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# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

	or the	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	=			
		C Name of organization	, 	D Emplo	ver id	entification number
	heck if app Idress cha	pricable Indiana Farm Bureau Inc		-		
_				35-04	1091	00
Na	ame chan	Doing business as				
_ In	ıtıal return			E Telepho	one nu	mber
_	nal	Number and street (or P O box if mail is not delivered to street address) Room/suit PO Box 1290	e			
re <b>—</b>	turn/term	inated 1.0 Sov. 1250		(317)	692-	-7851
Ar	nended re	City or town, state or province, country, and ZIP or foreign postal code Indianapolis, IN 462061290		<b>6</b> C		- + 10 000 500
_ At	plication p	pending		<b>G</b> Gross r	eceipts	s \$ 10,880,598
		F Name and address of principal officer	<b>H(a)</b> Is thi	l sauroun	retur	n for
		mark sigler		dinates?		⊢Yes <b>⊢</b> No
		PO Box 1290 Indianapolis,IN 462061290	<b>H(b)</b> Are a	II subordı	nates	S
		Indianapons, IN 402001290	includ			
r T	ax-exemp	ot status		•		t (see instructions)
	·		H(c) Grou	p exempt	ion ni	umber 🟲
J V	Vebsite:	www infarmbureau org				
<b>K</b> Fo	rm of orga	anization Corporation Trust Association Other	L Year of fo	mation 19	19	<b>M</b> State of legal domicile IN
Pá	art I	Summary				-
Governance	Inc	efly describe the organization's mission or most significant activities diana Farm Bureau promotes agriculture through public education, member engi al needs	agement, and	by advoc	atıng	for agricultural and
Ě						
8	<b>2</b> CI	heck this box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net a	ssets
3						
ණ ග	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	13
ĕ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		. [	4	11
activities &	<b>5</b> To	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		[	5	0
2	<b>6</b> To	otal number of volunteers (estimate if necessary)		. [	6	1,050
	<b>7a</b> ⊤o	otal unrelated business revenue from Part VIII, column (C), line 12		[	7a	3,186,130
	<b>b</b> Net	t unrelated business taxable income from Form 990-T, line 34		. [	7b	1,486,014
			Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,639,	484	5,352,184
≗	9	Program service revenue (Part VIII, line 2g)			0	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,033,	960	1,451,417
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,963,	-	3,730,833
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			-	
		12)		9,637,	441	10,534,434
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		112,	023	148,077
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
46	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		4,730,	720	5,090,157
Expenses	1	5-10)		.,. 50,		
₹ F	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ठ	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,870,	-	5,188,911
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,712,	842	10,427,145
	19	Revenue less expenses Subtract line 18 from line 12		-75,	401	107,289
Net Assets or Fund Balances			Beginning o	f Current	Year	End of Year
38. F	20	Total assets (Part X, line 16)		19,281,	479	19,121,487
즟첉	21	Total liabilities (Part X, line 26)		5,181,	958	4,922,643
žŽ	22	Net assets or fund balances Subtract line 21 from line 20		14,099,	$\overline{}$	14,198,844
Pa	rt II	Signature Block				· · ·
Jnd ny k	er penali (nowled <u>c</u>	ties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other th s any knowledge				
		****** Signature of officer		16-07-26		
		<b>—</b> 0 — 1 — 1 — 1 — 1	Da	ate		

Preparer's signature Angela N Crawford

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 12800 N MERIDIAN ST SUITE 400

CARMEL, IN 46032

Mark Sigler Treasurer
Type or print name and title

Print/Type preparer's name Angela N Crawford

Firm's name FBLUE & CO LLC

Here

Paid

Preparer

**Use Only** 

Check if self-employed

Firm's EIN 🕨 35-1178661

Phone no (317) 848-8920

Date 2016-07-25 PTIN P00573197

. ▼Yes □No

Form	990 (2015)				Page							
Par	t IIII Statemen	t of Program Service /	Accomplishments									
	Check if Sch	nedule O contains a response	or note to any line in this Part III									
1	Briefly describe the	e organization's mission										
IND: need		J promotes agrıculture throu	gh public education, member engage	ment, and by advocating for	agricultural and rural							
2		ch were not listed on	「Yes ▼No									
	If "Yes," describe t	f "Yes," describe these new services on Schedule O										
3	Did the organization services?	· · · · · -	「Yes ▼No									
	If "Yes," describe t	hese changes on Schedule O										
4	expenses Section		complishments for each of its three la anizations are required to report the program service reported									
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Schedule 0											
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Schedule O											
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)							
	See Schedule 0											
	Other program se	rvices (Describe in Schedule	0)									

) (Revenue \$

including grants of \$

(Expenses \$

Total program service expenses ►

4e

Form 990 (	2015)		
Part IV	<b>Checklist of</b>	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
	eneck if Senedule 6 contains a response of note to any line in this	rare	<u> </u>		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	74			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? $\cdot$ .			<b>4</b> a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100$ organization solicit any contributions that were not tax deductible as charitable contributions.			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su • •	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	•	· · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the o		zatıon file Form 8899 as			
h	required?		the organization file a	7g 7h		
8	Form 1098-C?	•		711		
	Did a donor advised fund maintained by the sponsoring organization have excess bu during the year?	sines	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	) ın lıe	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? <b>N</b> additional information the organization must report on Schedule O	lote. S	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	k year	?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explana	tion ii	Schedule O	14h		

Part VI Gove	ernance, Mana	gement, and	Disclosure
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Se	ction 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 13			
	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 with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
<b>.4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
L <b>7</b>	List the States with which a copy of this Form 990 is required to be filed▶ IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ►ELAINE RUEFF CONTROLLER 225 SOUTH EAST STREET INDIANAPOLIS, IN 46202 (317) 692-7851 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	(B) A verage hours per week (list any hours for related organizations below	more pers and	than on is a dir	one bot ecto	not box h ar or/tr	offic ustee	ess er e)	from the organization	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	Individual trustae or director	Institutional Trustee	<u> </u>	employee	Highest compensated employee	)er			organizations
(1) DON VILLWOCK PRESIDENT	40 00	х		х				141,096	235,587	41,480
(2) RANDY KRON VICE PRESIDENT	20 00	х		х				60,162	12,300	30,892
(3) ISABELLA CHISM 2ND VICE PRESIDENT	20 00	х		х				22,862	14,191	0
(4) MARK BACON DIRECTOR	10 00	х						8,430	9,900	0
(5) DAVID WYETH DIRECTOR	10 00	х						11,775	10,500	0
(6) JEFFREY GORMONG DIRECTOR	10 00	х						13,995	15,225	0
(7) LARRY JERNAS DIRECTOR	10 00	х						6,330	14,751	0
(8) STEVE MAPLE DIRECTOR	10 00	х						9,960	10,200	0
(9) ROBERT SCHICKEL DIRECTOR	10 00	х						11,760	13,966	0
(10) PHILIP SPRINGSTUN DIRECTOR	10 00	х						12,480	10,350	0
(11) SCOTT TRENNEPOHL DIRECTOR	10 00	х						8,160	10,200	0
(12) KEVIN UNDERWOOD  dIRECTOR	10 00	х						13,560	10,350	0
(13) KEVIN OUSLEY dIRECTOR	10 00	х						10,755	15,150	0
(14) Harold Parker dırECTOR	10 00	х						690	1,458	0

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: th ar	checl x, unle n office rustee	ess er	( <b>D</b> ) Reports compens from t organiza	able ation he ation	(E) Reportable compensation from related organizations		(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/10 MISC		(W- 2/1099 MISC)	9 -	organi: and re organiz	lated
	MARK R SIGLER	40 00			х					181,343		0		58,468
(16)	SURER/SECRETARY ELAINE M RUEFF TREASURER	40 00			х					90,152		0		28,515
	SECRETARY	40 00			х					88,353		0		29,015
Staff	MARK THORNBURG	40 00					х			124,894		0		46,355
staff	MEGAN RITTER	40 00					x			118,748		0		7,260
(20) I	CATRINA HALL	40 00					х			117,291		0		35,959
1b c d	Sub-Total	•	· ·	· •	<u>                                      </u>	<u> </u>		<u> </u>	1,052,796		384,128			277,944
2	Total number of individuals (including b	ut not limited to	those	liste	ed al		e) who			than	30.1,223	<u> </u>		
3	Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, key	y em	nplo	yee, o	r hig	ghest comp	ensate • •	d employee	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations of individual										om the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									on or ir	ndıvıdual for	5		No
Se	ection B. Independent Contracto	ors												
1	Complete this table for your five highes compensation from the organization Re												tax year	
		(A) usiness address								Description	(B) on of services		( <b>C</b> Comper	
												$\dashv$		
												4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization • 0

Part V	100	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
				nse or note to any lu	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
इ इ	1a	Federated camp	paigns 1a								
Grants mounts	b	Membership due	es <b>1b</b>	5,269,509							
G F	С	Fundraising eve	ents <b>1</b> c								
ons, Gifts, Grants Similar Amounts	d	Related organiz	ations <b>1d</b>								
, G	e	Government grants	s (contributions) <b>1e</b>								
Sir	_	All other contribution		82,675							
uti 1er	f	similar amounts no	ons, gifts, grants, and <b>1f</b> t included above								
tributio Other	g	Noncash contribution 1a-1f \$	ons included in lines								
Contributions, and Other Sim	h	Total. Add lines	3 1a-1f		5,352,184						
				Business Code							
Program Service Revenue	2a										
}e v∉	b										
Ce l	C										
er vi	d										
មាខ	e										
Ğ.	f	All other progra	m service revenue								
Æ	g	Total. Add lines	32a-2f	⊨							
	3		ome (including dividen		1,399,560			1,399,560			
	4		ar amounts) tment of tax-exempt bond		1,333,300			1,333,300			
	5		· · · · · ·	· · · · · · · · · · · · · · · · · · ·							
		[	(ı) Real	(II) Personal							
	6a	Gross rents									
	b	Less rental									
	c	expenses Rental income									
	_	or (loss)		_							
	d	Net rental incor	me or (loss) (ı) Securities	► (II) O ther							
	7a	Gross amount from sales of assets other	378,771	(II) o eller							
	b	Less cost or other basis and	326,840	74							
	_	sales expenses Gain or (loss)	51,931	-74							
	c d	Net gain or (loss			51,857			51,857			
Other Revenue	8a	Gross income frevents (not incl	rom fundraising	·							
her R		See Part IV, lin									
δ	b		penses b	avents							
	c 9a		loss) from fundraising or rom gaming activities e 19	events 🌬							
			a								
	b C		penses <b>b</b>   loss)from gaming activ	vities - 🛌							
		Gross sales of i	·								
		returns and allo	wances .								
			a	15,728							
	b C	Less cost of go	oods sold <b>b</b>   loss) from sales of inve	19,250	-3,522	-3,522					
		Miscellaneous	-	Business Code	5,522						
	11a	Service Fee Agi		541900	2,976,670		2,976,670				
		Publications		541800	501,098	501,098					
	С	Rebates		541800	209,460		209,460				
	d	All other revenu	ie		47,127	47,127					
	е	Total. Add lines	11a-11d		3,734,355						
	12	Total revenue.	See Instructions	🕨	10,534,434	544,703	3,186,130	1,451,417			

	Claterack of Francisco L Francisco				Page 10
	Statement of Functional Expenses	^ II _ + b _ u _ u = - u = -			
Secur	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t		(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	142,077			
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	864,367			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,037,889			
8	Pension plan accruals and contributions (include section 401(k)				
_	and 403(b) employer contributions)	451,766			
9	Other employee benefits	461,969			
10	Payroll taxes	274,166			
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	73,476			
С	Accounting	21,840			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,408			
12	Advertising and promotion	76,157			
13	Office expenses	184,250			
14	Information technology				
15	Royalties				
16	Occupancy	288,849			
17	Travel	554,291			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	737,422			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	346,220			
23	Insurance	21,623			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Corporate Income Taxes	643,155			
b	Member Publications	822,999			
c	Young Farmer Program	189,517			
d	Promotional Expenses	136,981			
e	All other expenses	1,000,723			
25	Total functional expenses. Add lines 1 through 24e	10,427,145			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Part X Balance Sheet
Check if Schedule O contains a response or note to any line in this Part X

Assets

Net Assets or Fund Balances

		Check if Schedule O contains a response of note to any in	16 111 (11	is rait A	<u> </u>		<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	·		150	1	150
	2	Savings and temporary cash investments			11,471,626	2	9,397,504
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			131,384	4	114,975
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	·				
Assets	6	Loans and other receivables from other disqualified persons described in section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of svoluntary employees' beneficiary organizations (see inst II of Schedule L		6			
8	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			23,958	8	9,617
	9	Prepaid expenses and deferred charges			194,246	9	228,029
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,227,844			
	b	Less accumulated depreciation	10b	1,229,227	1,177,104	10c	998,617
	11	Investments—publicly traded securities			4,377,115	11	5,993,053
	12	Investments—other securities See Part IV, line 11 .			1,884,087	12	2,359,303
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	21,809	15	20,239		
	16	Total assets.Add lines 1 through 15 (must equal line 34)			19,281,479	16	19,121,487
	17	Accounts payable and accrued expenses			2,240,901	17	2,060,248
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV				21	
<u>je</u> s	22	Loans and other payables to current and former officers,					
Ξ		key employees, highest compensated employees, and di					
Liabilitie		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third				23 24	
	24		Unsecured notes and loans payable to unrelated third parties				
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
					2,941,057	25	2,862,395
	26	Total liabilities. Add lines 17 through 25			5,181,958	26	4,922,643
J.		Organizations that follow SFAS 117 (ASC 958), check he	re ► [	and complete			
Š		lines 27 through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets	•		14,099,018	27	14,198,561
Ω̈	28	Temporarily restricted net assets			503	28	283
Ξ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	neck he	ere ►  and			
Ē	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
	32	Retained earnings, endowment, accumulated income, or	other f	ınds		32	
Ŋet	33	Total net assets or fund balances			14,099,521	33	14,198,844
_	34	Total liabilities and net assets/fund balances			19,281,479	34	19,121,487

	990 (2013)				Page 12
Par	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		•		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		10,	534,434
2	Total expenses (must equal Part IX, column (A), line 25)	2		10.4	427,145
3	Revenue less expenses Subtract line 2 from line 1				
	'	3		:	107,289
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		1.4.4	200 521
_	Nich was a local many (lances) on was about	4		14,0	099,521
5	Net unrealized gains (losses) on investments	5			-7,966
6	Donated services and use of facilities				
		6			
7	Investment expenses	7			
8	Drier period adjustments	<b>                                     </b>			
0	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		14	198,844
Dar	t XII Financial Statements and Reporting	10		17,	150,044
I GI	Check if Schedule O contains a response or note to any line in this Part XII				. ┏
	·			Yes	No
1	Federal				
_	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		l No
24	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on			110
	a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
	,				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ne			
	Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493215011576

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Conne organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate in	
line	35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III	,
Na	ame of the organization	Employer identification number
		35-0409100
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.
1 2	Provide a description of the organization's direct and indirect political campaign activities in P	art IV
Poli	tical expenditures	
3		\$
_	unteer hours	
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
<b>4</b> a		
Was	s a correction made?	

_ Y	es	□ N	0		
b	If"	Yes,"	describe	ın	Рa

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

Enter the amount directly expended by the filing organization for section 527 exempt function activities

<b>2</b>
nter the amount of the filing organization's funds contributed to other organizations for section 527 xempt function activities
<b>&gt;</b>

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

_	Yes	□ No

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

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6 For Paperwork Reduction Act Notice, se				

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

	filed Form 5768 (election under section 501(h)).	(a)	(b)
For each "Yes" r activity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
<b>a</b> 'olunteers?			
<b>b</b> Paid stat	for management (include compensation in expenses reported on lines 1c through 1i)?		J
<b>c</b> 1edıa advertıs	ements?		
	<u> </u>		
<b>d</b> 1aılıngs to me	mbers, legislators, or the public?		
1			
<b>e</b> Publicati	ions, or published or broadcast statements?		
<b>f</b> Grants to	o other organizations for lobbying purposes?		
<b>g</b> Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> Other activitie	s?		
	- 		
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912  enter the amount of any tax incurred by organization managers under section 4912		
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		I
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5).	or section
	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?	[	1 Yes
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		<b>2</b> No
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3 No
Part III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
<b>1</b> Dues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> Current year			
2a			
<b>b</b> Carryover from	last year		
2b	, (400, ) 541		
с			
otal <b>2c</b>			
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4			
<b>5</b> Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		T. A. I.
	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list), Part I	1-A, lines 1 and
z (see msera	1		

DLN: 93493215011576

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

al Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	rs.gov/form990	Inspection				
<b>me of the orga</b> lana Farm Bureau			Employer ide	entification number				
nana rann bureau	I IIIC		35-040910	0				
		or Advised Funds or Other Similar Funds or Accounts. ered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	( <b>b)</b> Funds a	and other accounts				
Total num	ber at end of year							
A ggregate year)	e value of contributions to (during							
Aggregate	e value of grants from (during year)							
Aggregate	e value at end of year							
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No				
used only for		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		se <b>Yes No</b>				
	<u> </u>	ete if the organization answered "Yes"	on Form 990.	Part IV, line 7.				
Preserva Protection Preserva Complete lin	ition of land for public use (e g , recre on of natural habitat ition of open space nes 2a through 2d if the organization	ne organization (check all that apply) eation or education)	certified histori					
easement on	n the last day of the tax year		Held	d at the End of the Year				
Total numbe	r of conservation easements		2a	aut the Line of the Year				
Total acreag	e restricted by conservation easeme	ents	2b					
Number of co	onservation easements on a certified	d historic structure included in (a)	2c					
	onservation easements included in (octure listed in the National Register	c) acquired after 8/17/06, and not on a	2d					
Number of co	onservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organ	ızatıon durıng the				
·	tates where property subject to cons	ervation easement is located be						
Does the org	1 1 , 3	rding the periodic monitoring, inspection, hai	ndling of	┌ Yes				
Staff and vol	unteer hours devoted to monitoring,	inspecting, handling of violations, and enforce	cing conservatio	n easements during the				
A mount of o	when a compared in monitoring inch	ecting, handling of violations, and enforcing (		coments during the year				
► \$		ecting, nandling of violations, and enforcing (	conservation ea	sements during the year				
(B)(ı) and se	ction 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		☐ Yes ☐ No				
balance shee		ts conservation easements in its revenue ai t of the footnote to the organization's financia asements						
		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Sir	nilar Assets.				
If the organiz works of art,	zation elected, as permitted under SI historical treasures, or other similar	FAS 116 (ASC 958), not to report in its reversesses held for public exhibition, education note to its financial statements that describ	, or research in t					
works of art,		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items						
) Revenue in	cluded on Form 990, Part VIII, line	1	<b>►</b> \$					
) Assets incli	uded in Form 990, Part X							
If the organi	zation received or held works of art, l	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items	for financial gair					
Pavanua inc	luded on Form 990 Part VIII line 1		<b>b</b> . #					

**b** Assets included in Form 990, Part X

a   Public exhibition   P	Par	t III	Organizations Maintaining (continued)	Collections of Art	t, His	stori	cal Tre	asures,	or Oth	ner Simila	ar Asse	ets	
b   Scholarly research   e   Other	3			ession, and other recor	ds, cl	heck a					nt use of	fits	
Previous a description of future generations	а	ГР	ublic exhibition		d	Γ	Loan or	exchange	progran	ns			
## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII      During the year, did the organization solicit or receive denations of art, historical treasures or other similar assests to the solid to raise funds rether than to be maintained as part of the organization's collection?	b	Γs	cholarly research		е	Γ	Other						
Part XIII  So During the year, did the organization solicit or receive donations of art, historical treasures or other similar seasures to be sold to raise funds rather than to be maintained as part of the organization's collection?   Part XII Except wand Custodial Arrangements.  Complete if the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21.  Is it she organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table  Beginning belance  Additions during the year  Additions during the year  Beginning belance  If Yes, explain the arrangement in Part XIII and complete the following table included on Form 990, Part XI, line 21, for escrow or custodial account liability? Yes No  If Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.  For explaining the year includes an amount on Form 990, Part XI, line 21, for escrow or custodial account liability? Yes No  If Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.  For explaining the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.  For explaining the year includes an amount on Form 990, Part IV, line 10.  If Yes, explaining the year includes an amount on Form 990, Part IV, line 10.  For explaining the year includes an amount on Form 990, Part IV, line 10, line years back (e)Form years bac	С	ГР	reservation for future generations										
### Park IV   Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  ### It **No	4			s collections and expla	ın ho	w they	/ further	the organiz	zatıon's	exempt pur	pose in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.  Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  Beginning balance  Additions during the year  Additions during the year  Additions during the year  Beginning balance  It Is Is If "Yes," explain the arrangement in Part XIII and complete the following table  Fending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Fes No  If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.    In It   It   It   It   It   It   It	5										Yes	┌ No	
b If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Distributions during the year  Ending balance  It  Amount  It  It  It  Amount  It  It  It  Amount  It  It  It  Amount  It  It  It  It  It  It  It  It  It	Pa	rt IV	Complete if the organization a		orm	990,	Part IV	, line 9, c	r repo	rted an an	nount o	n Forr	n 990,
Additions during the year   1 d	1a			todian or other interme	ediary	/ for c	ontributi	ons or othe	erasset		Yes	┌ No	
Additions during the year   Id	b	If"	Yes," explain the arrangement in Pa	art XIII and complete t	he fo	llowin	g table				Amoun	ıt	
Distributions during the year   Italian	c	Beg	jinning balance						1c				
Ending balance   Int	d	A d	ditions during the year						1d				
Description of property    Description of property   Description of p	е	Dis	tributions during the year						1e				
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	f	End	ling balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds and Equipment.	2a	Did th	ie organization include an amount o	n Form 990, Part X, lin	e 21,	fores	scrow or	custodial a	ccount	liability?	Yes	┌ No	
Part V   Endowment Funds. Complete   the organization answered "Yes" to Form 990, Part IV, line 10.    Calcument year   (a)Cument year   (b)Phor year   b (c)Two years back   (d)Three years back   (e)Four years back													
Table	b	If "Ye	s," explain the arrangement in Part	XIII Check here if the	expl	anatio	on has be	een provide	ed in Pai	rt XIII			Г
Beginning of year balance	Pa	rt V	Endowment Funds. Comple	te if the organization	n ans	swere							
b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ►  Permanent endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations  (ii) related organizations  (iii) related organizations  The percentages on lines 2a, 2b, and 2c should equal 100%  3a(i)   3a(i)   3a(ii)   3a				(a)Current year	<b>(b)</b> Pi	nor yea	nr <b>b</b> (	<b>c)</b> Two years	back (d	)Three years	back (e	<b>)</b> Four ye	ars back
c Net investment earnings, gains, and losses  d Grants or scholarships	1a												
c   Other expenditures for facilities and programs	b	Cont	ributions										
e Other expenditures for facilities and programs  f Administrative expenses	c												
and programs  f Administrative expenses	d	Gran	s or scholarships										
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶  Permanent endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	e												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	A dmı	nistrative expenses										
Board designated or quasi-endowment ►  b Permanent endowment ►  C Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	g	End o	fyear balance										
Board designated or quasi-endowment ►  b Permanent endowment ►  C Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	2	Provi	de the estimated percentage of the	current year end balanc	ce (lır	ne 1g,	column	(a)) held a	 s				
Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization by (i) unrelated organizations	а	Board	designated or guasi-endowment	·									
Temporarily restricted endowment   The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by    (i) unrelated organizations	b		-										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  (ii) related organizations  (iii) related organization related organizations  (iii) related organization related organizations  (iii) related organization related organization related organization related organization related organization related versus related organization related versus related organization related versus related organization related versus related versus related v	c		•	should equal 100%									
Very	За				atıon	that a	are held a	and admini	stered f	or the			
Sa(ii)		organ	ization by	_								Yes	No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? 3b      Describe in Part XIII the intended uses of the organization's endowment funds  Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) (b) (b) (cost or other basis (investment)) (other) (c)depreciation (c)depreciation)  Land		(i) un	related organizations		•						<u> </u>		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) (c) depreciation (c) depreciation (d) Book value (d) Book valu	L							•					<u> </u>
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  Cost or other basis (ninvestment)  Cost or other basis (other)  Cost or other basis (other)  Description of property  Cost or other basis (other)  Accumulated (c)depreciation  (d)Book value  Cost or other basis (other)  Description of property  Cost or other basis (other)  Cost or other	4										30		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  Land Cost or other basis (investment)  Description of property  Land Cost or other basis (investment)  Description of property  Land Cost or other basis (other)  Description of property  Land Cost or other basis (investment)  Description of property  Land Cost or other basis (other)  Description of property  Land Cost o													
Land         Cost or other basis (investment)         Cost or other basis (other)         (c) depreciation           b Buildings         Buildings         Substitution         <			Complete if the organization a		<u>rm 9</u>	90, F	Part IV,						
b Buildings			Description of property		С	ost or d	other basis	Cost or of	her basıs	1		<b>(d)</b> Boo	ok value
c Leasehold improvements       351,503       208,754       142,749         d Equipment       1,876,341       1,020,473       855,868         e Other	1a	Land											
d Equipment       1,876,341       1,020,473       855,868         e Other	b	Buildin	gs		$\cdot$								
e Other	С	Leaseh	old improvements						351,503		208,754		142,749
								1	1,876,341	1,	,020,473		855,868
					<u>.                                       </u>	/-	N 1. 3 =	1/->>		<u> </u>			998,617

See Form 990, Part X, line 12.  (a) Description of security or category		( <b>b)</b> Book value	(c)Method of valuation
(Including name of security)  (1)Financial derivatives		.,	Cost or end-of-year market value
(2)Closely-held equity interests			
(3)O ther (A) U F B Family Life Insurance Co		1,000,000	С
(B) I F B Financial Services		359,303	С
(C) FB BanCorp Debt		500,000	С
(D) fb BanCorp Preferred Stock		500,000	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	þ	2,359,303	
Part VIII  Complete if the organization answered 'Y	Yes' on Form 990, P	art IV, line 11c. <sub>See</sub>	Form 990, Part X, line 13.
(a) Description of investment		( <b>b</b> ) Book value	(c) Method of valuation Cost or end-of-year market value
			,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	Þ		
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line 11	d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ		es' on Form 990 Pa	
See Form 990, Part X, line 25.		T	TICLY, MIRE THE OF THE
1. (a) Description of liability	( <b>b)</b> Book value	1	
Federal Income taxes		-	
Deferred Dues & Subscriptions	2,861,418	-	
Young Adults Fund	977	1	
		4	
		1	
		1	
		]	
		1	
		_	
		-	

10,427,145

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	10,545,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -7,966		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	11,358
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,534,434
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	10,534,434
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	
1	Total expenses and losses per audited financial statements	1	10,446,469
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	19,324
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,427,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0

# Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .

Return Reference	Explanation
Part X, Line 2	INCOME TAXES THE ORGANIZATION IS A TAX-EXEMPT AGRICULTURAL ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE THE SERVICE FEE INCOME FROM AFFILIATES IS CONSIDERED UNRELATED BUSINESS INCOME ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZATION HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH DECEMBER 31, 2014 THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCUME) APPROVED EXTENSIONS) FOR 2015 AND 2014, THE ORGANIZATION'S INCOME TAX EXPENSE WAS \$643,155 AND \$337,744, RESPECTIVELY CASH PAYMENTS FOR INCOME TAX EXPENSE WAS \$643,155 AND \$337,744, RESPECTIVELY CASH PAYMENTS FOR INCOME TAXES AMOUNTED TO \$660,587 AND \$337,744, RESPECTIVELY CASH PAYMENTS FOR INCOME TAXES AMOUNTED TO \$660,587 AND \$337,744, RESPECTIVELY CASH PAYMENTS FOR INCOME TAXES AMOUNTED TO \$660,587 AND \$337,744, RESPECTIVELY CASH PAYMENTS FOR INCOME
Part XI, Line 2d - Other Adjustments	COST OF GOODS SOLD 19,250 LOSS ON SALE OF ASSETS OTHER THAN INVENTORY 74
Part XII, Line 2d - Other Adjustments	COST OF GOODS SOLD 19,250 LOSS ON SALE OF ASSETS OTHER THAN INVENTORY 74

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

Schedule I (Form 990)

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

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

DLN: 93493215011576 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identific	cation number
Indiana Farm Bureau Inc	35-0409100						
Part I General Inform	ation on Grants	and Assistance				•	
Does the organization main the selection criteria used Describe in Part IV the org	to award the grants anızatıon's proceduı	or assistance? res for monitoring the u		United States			िYes
Part III Grants and Other As			omestic Governments. ( Iditional space is need		ızatıon answered "Yes" o	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PURDUE UNIVERSITY 401 S GRANT STREET WEST LAFAYETTE,IN 47907	35-6002041	501(c)(3)	12,499				Donation
Indiana Agricultural Law (2) Foundation PO Box 1290 Indianapolis,IN 46206	51-0489857	501(c)(3)	78,775				DONATION
FARM BUREAU (3) FOUNDATION PO Box 1290 Indianapolis, IN 46204	35-6022913	501(c)(3)	15,000				DONATION
INDIANA STATE FAIR (4) FOUNDATION INC 1202 E 38TH STREET INdianapolis,IN 46205	45-2784384	501(c)(3)	13,000				DONATION
INDIANA LANDMARKS- (5) BICENTENNIAL BARNS 1201 CENTRAL AVENUE INDianapolis,IN 46202	35-1162873	501(c)(3)	5,000				DONATION
							1
2 Enter total number of section	on 501(c)(3) and go	vernment organization	s listed in the line 1 tal	ole			5

Enter total number of other organizations listed in the line 1 table.

(1) Scholarships

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(c)A mount of

cash grant

6,000

(b)Number of

recipients

5

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation							

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

Schedule I (Form 990) 2015

DLN: 93493215011576

#### Schedule J (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization Indiana Farm Bureau Inc

**Employer identification number** 

35 0400100

	35-0409100			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	q		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1 ' '	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 DON VILLWOCKPRESIDENT	(i)	107,435	32,420	1,241	13,600	12,013	166,709	13,904	
	(ii)	115,640	118,500	1,447	15,867	0	251,454	16,221	
2 MARK R SIGLER TREASURER/SECRETARY	(i)	161,336	17,350	2,657	45,067	13,401	239,811	0	
	(ii)	0	0	0	0	0	0	0	
3 MARK THORNBURGStaff	(i)	113,049	9,495	2,350	28,465	17,890	171,249	0	
	(ii)	0	0	0	0	0	0	0	
4 KATRINA HALLSTAFF	(i)	104,921	8,865	3,505	28,545	7,414	153,250	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

#### Part III Supplemental Information

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

Return Reference	Explanation
·	THERE IS WRITTEN DOCUMENTATION IN FINANCIAL SOURCE FOR DIRECTORS, INCLUDING PRESIDENT AND VICE -PRESDIENT , THAT STATES "EXPENSES ARE PAID FOR THE DIRECTOR AND SPOUSE TO ATTEND THE AFBF CONVENTION IN THE YEAR FOLLOWING REITREMENT FROM THE BOARD " WHILE THERE IS NO WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, IT IS A LONG-TIME COMPANY PAYROLL PRACTICE THAT WHEN AN OFFICER HAS A TAXABLE EVENT, THE DISTIBUTION IS GROSSED UP TO ACCOUNT FOR THE DIFFERENCE THERE IS A BOARD MOTION TO INDEMNIFY FOR THE TAXES THE PRESIDENT PAID ON COMMUTING MILEAGE LOADED ON PAYROLL

Schedule J (Form 990) 2015

SCHEDULE O Supplemental I

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► 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.

OMB No 1545-0047

DLN: 93493215011576

2015

Open to Public Inspection

Name of the organization
Indiana Farm Bureau Inc

Semployer identification number
35-0409100

990 Schedı	ıle O, Supplemental Information
Return	Explanation
FORM 990, PART III, LINE 4	MEMBER COMMUNICATIONS MY INDIANA HOME IS A 36-PAGE MAGAZINE PUBLISHED QUARTERLY AND MAILED TO THE ORGANIZATIONS TOTAL MEMBERSHIP OF MORE THAN 256,000 EDITORIAL CONTENT STRIVES TO INFORM MEMBERS ABOUT FOOD THEY EAT, THE FARMERS WHO GROW IT AND INDIANA'S UNIQUE RURAL LIFESTYLE THE HOOSER FARMER IS AN EIGHT-PAGE TABLOID MAILED TO NEARLY 73,100 MEMBERS 14 TIMES PER YEAR THIS PUBLICATION IS DEVOTED TO MEMBERS INVOLVED IN PRODUCTION AGRICULTURE OR WHO MAKE THEIR LIVING IN AGRIBUSINESS IN 2015 WE ALSO PRODUCED AND DISTRIBUTED SPECIALIZED NEWSLETTERS TO SPECIFIC GROUPS OF IFB LEADERS THE PUBLIC POLICY DISPATCH, PUBLISHED WEEKLY DURINS THE STATE LEGISLATIVE SESSION AND SERTI VIA E MAIL TO OVER 1,448 PEOPLE, GIVES READERS A CONCISE SUMMARY OF LEGISLATIVE ACTIVITY OF INTEREST TO FARM BUREAU MEMBERS AND INDIANA FARMERS. THE MONTHLY COUNTY EDUCATION AND OUTREACH COORDINATOR NEWSLETTER KEEPS THIS GROUP UPDATED ON FARM BUREAU WEMBERS AND INDIANA FARMERS. THE MONTHLY COUNTY EDUCATION AND OUTREACH COORDINATOR NEWSLETTER KEEPS THIS GROUP UPDATED ON FARM BUREAU WEMBERS AND INDIANA FARMERS. THE MONTHLY COUNTY EDUCATION AND OUTREACH COORDINATOR NEWSLETTER KEEPS THIS GROUP UPDATED ON FARM BUREAU WEMBERS WHO ASKED FOR MORE GENERAL NEWS IN AN ELECTRONIC FORMAT IT IS SENT EVERY OTHER WEEK TO ROUGHLY 1,677 RECIPIENTS IN ADDITION TO TIMELY NEWS ITEMS, EACH EDITION FEATURES A LINK OF THE WEEK THAT PROVIDES MEMBERS WHO ASKED FOR MORE GENERAL NEWS IN AN ELECTRONIC FORMAT IT IS SENT EVERY OUTLY FARM BUREAU ACTIVITIES COMING IN THE NEXT TWO TO THERE COUNTY BOARD AND HAVE SHOWN AN INTEREST IN LEADERSHIP ACTIVITIES ADDITION THE EXTITUTION TO THIS YEAR. ELECTRONIC FOR THE PRIMARY AUDIDIONE SO TO THE BUREAU BOARD AND HAVE SHOWN AN INTEREST IN LEADERSHIP ACTIVITIES AGO ADDED TO THE LIST MORE 16,511 IPB MEMBERS ALSO RECEVE IT PAYS TO BE A MEMBER, ELECTRONIC REMINDERS ABOUT THE BENEFITS GOVE THE WERS THE PRIMARY AUDIDIONE SO THE WEEKS THE PROMITION AND EDUCATION SOME OF THE ACTIVITIES AT THE STATE FAIR INCLUDED PROMOTING FOOD GROWN IN INDIANA THROUG
Form 990, Part VI, Section A, Iine 6	THE ORGANIZATION IS MADE UP OF MEMBERS
Form 990, Part VI, Section A, line 7a	Each member of the IFB Board of Directors is elected by delegates from the Counties they r epresent in their District. The state is Divided into 10 districts and a director is elect ed from each District. Each County elects their delegates at their annual meeting. The num ber of delegates they have is based on the number of voting members in their county. The 3 officers on the state board are elected at the State Annual meeting by the delegates from all of the counties.
Form 990, Part VI, Section A, line 7b	The Voting members that are elected as delegates vote on the policy positions of the organ ization annually at a statewide policy meeting. The governing body, which is the Board of Directors, then has the responsibility to work with IFB staff on implementation of the policies and monitor progress.
Form 990, Part VI, Section B, line 11	THE FORM 990 is reviewed by management for accuracy. The return is then reviewed by the Board of Directors before the return is filed.
Form 990, Part VI, Section B, Iine 12c	annually the officers and directors of the corporation are required to sign a statement st ating any conflicts of interest they may have if any conflicts are identified, the direct or or officer is to recuse himself from voting on any related matter that may occur
Form 990, Part VI, Section B, Iine 15	A Compensation Committee, consisting of 4 members of the Governing body (that are not employees or officers), annually review the salaries of the organization's officers. The review includes comparable data from outside sources
Form 990, Part VI, Section C, Iine 19	IFB does not make governing documents, conflict of interest policy and financials statements available to the public
FORM 990, PART IV, LINE 12	INDIANA FARM BUREAU, INC RECEIVED AUDITED FINANCIAL STATEMENTS PREPARED ON THE ACCOUNTING BASIS USED FOR FEDERAL INCOME TAX PURPOSES, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF T HE AUDIT AND THE SELECTION OF AN INDEPENDANT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

#### DLN: 93493215011576

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **SCHEDULE R**

(Form 990)

Name of the organization Indiana Farm Bureau Inc

Department of the Treasury Internal Revenue Service

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

**Related Organizations and Unrelated Partnerships** 

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

35-0409100 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II 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. (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) FARM BUREAU FOUNDATION CHARITABLE ΙN 501(C)(3) SECTION 170(B) No PO BOX 1290 INDIANAPOLIS, IN 46206 35-6022913 (2) INDIANA AGRICULTURAL LAW FOUNDATION CHARITABLE ΙN 501(C)(3) SECTION 170(B) No PO BOX 1290 INDIANAPOLIS, IN 46206 51-0489857 (3) INDIANA FARM BUREAU ELECT PAC PAC IN SECTION 527 No PO BOX 1290 INDIANAPOLIS, IN 46206 35-1580108

Part III 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.

(a) Name, address, and EIN of related organization	domicile controlling ind (state or entity foreign country)		(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)  (f) Share of total income total income share of		(g) Share of end-of-year assets	(h Disprop alloca	) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownership	
				,			Yes	No		Yes	No	
INDIANA FARM BUREAU FINANCIAL (1) SERVICES  PO BOX 1250 INDIANAPOLIS, IN 46206 35-2007909	INVESTMENT	IN		investment	18,328	359,303		No			No	50 000 %
33-2007909				<u> </u>			-	-			$\vdash$	

Part IV 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	<b>(g)</b> Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	512 3) lled
(1) UNITED FARM FAMILY LIFE INSURANCE CO PO BOX 1250 INDIANAPOLIS, IN 46206 35-1097117	INSURANCE	IN	INDIANA FARM BUREAU INC	С	16,561,533	2,238,178,092	100 000 %	Yes	No No
UNITED HOME LIFE (2)INSURANCE COMPANY PO BOX 1250 INDIANAPOLIS, IN 46206 35-0841899	INSURANCE	IN	see schedule R supplemental information	C					No
							-		

Part V Transactions With Related Organizations Complete if the organization answer	ered "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					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes				
f c Gıft, grant, or capıtal contribution from related organization(s)				1c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)									
<b>e</b> Loans or loan guarantees by related organization(s)				1e		No			
<b>f</b> Dividends from related organization(s)				1f	Yes				
<b>g</b> Sale of assets to related organization(s)				1g		No			
<b>h</b> Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s)				<b>1</b> l	Yes				
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)								
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o Sharing of paid employees with related organization(s)				1o		No			
<b>p</b> Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes				
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) (d) Amount involved Method of determining a			nvolved				
(1)INDIANA AGRICULTURAL LAW FOUNDATION	В	78,775							
(2)UNITED FARM FAMILY LIFE INSURANCE COMPANY	L	602,874							
(3)UNITED FARM FAMILY LIFE INSURANCE COMPANY	F	1,250,000							

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

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) of Share of l end-of-year	f-year   allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

## Part VII Supplemental Information

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

Return Reference	Explanation
Form 990, Schedule R, Part IV, Column D	UNITED HOME LIFE INSURANCE COMPANY - 75% UNITED FARM FAMILY LIFE INSURANCE, 25% UNITED FARM FAMILY MUTUAL INSURANCE

Schedule R (Form 990) 2015