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Form' 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

, and ending

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	dar year 2016 or tax year beginning	, and	ending			
	ne of four				A Employer	identification number	
Sta	te Farn	n Companies Foundation]		
Nun	nber and	street (or PO box number if mail is not delivered to street address)	Ro	om/suite		36-6110423	
РО	Box 23	321, FSS Tax Filing			B Telephone	number (see instruction	is)
		state or province, country, and ZIP or foreign postal code	- ···				
Blo	omingt	on IL	61702-	2321	_	309-766-1865	5
		atry name Foreign province/state/county	Foreign p	ostal code	C If exempt	on application is pending	g, check here 🕨 🗌
		·					_
G	Check	all that apply Initial return Initial return	of a former publi	c charity	D 1. Foreigi	n organizations, check h	ere ▶ 🗌
		Final return Amended ret	•	•	2. Foreigi	n organizations meeting	the 85% test
		Address change Name change	e		1 -	here and attach compute	
\overline{H}	Check	type of organization X Section 501(c)(3) exempt pri				foundation status was te	rminated under
Ä			able private four	dation	section 50	07(b)(1)(A), check here	▶∐
Υ-		arket value of all assets at J Accounting method		Accrual	1		
•			Д Сазн С	71001441		ndation is in a 60-month to stion 507(b)(1)(B), check	
		· · · · · · · · · · · · · · · · · · ·	on cash hasis)		under sec	.uon 507(b)(1)(b), check	liele , [_]
	_	/ _ 	Un casir basis /		<u> </u>	····	(d) Disbursements
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	i (b) Ne	et investment	(c) Adjusted net	for charitable
		amounts in columns (b), (c), and (d) may not necessarily	expenses per books		ncome	ıncome	purposes
		equal the amounts in column (a) (see instructions).)	50 077 5	00 37 38 33	LONG P. J.	ar makan asassan	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	53,277,5	36	(##/2		
	2	Check ► I if the foundation is not required to attach Sch B				200.003 2000 00 0	
	3	Interest on savings and temporary cash investments	31,5	191	31,519		
	4	Dividends and interest from securities		_			
	5a	Gross rents .	5 .787 · 8 7 488	3 3	1 ** 1 ** 1 *	100 1341 N.J.	
	ξþ	Net rental income or (loss)			·		
e	,6a	Net gain or (loss) from sale of assets not on line 10	¥				
Revenue	16p	Gross sales price for all assets on line 6a					
è	≈₹ >8	Capital gain net income (from Part IV, line 2)			<u>48,447,016</u>	* (J. 18 18 18 18 18 18 18 18 18 18 18 18 18	
œ	8ح	Net short-term capital gain .		4 470			
	§ 9	Income modifications				. 1 '8 'Y. 9 4 1 Y 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	10a	Gross sales less returns and allowances		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*		52.54 S 60846 S
	₩ b	Less. Cost of goods sold .		· (4)		144, YM 124A	
	② C	Gross profit or (loss) (attach schedule)		1 7 7 8 8	1478 f.S		
,	31	Other income (attach schedule)	50,000,0		40 470 505		
	12_	Total. Add lines 1 through 11	53,309,0)55	<u>48,478,535</u>	0	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
କୃତ୍	5 13	Compensation of officers, directors, trustees, etc			 		
enses	14	Other employee salaries and wages			<u> </u>	ļ. <u></u>	
	15	Pension plans, employee benefits					
Ж	16a	Legal fees (attach schedule)				 	
9	b	Accounting fees (attach schedule)	405.6	<u> </u>	507	 	
Ę	_ C	Other professional fees (attach schedule) (Exhibit 1	185,3	1000	587		
ţ	17	Interest	000 (-50			
<u>ક્</u>	18	Taxes (attach schedule) (see instructions) (Exhibit 1	969,5	559			\$ - 1 3 4 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and Administrative Exp	19	Depreciation (attach schedule) and depletion	<u> </u>				
ᅙ	20	Occupancy	 				
Q F	21	Travel, conferences, and meetings					
Ĭ	22	Printing and publications		220	·		
5	23	Other expenses (attach schedule) (Exhibit 1)	332,8	53U		 	
Ë	24	Total operating and administrative expenses.	1	,,,		.	1 _
Ē		Add lines 13 through 23	1,487,		587		0
Operating	25	Contributions, gifts, grants paid	12,819,8				
0	26	Total expenses and disbursements. Add lines 24 and 25	14,307,	574	587	0	12,819,817
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	39,001,4		<u>、『湯/2』 4</u>	121 3 MANAGEMENT N	
	b	Net investment income (if negative, enter -0-)			48,477,948		
	۱ ۵	Adjusted net income (if pegative enter -0-)	1-37-53-096	6 -3 18 - 33 ()	. 2 % 4 ' .	.l ∩	I' X X X Y

Form **990-PF** (2016)

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
Fe	<u> </u>	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	696,656	39,887,240	39,887,240
	2	Savings and temporary cash investments	2,275,028	2,285,317	2,285,317
	3	Accounts receivable			*
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	11:35		
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			ļ
SS	9	Prepaid expenses and deferred charges		<u> </u>	
⋖	10a	Investments—U S and state government obligations (attach schedule)			
	b	investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)		W 8	4 3/30 44
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	 	<u> </u>	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			<u> Variyiki eyi</u>
		Less accumulated depreciation (attach schedule)	20		
	15	Other assets (describe Federal Tax Receivable)	28		
	16	Total assets (to be completed by all filers—see the	2,971,712	40 470 557	40 470 557
_	17	Instructions Also, see page 1, item I) Accounts payable and accrued expenses	2,971,712	42,172,557	42,172,557
	18	Grants payable			1
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)	·		
=	22	Other liabilities (describe Federal Tax Payable)		691,606	
	23	Total liabilities (add lines 17 through 22)	0	 	-1
	f	Foundations that follow SFAS 117, check here			
ances	1	and complete lines 24 through 26 and lines 30 and 31.	<u> </u>		
Ĕ	24	Unrestricted		<u> </u>	
	25	Temporarily restricted			
四	26	Permanently restricted .			
Ĕ	Ì	Foundations that do not follow SFAS 117, check here			
正		and complete lines 27 through 31.			
<u> </u>	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,971,712		TANDON ROMENTO DE LA LABORATION
Net Assets or Fund Ba	30	Total net assets or fund balances (see instructions)	2,971,712	41,480,95	4
Š	31	Total liabilities and net assets/fund balances (see			
_		instructions) .	2,971,712	42,172,557	
_	art III				
1		net assets or fund balances at beginning of year—Part II, column (a)), line 30 (must agree	1 _	
_		of-year figure reported on prior year's return)		1	2,971,712
2		er amount from Part I, line 27a	//	2	39,001,481
3		, , , , , , , , , , , , , , , , , , , ,	(Loss) on Investmen		-492,242
_		lines 1, 2, and 3		4	41,480,951
5		reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—Pai	t II column (h) line	5 30 6	41 490 054
	iola	The about of tand balances at one of your fine - miles line of a	th, column (b), mic		41,480,951

Part IV Capital Gains and Losses for Tax on Investment Income (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P—Purchase D—Donation						equired (, yr)	(d) Date sold (mo , day, yr)
1a							
<u>b</u>							
<u> </u>				 			<u> </u>
<u>d</u>				 			
е_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis			n or (loss) f) minus (g)
a							
b							
С							
d							
е							
	Complete only for assets s	howing gain in column (h) and owned	by the foundation	n on 12/31/69	(D) (Gains (Col	(h) gain minus
	(i) FM V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any					k), but no	t less than -0-) or rom col (h))
а							
<u>b</u>			<u> </u>				
С							
<u>d</u>							
e		L	<u> </u>				
2	Capital gain net income of	r (net capital loss) \ If (loss	also enter in Pa), enter -0- ın Pa		2		48,447,016
3	· -	n or (loss) as defined in sections 1					
	•	l, line 8, column (c) (see ınstructıo	ns) If (loss), ent	er -0- in }			
Part	Part I, line 8	der Section 4940(e) for Red			3		0
Was t		ve this part blank. section 4942 tax on the distributa qualify under section 4940(e) Do			e penod?		☐ Yes ☒ No
1	Enter the appropriate amo	ount in each column for each year	r, see the instruc	tions before makir	ng any entr	ies	
Cal	(a) Base period years endar year (or tax year beginning ir	(b) Adjusted qualifying distribution		(c) of nonchantable-use as		(d) Distribution ratio (col (b) divided by col (c))	
	2015		27,820	7,85	1,518		1 340864
	2014		17,343	10,77			1 257571
	2013	17,11	17,711	13,58	7,563		1 259807
	2012	14,59	99,187	11,93	6,637		1 223057
	2011	16,33	35,754	12,81	3,937		1 274843
2	Total of line 1, column (d)	•			2		6 356142
3	•	for the 5-year base period—divid dation has been in existence if les		e 2 by 5, or by the	. 3		1 271228
4	Enter the net value of nor	ncharitable-use assets for 2016 fr	om Part X, line 5		4		17,816,545
5	Multiply line 4 by line 3 .				5		22,648,891
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)			6		484,779
7	Add lines 5 and 6				7		23,133,670
8	Enter qualifying distributions If line 8 is equal to or greater Part VI instructions	ons from Part XII, line 4 ater than line 7, check the box in l	Part VI, line 1b, a	and complete that	. 8 part using a	a 1% ta	12,819,817 x rate See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940	(b), 494	l0(e), or 4948—se	<u>e inst</u>	ructio	ons)		
1a	=		ter "N/A" on line 1	}		<u> </u>		
	Date of ruling or determination letter (attach copy of letter if ne	-	•					
b	Domestic foundations that meet the section 4940(e) requirements in Part	V, che	ck	}	1_	9	69,55	9
	here ▶ ☐ and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b Exempt foreign orga	nızatıor	is enter 4% of)				
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only	Others enter -0-)		2			<u> </u>
3	Add lines 1 and 2				3	9	69,55	9
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation.	-			5		00 FF	-
5	Tax based on investment income. Subtract line 4 from line 3 If zero or Credits/Payments	iess, ei	iter -0-		3 3	9	<u>69,55</u>	1
6	•	6a	277,953	ļ				
a b	2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations—tax withheld at source	6b	211,900	 				
C	Tax paid with application for extension of time to file (Form 8868) .	6c		 				
d	Backup withholding erroneously withheld	6d						
7	Total credits and payments Add lines 6a through 6d	Lou		<u> </u>	7	2	77,95	3 8 8 7 8 1
8		ıf Form	2220 is attached		8		77,00	1
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ov		2220 is attached	•	9	6	91,60	;
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the a		overpaid .	•	10			_
11	Enter the amount of line 10 to be Credited to 2017 estimated tax		Refunded	•	11			5
Part \	/II-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national,	state, c	r local legislation of	r did i	t	.11	Yes	No
	participate or intervene in any political campaign?				•	<u> 1</u>	<u> </u>	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly)	for polit	ical purposes (see				1	
	Instructions for the definition)?		•			1t	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the act		nd copies of any m	ateria	ils		: \$	
	published or distributed by the foundation in connection with the activities	\$. Z.:		LEJ.
C	Did the foundation file Form 1120-POL for this year?					. 10	; () 35	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) ii						# : .	
_	(1) On the foundation \$ (2) On foundation m					— Li	·	
е	Enter the reimbursement (if any) paid by the foundation during the year f	or poilti	cai expenditure tax	impo	seu	1.5		
2	on foundation managers > \$	an rano	rted to the IRS2			المنا	.شدند	X
2	If "Yes," attach a detailed description of the activities.	сптеро	rica to the into.			- 	85	7 2
3	Has the foundation made any changes, not previously reported to the IRS, in its	anverni	ng instrument, article	25		301		
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confe	_	_			. 3	·war income.	X
4a	Did the foundation have unrelated business gross income of \$1,000 or m					48	\neg	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					41		
5	Was there a liquidation, termination, dissolution, or substantial contraction	n durin	g the year?			5		X
	If "Yes," attach the statement required by General Instruction T					Q 45	4:4	
6	Are the requirements of section 508(e) (relating to sections 4941 through	1 4945)	satisfied either					
	By language in the governing instrument, or							i i i
	By state legislation that effectively amends the governing instrument sets	o that n	o mandatory direct	ions th	nat		à dia	
	conflict with the state law remain in the governing instrument? .					6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.						X	1
8a	Enter the states to which the foundation reports or with which it is registed	ered (se	e instructions)	>		Xi.		
	Illinois					 		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Fo		-	Gene	eral			لتتلا
-	(or designate) of each state as required by General Instruction G? If "No					8t		7 .5772
9	Is the foundation claiming status as a private operating foundation within		_	• • •				
	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 201	b (see	instructions for Par	τ XIV)	7 If			
46	"Yes," complete Part XIV		Marka a a straited of	·	u	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? <i>If names and addresses</i>	res," a	шасп а ѕспедије јі	sung t	neir	10	,	
	namos anu addresses					Form 9		X (2010)
						roim J	JU-F	(2016)

Form 99	0-PF (2016) State Farm Companies Foundation 36-6	3110423	F	Page 5
Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		 ^
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	 ^`
•	Website address ▶ www.statefarm.com			
14		66-8826		
	Located at ▶ One State Farm Plaza, Bloomington, IL ZIP+4 ▶ 61710	-0001		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u>L</u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If	1.9		
	"Yes," enter the name of the foreign country		· Sty	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	17 86 3		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			13
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	o 🖟		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			18 18 A
	disqualified person?	3		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	# : · · · ·		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . LYes X N	o		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	· · · · · · · · · · · · · · · · · · ·			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			13
	termination of government service, if terminating within 90 days)		1	
h	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
b	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here		· "š	33.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	- 1 00 - 3		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?	o 🖟 . :		
	If "Yes," list the years 20 , 20 , 20 , 20	The S		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			0%
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	Ž		رزين الآل
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		,	
	▶ 20, 20, 20	A.y		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	o 3.5		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u></u>		
4	foundation had excess business holdings in 2016)	3b	 	+-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	1 5 %	X
b	the foundation make any investment in a prior year (but after December 31, 1909) that could jeopardize its	المنافقة ا	┟┷┷╩	

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) (a) Contributions to employee benefit plans and deferred compensation other allowances (b) Expense account, other allowances (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			▶	

Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Er	nployees,
3 Five h	ighest-paid independent contractors for professional services (see in	nstructions). If none, enter "NO	IE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
			ļ
			
Total number	of others receiving over \$50,000 for professional services	_	
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct chantable activities during the tax year. Include relevant statistical info and other beneficiaries served, conferences convened, research papers produced, etc	rmation such as the number of	Expenses
1 Not app	licable		
2			

3			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	ons)	·
	wo largest program-related investments made by the foundation during the tax year on lines 1		Amount
1 Not app	licable		
. ——			- -
2			(
All other prog	ram-related investments. See instructions		
3			
Total Add he	on 1 through 3		1
TOTAL AUG III	nes 1 through 3	<u></u>	0 Form 990-PF (2016)

Part		ın founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	18,087,863
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	18,087,863
е	Reduction claimed for blockage or other factors reported on lines 1a and	8	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	18,087,863
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	271,318
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	17,816,545
6	Minimum investment return. Enter 5% of line 5	6	890,827
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ■ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	890,827
2a	Tax on investment income for 2016 from Part VI, line 5 2a 969,559	a 🗀 💮	
b	Income tax for 2016 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	969,559
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-78,732
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-78,732
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	78,732
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	12,819,817
b	Program-related investments—total from Part IX-B .	1b	·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required) .	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,819,817
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	, T =	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,819,817
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years		

raru	VIII ' Undistributed Income (see instruction	<u></u>			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b)	(c)	(d)
•	line 7	Corpus	Years prior to 2015	2015	2016
2	Undistributed income, if any, as of the end of 2016				-78,732
а	Enter amount for 2015 only	,	,		
b	Total for prior years 20 , 20 , 20			0	
3	Excess distributions carryover, if any, to 2016		3 (×
а	From 2011 15,809,679	, , ,		,	ŧ
b	From 2012 14,002,995				> _m /
С	From 2013 16,582,185				, ,
d	From 2014 13,207,381				
е	From 2015 10,304,578				
f	Total of lines 3a through e	69,906,818			
4	Qualifying distributions for 2016 from Part XII,				
	line 4 \$ 12,819,817				
a	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
•	(Election required—see instructions)		\$4.5 88.86 A.A.S.S. 76.0		
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2016 distributable amount				
e	Remaining amount distributed out of corpus	12,819,817			
5	Excess distributions carryover applied to 2016	12,019,017			
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	82,726,635			
b	Prior years' undistributed income. Subtract				
_	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	i i i i i i i i i i i i i i i i i i i			
	amount—see instructions				
е	Undistributed income for 2015 Subtract line				
	4a from line 2a. Taxable amount—see				
_	instructions			0 ^	
T	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2017 Amounts treated as distributions out of corpus	\$ 14 14 18 19 1			0
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)	15,809,679			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	66,916,956			
10	Analysis of line 9			10 M C 1	
	Excess from 2012				
b	Excess from 2013 . 16,582,185				
C C	Excess from 2014 13,207,381 Excess from 2015 10,304,578				
d e					
	Excess from 2016 12,819,817	*, * ,		6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

 d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 Exhibit 4

The form in which applications should be submitted and information and materials they should include

Exhibit 4

Exhibit 4

c Any submission deadlines:

Form 990-PF (2016)

Form **990-PF** (2016)

Part XV Supplementary Information (conti	nued)				
3 Grants and Contributions Paid During	the Year or Approve	ed for Fut	ture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	r	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution		
Name and address (home or business) a Paid duning the year Organization - Exhibit 5	any foundation manager		See note on Exhibit 5		12,819,817
Total				▶ 3a	12,819,817
b Approved for future payment Organization - Exhibit 6			See note on Exhibit 6		5,181,588
Total	<u> </u>	<u> </u>		▶ 3b	5.181.588

Pai	t X\	VI-A Analysis of Income-Producing Ac	ctivities			·	
		oss amounts unless otherwise indicated		siness income	Excluded by sect	uon 512, 513, or 514	
1	Pro	ogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	а						
	b						
	С						
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2	Ме	mbership dues and assessments					
3	Inte	erest on savings and temporary cash investments			14	31,519	
4	Dıv	ridends and interest from securities					
5	Net	t rental income or (loss) from real estate				27-25 / 1 /2 1/2	
	а	Debt-financed property .	<u> </u>			_	
		Not debt-financed property .					
6		t rental income or (loss) from personal property					
7		ner investment income .			ļ <u>-</u>		
8		in or (loss) from sales of assets other than inventory					
9		t income or (loss) from special events					
10		oss profit or (loss) from sales of inventory					
11		ner revenue a			 		
	b				-		
	C .						
	d						
40	e Cui	htotal Add calumna (h) (d) and (a)		(21.510	ļ - <u>-</u>
12 13		btotal Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e)	11 × ·		<u>۱</u> ۱	31,519 13	0 31,519
		rksheet in line 13 instructions to verify calculation	e)			13	31,318
		VI-B Relationship of Activities to the		ent of Evemn	t Purnoses		
	e No ▼		me is reported in o	column (e) of Part	XVI-A contributed	importantly to the ses) (See instructi	ons)
-		Not applicable	7				
	_						
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Did the organization develop or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Part	XVII	Information	Regarding Transfe	rs To and 1	ransactions	and Re	lationship	s With No	ncharitab	le	, ago 10
m section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other transactions (1) Sales of assests to a noncharitable exempt organization (2) Purchases of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Purchases of assets to an oncharitable exempt organization (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Loans or loan guarantees (10) Loans or loan guarantees (10) Loans or loan guarantees (10) Performance of services or membership or fundraising solicitations (10) Performance of services or services given by the reporting foundation if the foundation received less than fair maket value of the goods, other assets, or services received. (a) It was a service of the services or services given by the reporting foundation if the foundation received less than fair maket value in any transaction or sharing arrangements (a) Name of organization (b) Name of organization (c) Name of organization (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) It was a section of relationship (b) Type of organization (c) Description of relationship (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (find Miller (b) Associated (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relatio									·			
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b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury is based on all information of which preparer has any knowledge Here Signature of officer or trustee Paid Pont/Type preparer's name Todd Miller Preparer Todd Miller Firm's name State Farm Mutual Automobile Ins Co Firm's EIN \$37-0533100	Lu									□ Ye	es 🗓	No
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Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Point/Type preparer's name Preparer's signature Todd Miller Todd Mil					(b) Ty	pe of organization			(c) Descriptio	n of relationshi	p	
Sign Here												
Sign Here												
Sign Here												
Sign Here												
Sign Here												
Here Clara S. Signature Signature of officer or trustee Date Title									nowledge and beli	ef, it is true,		
Here Signature of officer or trustee Date Title Paid Preparer Preparer Todd Miller Prim's name ► State Farm Mutual Automobile Ins Co Prim's EIN ► 37-0533100 With the preparer shown below (see instructions)? Yes No Date Title Date Sholl? Check if PTIN Poly455493 Poly455493	Sign	соггес	t, and complete Declarat	tion of preparer (other than taxpayer	r) is based on all info	rmation of which prepa	irer has any kno	awledge		May the IRS di	cuss this	return
Paid Preparer Prim's name State Farm Mutual Automobile Ins Co Prim's EIN ▶ 37-0533100 P		116	lara S.	Teemer	05/1	1/2017 As	sistant 1	Treasurer				
Paid Todd Miller Todd Yiller Firm's name ► State Farm Mutual Automobile Ins Co Firm's EIN ► 37-0533100		Sign	ature of officer or true	stee					/sea mannendu	-,, K] Y	ES NO	
Preparer Ilse Only	D-1d		Print/Type preparer	's name	Preparer's sign	A		Date	Check	k ∏ ₁f PTI	N	
lise Only			Todd Miller		Toda	miller		5/10/1	<i>/</i> 1		145549)3
USE UNIY Firm's address ▶ D-2. One State Farm Plaza, Bloomington, IL 61701 Phone no 309-763-5309	•		Firm's name	State Farm Mutual	Automobile	Ins Co			Firm's EIN	37-053310	0	
	USE (July	Firm's address	D-2. One State Far	m Plaza, Bl	loomington.	IL 61701		Phone no 3	309-763-53	09	

Schedule B

(Form, 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

State Farm Companies Founda	ation	36-6110423
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
1-01111 930 01 930-EZ	301(c)() (enter humber) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	ıdation
	527 political organization	
	327 pointes organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	C 504(2)(2) to white any other formulation	
	501(c)(3) taxable private foundation	
Check if your organization is co	overed by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7)	, (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
instructions.		
On and Date		
General Rule		
X For an organization file	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution	ons totaling \$5,000
	property) from any one contributor Complete Parts I and II See instruction	
contributor's total cont		-
Special Rules		
For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3	% support test of the
	tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or	
13, 16a, or 16b, and t	hat received from any one contributor, during the year, total contributions of	f the greater of (1)
\$5,000 or (2) 2% of th	e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	mplete Parts I and II
		sound from any and
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec year, total contributions of more than \$1,000 <i>exclusively</i> for religious, char	
	I purposes, or for the prevention of cruelty to children or animals. Complete	
incrary, or educationa	parposes, or for the prevention of diabity to difficient of diffinition complete	, rate i, ii, and iii
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec	ceived from any one
	year, contributions exclusively for religious, charitable, etc., purposes, but	
	nore than \$1,000 If this box is checked, enter here the total contributions t	
	exclusively religious, charitable, etc., purpose Don't complete any of the p	
	to this organization because it received nonexclusively religious, charitable	
totaling \$5,000 or mo	re during the year	> \$
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Sci	hedule B (Form 990.
	et answer "No" on Part IV line 2 of its Form 990 or check the hoy on line	

Name of organization State Farm Companies Foundation Employer identification number 36-6110423

Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington IL 61710-00001 Foreign State or Province Foreign Country	\$ 37,431,794	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	State Farm Mutual Automobile Insurance Company Bloomington IL 61710-00001 Foreign State or Province Foreign Country	\$ 14,987,798	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	State Farm Mutual Automobile Insurance Company Bloomington IL 61710-00001 Foreign State or Province Foreign Country	\$ 849,268	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	State Farm Mutual Automobile Insurance Company Bloomington IL 61710-00001 Foreign State or Province Foreign Country	\$	Person Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
State Farm Companies Foundation

Employer identification number 36-6110423

raitii	Mulicasii Froperty (See instructions). Ose duplicate of	opies of Fart II il additional spa	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Keysight Technologies - 1,161,219 Shares	\$ 37,431,894	10/19/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	Keysight Technologies - 664,500 Shares	\$ 14,987,798	2/5/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	Keysight Technologies - 39,200 Shares	\$ 849,268	2/10/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	Keysight Technologies - 400 Shares	\$ 8,576	2/11/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Page	4
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Name of or State Farm	ganization Companies Foundation			36-6110423	
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the the following line entry. For organizatio contributions of \$1,000 or less for the	ne year from any one co ns completing Part III, en year (Enter this informati	entributor. Completer the total of each	ibed in section 501(c)(7), (8), or ollete columns (a) through (e) and oxclusively religious, charitable, etc.	
	Use duplicate copies of Part III if additi	onal space is needed	·		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		-			
		(e) Transfe			
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee	
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	_		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee	
	For Prov Country				_
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
					
		(e) Transf	er of gift		_
	Transferee's name, address, a		_	nship of transferor to transferee	
	Transferee 3 Transe, address, e				
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	_
		(e) Transf	er of gift		_
	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee	
	For Prov Country				

Part I, Line 16c (990-PF) - Other Professional Fees

•		185,368	587	C	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Custody Fees	587	587		0
2	Outsourcing Fees	184,781			0

Part I, Line 18 (990-PF) - Taxes

•		969,559	0		00
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Tax on Investment Income	969,559			

Part I, Line 23 (990-PF) - Other Expenses

	332,830	0	0	0
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
Filing Fees and Other Expenses	332,830	0		

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Form 990-PF, 2016 State Farm Companies Foundation 36-6110423 Part VIII, Line 1
Directors and Officers
January 1st through December 31st, 2016

Michael Tipsord; Chairman of the Board and President One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Mary Schmidt; Vice President and Secretary
One State Farm Plaza, Bloomington, Illinois 61710
Devotes time necessary for proper administration of Foundation
No compensation, no benefits and no reimbursements.

Duane Farrington; Vice President and Assistant Secretary One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Dr. W. H. Knight, Jr.; Director 3730 42nd Ave. South Seattle, WA 98144 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Dr. Susan Phillips; Director 1200 N. Nash St. #550 Arlington, VA 22209 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Paul J. Smith; Treasurer (ending Jan. 2, 2016)
One State Farm Plaza, Bloomington, Illinois 61710
Devotes time necessary for proper administration of Foundation
No compensation, no benefits and no reimbursements.

Jon C. Farney; Treasurer (beginning Jan. 2, 2016) One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Annette Martinez; Vice President (beginning April 25, 2016) One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

David Beigie; Vice President (ending April 25, 2016) One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements. Scott Rassi; Vice President (beginning April 25, 2016)
One State Farm Plaza, Bloomington, Illinois 61710
Devotes time necessary for proper administration of Foundation
No compensation, no benefits and no reimbursements.

Kellie Clapper; Vice President - Programs
One State Farm Plaza, Bloomington, Illinois 61710
Devotes time necessary for proper administration of Foundation
No compensation, no benefits and no reimbursements.

Joseph P. Young; Vice President – Fixed Income One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Mark Schwamberger, Assistant Treasurer One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Alana Reimer; Assistant Treasurer One State Farm Plaza, Bloomington, IL 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Ed Woods; Assistant Secretary One State Farm Plaza, Bloomington, Illinois 61710 Devotes time necessary for proper administration of Foundation No compensation, no benefits and no reimbursements.

Scott Callicott, Assistant Secretary
One State Farm Plaza, Bloomington, Illinois 61710
Devotes time necessary for proper administration of Foundation
No compensation, no benefits and no reimbursements.

State Farm Companies Foundation December 31, 2016 Form 990-PF 36-6110423 Part XV, Line 2

A. The name, address, and telephone number of the person to whom application should be addressed:

Ed Woods (309) 994-0280 State Farm Companies Foundation One State Farm Plaza Bloomington, Illinois 61710

B. Form in which applications should be submitted and information and materials they should include:

Foundation Scholarship Program

- Specific entry form

Good Neighbor Scholarship Program

- Specific application form

Matching Gift Program

- Specific application form

Good Neighbor Grant® Program

- Specific application form

C. Submission deadlines:

Foundation Scholarship Program

- February 28 each year

Good Neighbor Scholarship Program

- Program closes when 700 applications are received.

Application opened Jan. 2016.

Matching Gift Program

- March 31 for previous year's donations

Good Neighbor Grant Program

- March 31 for previous year's volunteer hours

D. Restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Foundation Scholarship Program

- Parents and legal guardians must be a State Farm® employee, agent, or retiree. Participants must be U.S. citizens/permanent residents.

Good Neighbor Scholarship Program

 Applicants must be high school seniors who are U.S. citizens with a cumulative GPA of a 2.5 – 3.2 on a 4.0 scale and demonstrate financial need.

need

· Matching Gift Program

Good Neighbor Grant Program

- Higher Education Program: Must be two- or four-year or above degree- granting U.S. accredited college or university.
 - Charitable Program: Qualified nonprofit organization, public or private school, or government municipality.
- Must be an eligible State Farm associate (active employee, agent or retiree). Must volunteer at least 40 hours a year to a qualified nonprofit organization, public or private school, or government municipality. Limited to one grant per calendar year.

State Farm Companies Foundation 36-06110423 FORM 990-PF, 2016

Note: The organizations listed below are not private foundations. They are either public charities, educational institutions, or divisions of state and local governments.

Other Education Awards		
Heartland Community College	Normal, IL	125,000 00
Illinois State University	Normal, IL	951,230 00
Illinois Wesleyan University	Bloomington, IL	1,130,858 00
National Merit Scholarship Corporation	Evanston, IL	1,820,640 00
Scholarship America Inc	St Peter, MN	247,500 00
University of Illinois	Urbana, IL	677,000 00
Total Other Education Awards		4,952,228.00
United Way		
United Way Worldwide	Alexandria, VA	1,000,000 00
Total United Way		1,000,000 00
College Matching Gift Program		4,691,588 78
Good Neighbor Grant Program		2,176,000 00
Total Organization		12,819,816 78

State Farm Companies Foundation 36-06110423 FORM 990-PF, 2016

Note: The organizations listed below are not private foundations. They are either public charities, educational institutions, or divisions of state and local governments.

Commitments for 2017

Scholarships	
National Merit Scholarships 2014	800,000 00
National Merit Scholarships 2015	800,000 00
National Merit Scholarships 2016	800,000 00
National Merit Scholarships 2017	800,000 00
National Merit \$2500 Scholarships	47,500 00
Programs	
State Farm Good Neighbor Scholarship	
Grants	
Heartland Community College	125,000 00
Illinois State University	951,230 00
Illinois Wesleyan University	130,858 00
Lincoln College	50,000 00
University of Illinois	90,000 00
University of Illinois	587,000 00
Total	5,181,588 00