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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)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	or th	e 2014 calendar year, or tax year beginning $MAY \perp$, 2014 and ending	<u>APR 30, 20</u>	<u> </u>							
В	Check if	C Name of organization	D Employer ide	entification number							
_ ;	applicab	INSTITUTE FOR FEED EDUCATION AND									
	Addre	SS DECEADOU THO									
F	chang Name		⊣	4710056							
<u> </u>	lchang ltnitial			5-4719856							
<u></u>	return	,									
L	Final return	2101 WILSON BLVD 916	70	03-558-3569							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	936,239.							
	Amen	ded ARLINGTON, VA 22201	H(a) Is this a gro	oup return							
7	Applie		for subordi								
_	pendi	SAME AS C ABOVE									
_											
	Tax-exempt status X 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)										
		te: ► WWW.IFEEDER.ORG		mption number							
<u>K</u>	Form o	forganization: X Corporation	<u>/ear of formation: 200</u>	0 9 M State of legal domicile: DC							
P	art I	Summary									
_	1	Briefly describe the organization's mission or most significant activities TO SUSTA	IN THE FUT	JRE OF FOOD							
Governance	'	AND FEED PRODUCTION THROUGH EDUCATION AND RE		HE INSTITUTE							
٦ã											
ē	2	Check this box	nore than 25% of its	1 1							
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3 12							
ু পু	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 11							
S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 0							
≝	6	Total number of volunteers (estimate if necessary)		6 11							
Activities &	7-	Total unrelated business revenue from Part VIII, column (C), line 12									
Ą	1										
_	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b 0.							
Revenue			Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)	588,5	28. 903,489.							
	9	Program service revenue (Part VIII, line 2g)		0. 0.							
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,3								
æ	144	• • • • • • • • • • • • • • • • • • • •	4,5								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500 0								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	592,8								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,5	75. 356,044.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.							
ņ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5/10).	115,83	125,370.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 116))	0. 0.							
ě		Total fundraising expenses (Part IX, column (D), line 25) SEP 2 942(1184 2									
ă	1	22/24/29	7.6 4	72 55 265							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) Total expenses Add lines 13-17 (must equal Part IX, column (A) (me-25) Revenue less expenses Subtract line 18 from line 12	76,4								
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line-25)	381,8								
	19	Revenue less expenses Subtract line 18 from line 12	210,9	366,830.							
Pe	3	- M - W-1	Beginning of Current	Year End of Year							
Net Assets or	20	Total assets (Part X, line 16)	1,040,5								
ASS	21	Total liabilities (Part X, line 26)	146,9								
ξĘ	22	Net assets or fund balances. Subtract line 21 from line 20	893,5								
급	art II	Signature Block	033,3	1,257,564.							
_											
		alties of per jury, I declare that I have examined this return, including accompanying schedules and si									
true	e, corre	ct, and complete. Declaration of preparen (other than officer) is based on all information of which pre	parer has any knowledge	2							
	,	h / www.		1/10/15							
Sig	n /	Signature of officer	Date								
	- 1	JOEL NEWMAN, PRESIDENT									
He	' '	Type or print name and title									
			Data La	, DTIN							
Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name											
Paid ANDREW YOUNG CPA ANDREW YOUNG PA 9/2/13 sett-employed PO											
Pre	parer	Firm's name RENNER AND COMPANY, CPA, P.C	Firm's El	· · · · · · · · · · · · · · · · · · ·							
Use	Only	Firm's address 700 NORTH FAIRFAX ST, SUITE 400									
	•	ALEXANDRIA, VA 22314	Dhone o	0.703-535-1200							
····											
		RS discuss this return with the preparer shown above? (see instructions)	• •	X Yes No							
432	001 11-	D7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2014)							

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

Total program service expenses

(Expenses \$ including grants of \$

358,029.

) (Revenue \$

Form **990** (2014)

432002 11-07-14

4e

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2014) RESEARCH, INC.
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		3.5	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		Ì	٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	l	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-	 	<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"	 ^*	
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Form 990 (2014) RESEARCH, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		_X_
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 "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>X</u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
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	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2014)

rar	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Check in ochrodic o contains a response of note to any line in this Part V			
10	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	Ye	s No
	The state of France WOO and th	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga			
·	(gambling) winnings to prize winners?	1	c X	.]
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	ol		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	ь	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a .	x
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3	b	
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a	X
b	b If "Yes," enter the name of the foreign country			ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	JAR)		
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	<u> </u>
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b	X
С	•	5	c	
6a		on solicit	}	
	any contributions that were not tax deductible as charitable contributions?	6	<u>а</u>	X
þ	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6	<u> </u>	
7				₹.
a			a	X
		- '	b	-
С	to file Form 8282?	-	c	X
٦	d If "Yes," indicate the number of Forms 8282 filed during the year		-	- 1
e			e	x
f			'f	X
g	tests and a second of the seco		g	
-			h	
8				
	sponsoring organization have excess business holdings at any time during the year?		з _	
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9	a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b	
10				
а	· · · · · · · · · · · · · · · · · · ·			-
b				
11	1 1			
а				
b	, , , , , , , , , , , , , , , , , , , ,			
	amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a	
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	, .	<u> </u>	+	
а	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13	3a	
h	b Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
^	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	1,	4a	X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b	\ <u></u>
				90 (2014)

Form 990 (2014)

RESEARCH, INC.

26-4719856

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

	Check if Schedule O contains a response or note to any line in this Part VI						\mathbf{x}			
Sec	tion 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		12						
	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		11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				}			
	officer, director, trustee, or key employee?				_2		X			
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?				_3	Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	_ [4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X			
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	ppoint	one or							
	more members of the governing body?			.	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				ļ			
	persons other than the governing body?				7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:							
а	The governing body?				8a	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?				_8b	X	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched a	at the				}			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code)							
				ſ		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b 11a	Х				
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						7,7			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe							
	in Schedule O how this was done				12c		77			
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?				14					
15	Did the process for determining compensation of the following persons include a review and approve	-	aepenaent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х				
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			-	15a	Α	X			
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				15b					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				[
ioa	taxable entity during the year?	illelit v	vitira		16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ta ite r	participation	-	iva	-	<u> </u>			
U	in joint venture arrangements under applicable federal tax law, and take steps to safequard the organization of the control of			ļ			ļ			
	exempt status with respect to such arrangements?	11124110			16b					
Sec	tion C. Disclosure				100					
17	List the states with which a copy of this Form 990 is required to be filed ▶VA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (Sect	ion 501(c)(3)s	only) a	vailab	le				
. 🗸	for public inspection. Indicate how you made these available. Check all that apply.	,,		, , u		-				
	Own website Another's website X Upon request Other (explain	in Sci	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			v. and	finan	cial				
	statements available to the public during the tax year.			,, <u>.</u>						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records.							
	ANDREW TIMMINS - 703-558-3572									
	2101 WILSON BLVD., SUITE 916, ARLINGTON, VA 22201									
43200	3 11-07-14				Form	990	(2014)			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated		
	hours per week	box, unless person is both an officer and a director/trustee)			is bot or/trus	h an tee)	compensation	compensation	amount of			
	(list any	\vdash				ТТ.		from the	from related organizations	other compensation		
	hours for	Individual trustee or director				B		organization	(W-2/1099-MISC)	from the		
	related	iee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	(** =, *********************************	organization		
	organizations	trus	Institutional trustee	ľ	Key employee	E .				and related		
	below	vdua	itutio	, 18	empl	nest c	ner			organizations		
	line)	힐	Inst	Officer	Key	E E	Former					
(1) DEAN WARRAS	5.00					į						
CHAIRMAN	0.00	X		X				0.	0.	0.		
(2) EDDIE WELLS	5.00											
VICE CHAIRMAN	0.00	X		Х				0.	0.	0.		
(3) ALAN GUNDERSON	5.00											
PAST CHAIR, EX-OFFICIO	0.00	X		X	<u> </u>			0.	0.	0.		
(4) CATHY BANDYK	1.00											
TRUSTEE	0.00	X						0.	0.	0.		
(5) JEFF CANNON	1.00											
TRUSTEE	0.00	X						0.	0.	0.		
(6) BRUCE CRUTCHER	1.00											
TRUSTEE	0.00	X						0.	0.	0.		
(7) MARC DE BEER	1.00											
TRUSTEE	0.00	X						0.	0.	0.		
(8) ED GALO	1.00											
TRUSTEE	0.00	X			<u> </u>			0.	0.	0.		
(9) C. ROSS HAMILTON	1.00							_				
TRUSTEE	0.00	X			<u> </u>		_	0.	0.	0.		
(10) WES JAMISON	1.00											
TRUSTEE	0.00	X						0.	0.	0.		
(11) CHAD RISLEY	1.00	Į										
TRUSTEE	0.00	X						0.	0.	0.		
(12) KENNETH THOMAS	40.00											
EXECUTIVE DIRECTOR	0.00	Х		X				101,333.	0.	0.		
				ļ								
·······				L	<u> </u>					_		
		<u> </u>			<u> </u>	<u> </u>						
		ĺ										
			_	_	_	<u> </u>						
		<u> </u>				<u> </u>	ļ					
										•		
		<u> </u>		L	<u> </u>	Ц_	<u> </u>	<u> </u>				

	,	
Form	990	(2014)

RESEARCH, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	iH t	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	verage (do not che box, unles officer and			C) Ition more rson i	than	one nan	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other compensatio		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(W-2/1099-MISC)			
										_			
		 				_				_			
		_								_			
						-	-			_			
		 				 			<u> </u>	_			
		_								_			
		-									·	<u>-</u>	_
		-			-					-	<u> </u>		
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A			<u> </u>	<u></u>		<u> </u>	101,333. 0. 101,333.		0.		(0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wi	no r		L	<u> </u>			1
3 Did the organization list any former officer	•		e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			es N	
Inne 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	um of reportab	ie co			_				the organization		3		<u>Κ</u> _
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor 	accrue compe	nsat	ion f	rom	any	y uni			idual for services	-	5		<u>K</u> K
Section B. Independent Contractors 1 Complete this table for your five highest or							ors 1	that received more than	\$100,000 of comp	ensa			_
the organization Report compensation for (A)	-								•		(C)		
Name and business KENNETH D. THOMAS, 9095		RUI					_	Description of s	services	Со	mpens	ation	
BOULEVARD, BONITA SPRING							_	EXECUTIVE DI	RECTOR		101	<u>, 333</u>	<u>3.</u>
	·						_			_			
			-		_					_		.	
													_
Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li 1	stec	d above) who received r	nore than		orm Q		

			ARCH, INC				26-4719	856 Page 9
Pa	rt VII	I Statement of Reve	nue	•				
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats at	1 a	Federated campaigns	1a					
our a	b	Membership dues	1b					
S, E	С	Fundraising events	1c	35,142.				
Sift ar	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
tion S S	f	All other contributions, gifts, gran	nts, and					
i Per		similar amounts not included abo	ove 1f	868,347.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		31,142.				
<u>8 0</u>	h	Total. Add lines 1a-1f			903,489.			
				Business Code				
9	2 a							
ē Š	b							
Scale	С							
eva	d							
Program Service Revenue	е							
ا ته	f	All other program service reve	enue			_		
	g	Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·					
	3	Investment income (including	dividends, intere	est, and				
Ì		other similar amounts)		▶	11,520.			11,520.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		.				
			(ı) Real	(II) Personal				
	6 а	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)		<u> </u>				
Other Revenue	8 a	Gross income from fundraisin including \$ 35 , 1	ig events (not L42. of					
ě		contributions reported on line						
声		Part IV, line 18	а	18,930.				
¥	b	Less direct expenses	b	32,730.				
ا ت		Net income or (loss) from fund	•	<u>▶</u>	<13,800.	>		<13,800.
	9 a	Gross income from gaming a	ctivities. See			T		
		Part IV, line 19	а					
		Less. direct expenses	b	0.	_			
		Net income or (loss) from gan	-		2,300.			2,300.
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b					
	С	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu	ie	Business Code				
	11 a			ļ				
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		. [002 502			
43200	12	Total revenue. See instructions.		<u> </u>	903,509.	0.1	0.	20.
43200 11-07-	14							Form 990 (2014)

Part IX | Statement of Functional Expenses

	(4) organizations must comp		er organizations must co	mplete column (A)	
	hedule O contains a respons				
Do not include amounts rej 7b, 8b, 9b, and 10b of Part	ported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assista and domestic government	ince to domestic organizations ints. See Part IV, line 21	356,044.	356,044.		
2 Grants and other ass individuals. See Part					
3 Grants and other ass organizations, foreign individuals. See Part	governments, and foreign				
4 Benefits paid to or fo	r members	-			······································
•	rent officers, directors,				
trustees, and key em		125,370.		50,148.	75,222
6 Compensation not inclu	ded above, to disqualified ler section 4958(f)(1)) and	12373737		3071101	73/222
7 Other salaries and wa	ages				
8 Pension plan accruals a	nd contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee bene	efits				
10 Payroll taxes					
11 Fees for services (no	n-employees)				
a Management]			
b Legal		2,777.		2,777.	
c Accounting		4,431.		4,431.	
d Lobbying		•			
e Professional fundraising	services. See Part IV, line 17				
f Investment managen		1,458.		1,458.	
-	unt exceeds 10% of line 25,			1	
• •	line 11g expenses on Sch O.)	21,000.		21,000.	
12 Advertising and prom	· · · · · · · · · · · · · · · · · · ·	,			
13 Office expenses		1,280.		1,280.	
14 Information technolog	av	1,045.	325.	720.	
15 Royalties	"				
16 Occupancy			·		
17 Travel	-	30,532.	15,266.		15,266
18 Payments of travel or	r entertainment expenses or local public officials	,	, =		,
19 Conferences, conver	·	7,392.	3,696.	"	3,696
20 Interest	·	• • •	. i I , , i., 7		- F.,,;, -, -
21 Payments to affiliates	;				
22 Depreciation, depletion		594.		594.	
23 Insurance	Γ				
24 Other expenses, Itemize above. (List miscellaned 24e amount exceeds 10 amount, list line 24e exp	ous expenses in line 24e. If line % of line 25, column (A)				
a DONOR AWARI	os	2,541.	2,541.		
ь SPONSORSHII	PS	2,500.	2,500.		
c POSTAGE		1,136.		1,136.	
d CREDIT CARI	FEES	858.		858.	
e All other expenses		<22,279.	> <22,343.		-
· -	ses. Add lines 1 through 24e	536,679.	358,029.	84,466.	94,184
	his line only if the organization		-		
reported in column (B)	joint costs from a combined				
	nd fundraising solicitation.				
. —	llowing SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet RESEARCH, INC.

Par		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		186,032.	1	96,130.
-	2	Savings and temporary cash investments		209,916.	2	202,273.
1	3	Pledges and grants receivable, net		429,954.	3	699,503.
	4	Accounts receivable, net	4,342.	4	58,490.	
	5	Loans and other receivables from current and form				
1		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L	1		5	
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
ള		employees' beneficiary organizations (see instr) C			6	
Assets	7	Notes and loans receivable, net	,		7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	-
		Land, buildings, and equipment cost or other	ı		i	
			10a 2,375.			
	b		10a 2,375. 10b 940.	2,029.	10c	1,435.
	11	Investments - publicly traded securities		•	11	
	12	Investments - other securities See Part IV, line 11		208,235.	12	283,177.
	13	Investments - program-related See Part IV, line 11	,	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	1,040,508.	16	1,341,008
	17	Accounts payable and accrued expenses		26,937.	17	35,924
	18	Grants payable		119,975.	18	47,500.
	19	Deferred revenue		19	•	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Pa	urt IV of Schedule D		21	
ပ္	22	Loans and other payables to current and former of				
<u>ii</u>		key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L		:	22	
ן כ	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	T [*]		24	
	25	Other liabilities (including federal income tax, paya	i			
		parties, and other liabilities not included on lines 1	7-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		146,912.	26	83,424.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and				
Net Assets or Fund Balances	27	Unrestricted net assets	Į	346,374.	27	458,024
3ala	28	Temporarily restricted net assets]	547,222.	28	799,560
ğ	29	Permanently restricted net assets .			29	
Fur		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
488	31	Paid-in or capital surplus, or land, building, or equ	pment fund		31	
et	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
Z	33	Total net assets or fund balances .		893,596.	33	1,257,584
	34	Total liabilities and net assets/fund balances		1,040,508.	34	1,341,008
						Form 990 (2014

INSTITUTE FOR FEED EDUCATION AND

	990 (2014) RESEARCH, INC.	26-4	<u>719856</u>	Pag	_{je} 12			
Pai	t XI Reconciliation of Net Assets							
	Check of Schedule O contains a response or note to any line in this Part XI							
1	Total rèvenue (must equal Part VIII, column (A), line 12)	1		<u>3,5</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>79.</u>			
3	Revenue less expenses Subtract line 2 from line 1	3			30. 96.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5	<	2,8	<u>42.</u> >			
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments .	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,25	7,5	84.			
Pa	rt XIII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			İ			
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both							
	Separate basis X Consolidated 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 of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2014)			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2014**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE FOR FEED EDUCATION AND

Employer identification number

26-4719856 RESEARCH INC Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 LX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1.9 listed in your organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Total

Schedule A (Form 990 or 990-EZ) 2014 RESEARCH, INC.

26-4719856 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III if the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	491,508.	393,157.	163,928.	588,528.	903,489.	2540610.
2	Tax revenues levied for the organ-		•	•	•		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	491,508.	393,157.	163,928.	588,528.	903,489.	2540610.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		ı				
	column (f)						858,733.
6	Public support. Subtract line 5 from line 4						1681877.
	ction B. Total Support						1001077.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	491,508.	393,157.		588,528.	903,489.	2540610.
-	Gross income from interest,	131/3001			300,0200	300/1030	
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	331.	2,414.	4,453.	4,329.	11,520.	23,047.
Q	Net income from unrelated business	3311	2/2220	1,1331	1/3250	11/3200	23 7 0 1 7 4
v	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				,		
11	Total support. Add lines 7 through 10			-			2563657.
	Gross receipts from related activities,	etc (see instruction	nne)			12	21,230.
	First five years. If the Form 990 is fo	•	•	d fourth or fifth ta	ay vear as a sectio		21/2501
	organization, check this box and stop	•		-,	,		ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	65.60 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	61.54 %
16a	a 33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2013. If the	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	- · ·		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	3	
Ŀ	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or
_	more, and if the organization meets t	_				•	
	organization meets the "facts-and-cire				-		
18	Private foundation. If the organization				-		ıs .
		_	·-, ·-			dulo A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A: Public Support	low, please comp	piete Part II)				
	(a) 2010	(b) 2011	(a) 2012	(4) 2013	(a) 2014	(6) Total
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
· · · · · · · · · · · · · · · · · · ·						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	ļ					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain		-				
or loss from the sale of capital						
assets (Explain in Part VI)		-	 			
13 Total support (Add lines 9, 10c, 11, and 12)		- 6			501/-)/0)	
14 First five years. If the Form 990 is for	the organization	s tirst, secona, thi	ra, tourtn, or tittn t	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
			(D)		145	0/
15 Public support percentage for 2014 (I			column (I))		15	<u>%</u>
16 Public support percentage from 2013 Section D. Computation of Invest					16	%
					147	0/
17 Investment income percentage for 20			ne 13, column (i))		17	<u>%</u>
18 Investment income percentage from 2			on line 44	. 1E 10	18	% 17 is not
19a 33 1/3% support tests - 2014. If the	•					I/ IS NOT
more than 33 1/3%, check this box at	•			•		▶ □
b 33 1/3% support tests - 2013. If the	-					
line 18 is not more than 33 1/3%, che					•	
20 Private foundation. If the organizatio	<u>n did not check a</u>	DOX OR line 14, 19	a, or 19b, check t	nis box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
¢	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5b</u>		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		·	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
8	If "Yes," complete Part I of Schedule L (Form 990)			
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
эа	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	
^	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			\vdash
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		ļ	
	determine whether the organization had excess business holdings.)	10b		1

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Par	t IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A persón who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		ĺ
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			ŀ
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			į
		3		
500	supported organizations played in this regard	<u> </u>		<u> </u>
	etion E. Type III Functionally-Integrated Supporting Organizations	- 1 -		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	s <i>):</i>		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstruction		
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	1
а		- [1
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	За		
b		- 54	\vdash	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	and appreciate organization in Tool accombe in Fact Fr. the Folia played by the organization in this regard	1 30	4——	

INSTITUTE FOR FEED EDUCATION AND

26-4719856 Page 6 Schedule A (Form 990 or 990-EZ) 2014 RESEARCH, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) ___ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets	· · · ·	18881	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsive	e	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·	Г	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014.			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
C				
_	Excess from 2013			
е	Excess from 2014			1

Schedule A (Form 990 or 990-EZ) 2014

INSTITUTE FOR FEED EDUCATION AND

Schedule A	(Form 990 or 990-EZ) 2014 RESEARCH, INC.	26-4719856 Page 8
Part VI	(Form 990 or 990-EZ) 2014 RESEARCH, INC. Supplemental Information. Provide the explanations required by Part II, line 10, P	art II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	•
	1. 100 Optimization (Coo mondono)	•
	<u> </u>	
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-		
		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR FEED EDUCATION AND RESEARCH, INC.

Employer identification number 26-4719856

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements	£ A. Historical Transcers	Other Circilar Assets
Pai	rt III Organizations Maintaining Collections o		Juner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the statements and the statements that described the statements are statements that described the statements are statements and the statements are statements are statements are statements.		
ь	If the organization elected, as permitted under SFAS 116 (A	·	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included in Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	•		• \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Par	t III Organiz	<u>ations Maintaining C</u>	ollections of Art	t, Historical Tre	easures, o	r Othe	r Simil	ar Asset	S(continued)	
3	Using the organiz	ation's acquisition, accessi	on, and other records	, check any of the	following that	are a si	gnıficant	use of its o	collection items	
	(check all that app	ply)								
а	Public exhib	oition	d	Loan or excl	nange progra	ms				
b	Scholarly re	esearch	е	Other						
С	Preservatio	n for future generations								
4	Provide a descrip	tion of the organization's co	ollections and explain	how they further th	ne organizatio	on's exer	npt purp	ose in Part	XIII	
5	During the year, d	lid the organization solicit o	r receive donations of	f art, historical treas	sures, or othe	er sımılar	assets			
	to be sold to raise	e funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes	No
Par	t IV Escrow	and Custodial Arran	gements. Complet	te if the organizatio	n answered "	Yes" to I	Form 990	, Part IV, I	ne 9, or	
	reported a	n amount on Form 990, Par	rt X, line 21							
1a	Is the organization	n an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other as:	sets not	ıncluded			
	on Form 990, Par	t X?							Yes	No
b	If "Yes," explain t	he arrangement in Part XIII	and complete the foll	owing table						
	•	-	·	-					Amount	
С	Beginning balanc	е					1c			
	Additions during						1d	•		
е	Distributions duri	ng the year					1e			
f	Ending balance	,					1f			
2a	Did the organizati	on include an amount on F	orm 990, Part X, line 2	21, for escrow or cu	ustodial acco	unt liabili	ity?		Yes	No
	•	he arrangement in Part XIII					,			
Par		nent Funds. Complete i		• • •			0.			
	•		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four years ba	ack
1a	Beginning of year	r balance	547,222,	321,471.		2,260.		286,557.	136.9	
b	Contributions		526,640.	400,124.		5.550.		232,000.	475,7	
c		arnings, gains, and losses	833.	1,969.				,		
d	Grants or scholar		333,1							
e	Other expenditure	•								
Ū	and programs		275,135.	176,342,	203	7 339		L56 297.	326,1	39.
f	Administrative ex	penses	2,0,100.	2,0,012,		.,	-			
g g	End of year balar	•	799,560.	547,222.	321	1.471.		362,260.	286,5	57
2	•	nated percentage of the cur	•			- , - , - , ,		, 200.		<u></u>
a		d or quasi-endowment		%	.,,					
b	Permanent endov	· ·	%	_,,						
		icted endowment > 10								
·		in lines 2a, 2b, and 2c show								
За		ment funds not in the posse		ition that are held a	nd administe	red for th	he organi	zation		
-	by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					J		Yes	No
	(i) unrelated org	ianizations								X
	(ii) related organ									X
b		are the related organization:	s listed as required or	n Schedule R?		·	•		3b	
4	Describe in Part	XIII the intended uses of the	e organization's endo	wment funds		·	•			
Pai	rt VI Land, B	uildings, and Equipn	nent.							
	Complete	if the organization answere	d "Yes" to Form 990,	Part IV, line 11a S	ee Form 990	, Part X,	line 10			
	Descrip	ition of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulat	ed	(d) Book value	
			basis (investm	''	(other)		preciation		•	
1a	Land					- 				
	Buildings									
	Leasehold impro	vements					-	<u> </u>		
d	Equipment				2,375.		9	40.	1,43	55.
_	Other .		•							
		ough 1e (Column (d) must e	equal Form 990, Part	X, column (B), line	10c)			. ▶	1,43	<u>5.</u>

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 RESEARCH, I	INC.		26-4719856 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or	end-of-year market value
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other			
(A) WELLS FARGO MARKETABLE	<u> </u>		
(B) SECURITY	283,177.	COST	
(C)			
(D)			
(E)	\ <u>-</u>		
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	283,177.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)		- makes 7 to Ma	
_(3)		~== ·	
(4)			
(5)			
(6)			
(7)		• ··· · · · · · · · · · · · · · · · · ·	
(8)	·		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes			25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

	INSTITUTE FOR FEED EDUCAT	TON AND		
	edule D (Form 990) 2014 RESEARCH, INC.			856 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Staten	· · · · · · · · · · · · · · · · · · ·	per Heturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a .		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1		
а	, ,	2a		
b	Donated services and use of facilities	2b		
	, , ,	2c		
	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expense	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	j	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
5			5	
	art XIII Supplemental Information.	··		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P.	art IV lines 1h and 2h Part	V line 4 Part X line	2 Part XI
	s 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		v, mie +, i ait /, mie	2,1 at 71,
11163	20 and 40, and 1 art Air, lines 20 and 40 Also complete this part to provide any a	additional information		
וגכ	RT V, LINE 4:			
בא	KI V, DINE 4.			
וטח	E INSTITUTE'S TEMPORARILY RESTRICTED ENDO	אוואים סבים אווי	י ייט דינואזוסדא	TC.
I n.	E INSTITUTE S TEMPORARILI RESTRICTED ENDO	MUDNIS PERIAII	N TO PUNDIT	10
ים כ	CETTIED MUNM UNC DONOD TWOOCED DECMOTOMION	IC DOD MIME AND	A / OB BIRDO	יסי
K.E.	CEIVED THAT HAS DONOR-IMPOSED RESTRICTION	NS FOR TIME AND	J/OR PURPOS	<u>) L • </u>
T 3.7	OLUMBO THE MURAE ENDOUGHENING AND DE PROPERTU	TOTAL DISCOUNT	ramtona Bi	TATE C
TM	CLUDED IN THESE ENDOWMENTS ARE PLEDGES WI	TH TIME RESTR	ICTIONS, FO	צעמע
HE.	LD FOR THE EQUIPMENT MANUFACTURERS COMMIT	TTEE SCHOLARSH	LP FUND AND) FUNDS
HE.	LD FOR THE LIQUID FEED COMMITTEE KENNY BE	ERG RESEARCH AL	ND EDUCATION	<u>ON FUND.</u>
PA	RT X, LINE 2:			
			_	
ΓH.	E INSTITUTE'S FEDERAL EXEMPT ORGANIZATION	N BUSINESS INCO	OME TAX RET	<u>rurns</u>
FO	P THE VEARS 2012 2013 AND 2014 ARE SIR.	ΤΕΌΤ ΤΟ ΕΧΔΜΙΝΊ	זיי עא מ∩דיים	4 FC

432054 10-01-14

INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

•	•	INSTITUTE	FOR	FEED	EDUCATION	AND	
Schedule D	(Form 990) 2014 Supplemental Infor	RESEARCH,	INC.	2			26-4719856 Page 5
Part Alli	Supplemental Infor	mation (continued)	-				
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432055 10-01-14 Schedule D (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization INSTITUTE FOR FEED EDUCATION AND **Employer identification number** 26-4719856 RESEARCH, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes __ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraise (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2014

INSTITUTE FOR FEED EDUCATION AND

hedu Part	II Fundraising Events. Complete if	the organization answered	d "Voe" to Form 990. Bad	26 -	4719856 Page 2
art	of fundraising event contributions and	gross income on Form 990	D-F7 lines 1 and 6b list (riv, line io, or reported events with aross receir	more than \$15,000
	,	(a) Event #1 SILENT AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
2		(event type)	(event type)	(total number)	COI (C))
1	Gross receipts	54,072.		-	54,072.
2	Less Contributions	35,142.			35,142.
3	Gross income (line 1 minus line 2)	18,930.			18,930.
4	Cash prizes				
5	Noncash prizes	32,730.	,		32,730.
6	Rent/facility costs				
6 7	Food and beverages				
8 6	Entertainment				
9	Other direct expenses				
10				•	32,730
11					<13,800
art	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	on answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
	\$13,000 OH 1 OHH 330-LZ, line oa.	T	(b) Pull tabs/instant		(d) Total gaming (add
on leading		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
1	Gross revenue			2,300.	2,300
Ť	0.000.0.000			2,300.	2,300
2 3	Cash prizes				
3	Noncash prizes			-	
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes % No	Yes% X No	
7	Direct expense summary Add lines 2 throu	ugh 5 ın column (d)		•	
8	Net gaming income summary Subtract line	e 7 from line 1, column (d)			2,300
) En	iter the state(s) in which the organization cor	aducte gaming activities. H	PT.		
a Is	the organization licensed to conduct gaming "No," explain	activities in each of these	states?		X Yes No
)a W	ere any of the organization's gaming licenses	s revoked suspended or te	erminated during the tax v	vear?	Yes X No
	"Yes," explain				
_					····
	08-28-14				rm 990 or 990-F7) 201

	. INSTITUTE FOR FEED EDUCATION AND
_	edule G (Form 990 or 990-EZ) 2014 RESEARCH, INC. 26-4719856 Page 3
	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in.
a	The organization's facility . 13a
t	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name ► AMERICAN FEED INDUSTRY ASSOCIATION, INC.
	Address ► 2101 WILSON BLVD., SUITE 916 - ARLINGTON, VA 22201
156	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X No
k	olf "Yes," enter the amount of gaming revenue received by the organization > 1
	of gaming revenue retained by the third party > \$
c	: If "Yes," enter name and address of the third party
	Name
	Address >
16	Gaming manager information
	Name > AMERICAN FEED INDUSTRY ASSOCIATION, INC.
	Gaming manager compensation ▶ \$ 0.
	Description of services provided THE AMERICAN FEED INDUSTRY ASSOCIATION, INC.
	FACILITATED THE RAFFLE ON BEHALF OF THE INSTITUTE.
	X Director/officer
17	Mandatory distributions
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to
٠	retain the state gaming license?
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
•	organization's own exempt activities during the tax year > \$
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)
	100, 10, and 170, as applicable. Also provide any additional information (see instructions)
_	
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Sahadula G	* (Form 990 or 990-E7)	DECEVEUR	TNC					26-4719856 Pag	
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)	<u> </u>						e 4
	·	(Continued)			· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·		—
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Internal Revenue Service | Printernation about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization INSTITUTE FOR FEED EDUCATION AND

Employer identification rumber

Open to Public

Inspection

OMB No 1545-0047

RESEARCH,	INC.						26-4719856
ı ⊆	nd Assistance						
1 Does the organization maintain records to substantiate the amount of th	substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or as:	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for moni	toring the use of grant	of grant funds in the United States	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Jomestic Organi	zations and Domestic	c Governments. C	omplete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addit	ional space is need	pel	17		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SONKEGOODE HT NOTHEROTICE
PARMING TO FIGHT HUNGER							WITH THE INSTITUTE'S
}		N/A	240,000.	0	FMV	N/A	MISSION,
OF THE UNITED NATIONS - 2121 K							RESEARCH IN ACCORDANCE
STREET, NW, SUITE 800-B -							WITH THE INSTITUTE'S
WASHINGTON DC 20001		N/A	30,000.	0	FMV	N/A	MISSION,
מפטאפדטט פט עשפרגטג זגאטדהגי							RESEARCH IN ACCORDANCE
SOO STHEATER NW ROOM 679							WITH THE INSTITUTE'S
WASHINGTON DC 20001		N/A	30,000	0	FMV	N/A	MISSION,
1							
UNIVERSITY OF FLORIDA BOARD OF							RESEARCH IN ACCORDANCE
TRUSTEES - 123 GRINTER GALL, PO							WITH THE INSTITUTE'S
듸		501(C)(3)	18,658.	0.	FMV	N/A	MISSION,
							RESEARCH IN ACCORDANCE
CENTER FOR FOOD INTEGRITI							אושושושב ואכשושושב, כ
2900 NE BROOKTREE LANE, SUITE 200			1			, , , , , , , , , , , , , , , , , , ,	MISSION
SLADSTONE, MO 64119		N/A	1,000,1	0	\ E 4	W/W	* NOTCOTE
SLOBAL ROUNDTABLE FOR SUSTAINABLE							
BEEF - 13570 MEADOWGRASS DRIVE,							
SUITE 201 - COLORADO SPRINGS, CO							RESEARCH IN ACCORDANCE
80921		N/A	8,000.	0.	O.FMV	N/A	WITH INSTITUTE'S MISSION.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in th	e line 1 table				•
6 Catastrated in the 1 table	ani out or botair	1 9 140 140 140					<u>.</u>

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

432101 10-15-14

Schedule I (Form 990) (2014)

ION AND	
EDUCATION	
FEED	
FOR	INC.
INSTITUTE	RESEARCH,

Schedule (Form 990) RESEARCH, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II	INC. Assistance to Go	to Governments and Organization	nizations in the Un	ited States (Sche	edule I (Form 990), Par		26-4719856 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL POLY 1 GRAND AVENUE SAN LUIS OBISPO, CA 93407		501(C)(3)	2,500,	0	FMV	N/A	SCHOLARSHIPS IN ACCORDANCE WITH INSTITUTE'S MISSION,
KANSAS STATE UNIVERSITY 201 SHELLENBERGER HALL MANHATTAN, KS 66506		501(C)(3)	2,500.	0	FMV	N/A	SCHOLARSHIPS IN ACCORDANCE WITH INSTITUTE'S MISSION,
NORTH DAKOTA STATE UNIVERSITY PO BOX 6050 FARGO, ND 58108		501(C)(3)	2,500.	0	FMV	N/A	SCHOLARSHIPS IN ACCORDANCE WITH INSTITUTE'S MISSION,
NORTH CAROLINA STATE UNIVERSITY BOX 7645 RALEIGH, NC 27695		501(C)(3)	2,500,	0	FMV	N/A	SCHOLARSHIPS IN ACCORDANCE WITH INSTITUTE'S MISSION,
							Schedule I (Form 990)

Page 2

26-4719856

RESEARCH, INC.

Schedule I (Form 990) (2014)

Part III

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PROJECTS TO BE FUNDED THAT ARE DEEMED IMPORTANT TO THE INSTITUTE'S MISSION. WITHIM Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE BOARD OF TRUSTEES HAS THE FINAL APPROVAL OF ALL PROJECTS FUNDED AND THERE IS A SIMILAR COMMITTEE FOR EDUCATION WHICH REVIEWS AND RECOMMENDS PROJECTS, SCHOLARSHIP OPPORTUNITIES AND PUBLIC EDUCATION PROGRAMS TO SPECIALISTS DEFINES THE CRITERIA FOR FUNDING, REVIEWS AND RECOMMENDS THE BOARD OF TRUSTEES A RESEARCH COMMITTEE CONSISTING OF TECHNICAL MONITORS EACH PROJECT IN ACCORDANCE WITH THE AWARD SPECIFICATIONS. (d) Amount of non-cash assistance ADVANCE THE VISIBILITY AND VIABILITY OF OUR INDUSTRY. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: Part IV

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE M (Form 990)

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form 990.

Noncash Contributions

OMB No 1545-0047 **2014**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Types of Property

INSTITUTE FOR FEED EDUCATION AND RESEARCH, INC.

Employer identification number 26-4719856

(b) (a) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1a Art · Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 31,142. FMV (ITEMS FOR AUC) 25 26 Other > 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Y<u>es</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) (2014)

INSTITUTE FOR FEED EDUCATION AND

Schedule M (Form 990) (2014) RESEARCH, INC.	<u> 26-4719856 </u>	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3	3. and whether the organi	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a cor	nbination of both Also co	mplete
this part for any additional information.		•
•		
SCHEDULE M, PART I, COLUMN (B):		
ALL THEMS COMMUTATIONS WERE DELAMED TO THE STERM ALICHTON	EIDIDD A T CED	
ALL ITEMS CONTRIBUTED WERE RELATED TO THE SILENT AUCTION	FUNDRAISER	
HELD DURING THE YEAR.		
		
	-	
		
		
		_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2014 Open to Public

26-4719856

IN ORDER TO ACCOMPLISH

OMB No 1545-0047

m990. Inspection
Employer identification number

INSTITUTE FOR FEED EDUCATION AND RESEARCH, INC.

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

WAS CREATED TO ADDRESS THE ENORMOUS CHALLENGES OUR FOOD AND FEED

PRODUCTION INDUSTRIES WILL FACE IN THE NEXT 40 YEARS AND BEYOND, AS THE

WORLD'S POPULATION GROWS BY ALMOST 2.5 BILLION PEOPLE. OVER THIS

PERIOD, FOOD PRODUCTION NEEDS WILL DOUBLE. THE INSTITUTE COLLECTIVELY

REPRESENTS THE FOOD AND FEED PRODUCTION INDUSTRIES, WITH THE VISION OF

THIS AGGRESSIVE GOAL, OUR INDUSTRY MUST BE SUSTAINABLE. THE INSTITUTE

HELPING TO SHAPE OUR FUTURE TO FEED THE WORLD.

IS COMMITTED TO SUPPORTING CRITICAL EDUCATION AND RESEARCH ACTIVITIES

TO MAKE OUR FOOD AND FEED PRODUCTION INDUSTRIES SUSTAINABLE WELL INTO

THE FUTURE.

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

2.5 BILLION PEOPLE. OVER THIS PERIOD, FOOD PRODUCTION NEEDS WILL

DOUBLE. THE INSTITUTE COLLECTIVELY REPRESENTS THE FOOD AND FEED

PRODUCTION INDUSTRIES, WITH THE VISION OF HELPING TO SHAPE OUR FUTURE

TO FEED THE WORLD. IN ORDER TO ACCOMPLISH THIS AGGRESSIVE GOAL, OUR

INDUSTRY MUST BE SUSTAINABLE. THE INSTITUTE IS COMMITTED TO SUPPORTING

CRITICAL EDUCATION AND RESEARCH ACTIVITIES TO MAKE OUR FOOD AND FEED

PRODUCTION INDUSTRIES SUSTAINABLE WELL INTO THE FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INSTITUTE BELIEVES THE IMPACT OF THE FEED INDUSTRY AND ITS CARBON

FOOTPRINT ARE PART OF THE LARGER FOOTPRINT OF ANIMAL AGRICULTURE.

CONSUMERS, CUSTOMERS, AND OTHERS WISH THIS TO BE DEFINED AND PROJECTS

TO ASSIST IN THE OVERVIEW OF THE INDUSTRY'S SUBSTAINABILITY INDEX ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization INSTITUTE FOR FEED EDUCATION AND **Employer identification number** RESEARCH, INC. 26-4719856 NECESSARY TO ANSWER CONSUMERS' AND CUSTOMERS' QUESTIONS. THEREFORE, THE INSTITUTE FUNDS STUDIES IN SUPPORT OF THESE BELIEFS. FORM 990, PART VI, SECTION A, LINE 3: THE INSTITUTE HAS ENGAGED AN INDEPENDENT CONTRACTOR, KENNETH THOMAS TO SERVE AS ITS EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY OFFICERS AND MANAGEMENT PRIOR TO ITS FILING WITH THE IRS. COPIES OF FORM 990 ARE ALSO DISTRIBUTED TO AND REVIEWED WITH THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF TRUSTEES REVIEWS THE PERFORMANCE OF THE INDEPENDENT CONTRACTOR ON AN ANNUAL BASIS TO DETERMINE APPROPRIATE COMPENSATION. THE BOARD OF TRUSTEES WILL DRAW ON VARIOUS INDUSTRY BENCHMARKS AS CONSIDERED NECESSARY. FORM 990, PART VI, SECTION C, LINE 18: THE PUBLIC INSPECTION COPY OF THE FORM 990 IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990 PART XII LINE 2C THE EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY OF REVIEWING THE FINANCIAL STATEMENTS AND SELECTING THE INDEPENDENT ACCOUNTANTS, NO CHANGE IN PROCEDURE WAS MADE DURING THE FISCAL YEAR.

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R Related Organiza

(Form 990)

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.

2014
Open to Public Inspection

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. INSTITUTE FOR FEED EDUCATION AND

Employer identification number 26-4719856

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

Department of the Treasury Internal Revenue Service Name of the organization

Direct controlling ε End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

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

i							
(g)		(၁)	ਉ	(e)	€	(g) Section 512(b)(13)	2(b)(1)
Primary activity		Legal domicile (state or	Exempt Code	Public charity	Direc	contro) Pel
		foreign country)	section	status (if section	entity	entity?	ر ا
				501(c)(3))		Yes	S N
SUPPORT AND ADVOCATION FOR	ION FOR						
THE AMERICAN FEED I	FEED INDUSTRY ILLINOIS	ILLINOIS	501(C)(6)	N/A	NONE		×

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

Schedule R (Form 990) 2014

FEED EDUCATION AND INSTITUTE FOR

RESEARCH,

Schedule R (Form 990) 2014

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

Page 2

26-4719856

General or Percentage managing ownership 3 Yes No 9 Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Oisproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization

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

(7)	(4)	[3]		(9)		(0)	4	6
(a)	(a)	<u></u>	6)	(a)			:	Section
Name, address, and EiN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		or trust)		assets		Yes No
						l		

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INSTITUTE FOR FEED EDUCATION AND RESEARCH, INC. Schedule R (Form 990) 2014 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				No soy
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	is transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£	,		1a . X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			_
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
 Sharing of paid employees with related organization(s) 				10 X
				
 Reimbursement paid to related organization(s) for expenses 				ot X
q Reimbursement paid by related organization(s) for expenses				1q X
 Other transfer of cash or property to related organization(s) 				+ ×
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
8				
(6)				
(4)				
(5)				
(9)				
432163 08-14-14	46		Schedule	Schedule R (Form 990) 2014

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INSTITUTE FOR FEED EDUCATION AND RESEARCH, INC.

Schedule R (Form 990) 2014 RESEARCH, IN(

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

	66				_					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income pari (related, unrelated, excluded from tax under Sections 512-514)	(e) (f) (f) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		(g) Share of end-of-year assets	Disproportionate allocations?	(h) (l) (k) (k) (k) (l) (like) (l) (like) (l) (like) (like	General or managing partner?	(k) Percentage ownership
					i					

Schedule R (Form 990) 2014

Depreciation and Amortization (Including Information on Listed Property)

990 Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form 4562.

Attachment Sequence No 179

Identifying number

Part II Election To Expense Gentian Property Under Section 179 Note: If your have any lated property, complete Part I I before your complete Part I I flower than a control of the con		ITUTE FOR FEED EDU	CATION A	ND	TO.		DAGE 10		26 4710056
1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Timeshold cost of section 179 property placed in service (see instructions) 3 Timeshold cost of section 179 property placed in service (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, anti-0. 5 Cells imberiod for says. Search as the torn is 11 tize or less, are the control of the control			. Under Continu	70. Notes 16				/ h = f =	26-4719856
2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000, 4 4 4 5 5 Data institution is to sayes distingt the strong in 1 service (see, cere o. Instructions) 6 platformation Subtract line 3 from line 2 if zero or less, enter-0. 6 platformation in line 2 if zero or less, enter-0. 7 Listed property Enter the amount from line 2 if zero or less, enter-0. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of the 5 or line 8 10 Carpover of desillowed deduction from line 13 of your 2013 Form 4582 10 Carpover of desillowed deduction from line 13 of your 2013 Form 4582 11 Listed property Enter the amount from line 29 and 10, less from 170 property and section 170 property and amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of bases in enter 1 line 2	·		y under Section 1.	19 Note: If yo	ou nave any iis	stea property,	сотрієте Рап		
Thirtishold cost of section 179 property before reduction in infration 4 Reduction in infrastion Subtract line 3 from line 2 if zero or less, enter-0-5 5 Date Infrastion Subtract Line 3 from line 2 if zero or less, enter-0-6 6 Jul Description of property (i) Cost (business use orly) 7 Listed property Enter the amount from line 28 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4582 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, lines line 12 15 Carryover of disallowed deduction 10 2015. Add lines 9 and 10, lines line 12 16 Carryover of disallowed deduction 10 2015. Add lines 9 and 10, lines line 12 17 Listed property Section 1688		· · · · · · · · · · · · · · · · · · ·	d		,			· }	500,000.
4 Beduction in finitation Subtract time 3 from line 2 if zero or less, enter -0 Gold bearding in page partially, see interactions S Gold Description of processing Gold Description Gold Description of Processing Gold Description Gold Descriptio			•)		•	• •	2 000 000
So other breakening for tax year Substant for 4 from for 1 jizers or fees, even 0 ** Frammer Reng separatery, see answertors. (ii) Cost (business time only) (iii) Cost (business time only)		, , ,			~ · · ·			• •	2,000,000.
Section Continuence Cont	_			,				• •	
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portion of the basis attributable to section 263A costs 418251 418251 418251			-	•		mons - see ins	ou	22	594.
416251		•	•	e current yea	ai, eillei liie	22			
				separate in	structions.	23			Form 4562 (2014)

Part V	Listed Propert			certain ot	her vehic	les, cer	taın aırc	raft, ce	rtain com	puters, a	nd prop	erty use	ed for en	ertainm	ent,
	recreation, or a Note: For any y			usina the	standar	d milead	ne rate o	r dedu	ctina lease	expensi	comr	leteonly	242 24	th colur	nns (a)
	through (c) of S	Section A, all	of Section I	3 <u>, and Se</u>	ction C if	applica	ble.							, com	
	Section A -	Depreciation	on and Othe	r Inform	ation (Ca	aution:	See the	instruc	tions for li	mits for p	asseng	er autor	nobiles)		
24a Do y	ou have evidence to s	support the bu	siness/investi	nent use c	laimed?	<u> </u>	'es _	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	□ No
	(a)	(b) Date	(c)	.,	(d)		(e)		(f)	(3)	((h)		(i)
Typ	e of property vehicles first)	placed in	Busines Investme	nt I	Cost or	(hu	sis for depr isiness/inv		Recovery		hod/		eciation		cted in 179
(1151		service	use percen		ther basis	`	use on!		period	Conv	ention	dea	uction		ost
25 Spec	al depreciation allo	owance for q	ualified liste	d propert	y placed	ın servi	ce dunn	g the t	ax year an	d					
used	more than 50% in	a qualified b	usiness use								25				
26 Prope	erty used more tha	n 50% ın a c	ualified bus	ness use											
	·			%											
				%											
				%											
27 Prope	erty used 50% or le	ess in a quali	fied busines	s use:						·				-	
	· ·			%						S/L -					
				%						S/L·					
				%						S/L -					
28 Add a	amounts in column	(h), lines 25	through 27.		re and or	line 21	page 1			10,2	28				
	amounts in column		=				, page i				1 20	,	29		
25 7.00 0		(1), 11110 20 2	into moro ar		B - Infor		on Hea	of Val	nicles				23		
Complete	this section for ve	hiclae i lead	hy a sole nr							or rolated	porcor	1f vou	provided	. vobiolo	
	mployees, first ans											•	-		5
to your er	npioyees, ilist alis	wer the ques	stions in Sec	illori C to	See ii yo	u meet	an exce	puon u	Completi	ng mis s	ecuon i	or triose	verlicies	•	
				\top	/a\		(In)	T	(2)			Τ,	-1		
20 Total I	business/investment	milae drivan d	uring the	1	(a) hicle		(b) hicle	Ι,	(c) /ehicle	(c	-	1	e)	(1 Voh	-
	do not include comr		umy me	Ve	illote	Ve	THUE	·	renicie	Veh	icie	VE	hicle	Veh	icie
		,		<u> </u>											
	commuting miles of	-	-	-		-		 							
	other personal (no	ncommuting	l) miles			1									
drive		.1		-		}		+	_						·
	miles driven during					ļ									
	ines 30 through 32				Τ	-	·	+ .		 			1		
	the vehicle availab	le for person	al use	Yes	No_	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	g off-duty hours?					-	ļ	 					ļ		
	the vehicle used p		more												
	5% owner or relate	•						ļ <u>.</u>							
36 Is and	other vehicle availa	ble for perso	onal												
use?		 					1								
			- Question:	-	-					-					
Answer th	nese questions to d	determine if	you meet an	exceptio	n to com	pleting	Section	B for v	ehicles us	ed by en	nployee	s who a	re not m	ore than	5%
owners o	r related persons														
37 Do yo	ou maintain a writte	en policy stat	tement that	prohibits	all perso	nal use	of vehic	les, ınc	luding cor	nmuting,	by you	r		Yes	No
emple	oyees?														
38 Do yo	ou maintain a writte	en policy stat	tement that	prohibits	personal	use of	vehicles	, excep	ot commut	ing, by y	our				1
emple	oyees? See the ins	tructions for	vehicles us	ed by cor	porate of	fficers, d	directors	, or 1%	or more	owners					
39 Do yo	ou treat all use of v	ehicles by er	nployees as	personal	use?										
40 Do yo	ou provide more tha	an five vehic	les to your e	mployees	s, obtain	ınforma	tion fron	n your	employee:	s about					
the u	se of the vehicles,	and retain th	ne informatio	n receive	d?										1
41 Do yo	ou meet the require	ements conc	erning qualif	ied autor	nobile de	monstr	ation usi	e?							
	: If your answer to								covered ve	hicles		·	•		
Part V														- _	
	(a)			(b)		(c)			(d)		(e)			(f)	-
	Description of	f costs	0	ate amortization begins	۱ ا	Amortiza amoun	ble it		Code section		Amortiza period or per		Ar fo	mortization or this year	
42 Amor	tization of costs th	at begins du	iring your 20		ar:										
			Ī		ſ										
					1			1-							
43 Amor	tization of costs th	at began be	fore vour 20	14 tax ve	ar							43			
	. Add amounts in o	•	•	•		D renort				•	••	44			

416252 01-08-15

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