.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

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

36-0725160

(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) AFBF LEGAL ADVOCACY PROGRAM LLC 600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 65-1294705	AFBF LEGAL ADVOCACY PROGRAM, LLC A SINGLE MEMBER LLC	DE	123,945	4,327,158	AMERICAN FARM BUREAU FEDERATION		
(2) IDEAG GROUPLLC 600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 36-4767427	PRODUCTION OF REGIONAL FARM SHOWS	DE	5,980,278	20,417,421	AMERICAN FARM BUREAU FEDERATION		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to	the tax year.				rt IV, line 34 because it l		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	Public charity sta (if section 501(c)	atus Direct controlling entity	Section (13) co ent	ontrolle tity?
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE 600 MARYLAND AVE SW STE 1000	ACCUMULATES & DISTRIB FUNDS FOR MATERIALS, PROGRAM DEV	IL	501(C)(3)	LINE 11A, I	AMERICAN FARM BUREAU FEDERATION	Yes	No
WASHINGTON, DC 20024 36-6169577							

because it had one or more	Totalca organizations tree	(b)		(d)			/f\	(a)	(h		(i)	1	i) I	(k)	
(a) Name, address, and E related organizatio	Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	Direct controll entity	r Predoi Ing Income Income United Exclude tax u Section		(f) Share total inco	of Share of end-of-ye assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		Percent owners	tage
					31	.4)			Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one of									swered	d "Yes	" on Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Dii	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)		Share	(g) of end-o year assets	of- Percen owner	tage		(i) Section 51 (b)(13) controlled entity?	
(4) AMEDICAN FARM	DUCTNIECO MANACEMENT	D.C.		100				1 726 26		2 202 0	100.00	.0.0/			No
(1) AMERICAN FARM BUREAU INC 600 MARYLAND AVE STE 1000W WASHINGTON, DC 20024 36-3250406	BUSINESS MANAGEMENT	DC		AF	31-	С		1,726,36	1	3,392,9	04 100 00		Y	es	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?							
а	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)				1 c		No			
d	Loans or loan guarantees to or for related organization(s)									
е	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)				1 i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
I	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	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)						Yes				
р	Reimbursement paid to related organization(s) for expenses				1р		No			
q	Reimbursement paid by related organization(s) for expenses				1q	Yes				
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete									
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining a type (a-s)									
(1) AN	MERICAN FARM BUREAU INC	Q	759,749	MAINTAINED RECORDS AT FMV						
(2) ID	EAG GROUP	Q	556,472	,472 MAINTAINED RECORDS AT FMV						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

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 sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?			total end-of-year			(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
]						
												\Box						
	•																	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013