efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493096005198 OMB No 1545-0047

Department of the Treasury

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

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

Open to Public

\ Fo	or th	e 2016 c	alendar year, or tax year beginning 07-	01-2016 , and endi	ng 06-30	-2017			
Che	ck ıf a	pplicable	C Name of organization VERMONT FARM BUREAU INC				D Employ	er identifi	cation number
		change	VERMONT FARM BUREAU INC				03-018	5056	
	me ch	-	Doing business as				_		
Ini Fin	tial ret al	turn	boing business as						
⊡etur	n/terr	mınated	Number and street (or P O box if mail is not de	livered to street address)	Room/suite	e	E Telephoi	ne number	
		d return	117 WEST MAIN STREET	,	,		(802) 4	34-5646	
⊔ Apı	plicati	on pending	City or town, state or province, country, and ZI	or foreign postal code					
			RICHMOND, VT 05477				G Gross re	ceipts \$ 33	37,935
			F Name and address of principal officer			H(a) Ich	:his a group re		,
			CHRISTOPHER O'KEEFE				ordinates?	turri ioi	□Yes ☑ No
			117 WEST MAIN STREET RICHMOND, VT 05477				all subordina	tes	☐ Yes ☐No
Tax	k-exer	mpt status			¬		luded?		
147	- 1 74	L N 14/14		□ 4947(a)(1) or L	J 52/		No," attach a oup exemption		•
W	ebsit	te:► ww	W VTFB ORG			(0) (3)	oup exemption	Hullibei	
				out. It		L Year of fo	rmation 1915	M State	of legal domicile VT
Forn	n of o	rganization	✓ Corporation ☐ Trust ☐ Association ☐	Other >					- · · - y · · · · · · · · · · · · · · · · · · ·
Pa	rt I	Sum	marv						
			cribe the organization's mission or most sig	nıfıcant actıvıtıes					
			ONT FARM BUREAU REPRESENTS FARMERS		ANALYZI	NG PROBL	EMS AND FOR	MULATIN	G ACTIONS TO
ׅ֓֡֝֝֡֟֡	4	ACHIEVE	CONOMIC, EDUCATIONAL AND SOCIAL AD	ANCES					
₹	-								
GOVERNANCE	-								
3			s box $ ightharpoonup$ if the organization discontinued						
	l		of voting members of the governing body (P					3	22
<u>^</u>	l		of independent voting members of the gover		· ·		•	4	21
Ĭ	l		nber of individuals employed in calendar yea	•	•		•	5	4
ACHVINES &	l		nber of volunteers (estimate if necessary)					6	16
•	l		elated business revenue from Part VIII, colu	* **			•	7a	94,529
	b	Net unrel	ated business taxable income from Form 99	0-T, line 34				7b	(
						<u> </u>	Prior Year		Current Year
<u>a</u> i	8	Contribut	ons and grants (Part VIII, line 1h)				197,	895	173,77
Ravenua	l	-	service revenue (Part VIII, line 2g)				89,	543	86,01
Α. Υ	10	Investme	nt income (Part VIII, column (A), lines 3, 4,	and 7d)				502	519
	11	Other rev		9c 10c and 11e)			115,	989	77,62
	l .		enue (Part VIII, column (A), lines 5, 6d, 8c	oc, roc, and rre)					
	12	Total rev	enue (Part VIII, column (A), lines 5, 6d, 8c, enue—add lines 8 through 11 (must equal P		ne 12)		403,	929	337,93
				art VIII, column (A), lı			403,	929	337,93
	13	Grants ar	enue—add lines 8 through 11 (must equal P	art VIII, column (A), li , lines 1–3)	•		403,	_	337,93
લ્ડ	13 14	Grants ar Benefits	enue—add lines 8 through 11 (must equal P id similar amounts paid (Part IX, column (A	art VIII, column (A), li , lines 1–3) line 4)	•		202,	0	337,93: (177,62:
ans es	13 14 15	Grants an Benefits Salaries,	enue—add lines 8 through 11 (must equal P id similar amounts paid (Part IX, column (A paid to or for members (Part IX, column (A)	art VIII, column (A), li , lines 1–3) , line 4) t IX, column (A), lines	s 5–10)			0	(
xp enses	13 14 15 16a	Grants ar Benefits Salaries, Professio	enue—add lines 8 through 11 (must equal P id similar amounts paid (Part IX, column (A paid to or for members (Part IX, column (A) other compensation, employee benefits (Pa	art VIII, column (A), li , lines 1–3) , line 4) t IX, column (A), lines	s 5–10)			0 0 942	(
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Expenses	13 14 15 16a b	Grants ar Benefits Salaries, a Professio Total fundr Other exp	enue—add lines 8 through 11 (must equal P id similar amounts paid (Part IX, column (A paid to or for members (Part IX, column (A) other compensation, employee benefits (Pa nal fundraising fees (Part IX, column (A), lin a	art VIII, column (A), li a, lines 1–3) line 4) t IX, column (A), lines ae 11e)	· · · ·		202,	0 0 942 0	177,62·
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	13 14 15 16a b 17 18	Grants ar Benefits Salaries, Professio Total fundr Other ex Total exp	enue—add lines 8 through 11 (must equal P of similar amounts paid (Part IX, column (A paid to or for members (Part IX, column (A) other compensation, employee benefits (Panal fundraising fees (Part IX, column (A), line aising expenses (Part IX, column (D), line 25) to be overses (Part IX, column (A), lines 11a–11d, enses Add lines 13–17 (must equal Part IX)	art VIII, column (A), lines 1-3). Ilines 4) t IX, column (A), lines are 11e) 11f-24e) column (A), line 25)	· · · ·	Beginni	202, 170, 373,	0 0 942 0 228 170 759	177,624 (157,779 335,401
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May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

Form	990 (2	016)				Page 2
Par	t III	Statement	of Program Service Ac	complishments		
	_	Check of Sched	dule O contains a response o	r note to any line in this Part III		🗹
1	Briefly	describe the o	rganization's mission			
			AU REPRESENTS FARMERS F AND SOCIAL ADVANCES	DR THE PURPOSE OF ANALYZING	PROBLEMS AND FORMULATING A	CTIONS TO ACHIEVE
2	Did the	e organization	undertake any significant pro	gram services during the year wh	nich were not listed on	
	the pr	ıor Form 990 oı	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes	s," describe the	se new services on Schedule	0		
3	Did th	e organization i	cease conducting, or make s	gnificant changes in how it condu	icts, any program	
	service	es [?]				🗌 Yes 🗹 No
	If "Yes	s," describe the	se changes on Schedule O			
4	Sectio	n 501(c)(3) and		required to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		OS & COMMITTEES FING VERMONT FA		ERMONT FARM BUREAU BOARD AND C	OMMITTEE MEETINGS THAT HELP INFLU	JENCE AND MAKE DECISIONS
4d	Other	program servic	ces (Describe in Schedule O)			_
	(Expe	nses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total	program serv	vice expenses ►			

or X as applicable

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

No

Nο

No

No

Nο

No

Nο

Form **990** (2016)

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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*

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 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? 5

29

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

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Page 4

Nο

No

No

Nο

Nο

No

No

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

CHECKIIS	t of Ke	quii eu 3	ciiedule	5 (CO)	itiiiu	eu)	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

orm	990 (2016)				Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
	F			Yes	No
		.a 0			
		-			
	Did the organization comply with backup withholding rules for reportable payments to vence (gambling) winnings to prize winners?	lors and reportable gaming	1 c		
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				
		la 2			
Ь	If at least one is reported on line 2a, did the organization file all required federal employme Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the years.	•	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in		3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signatu				
	financial account in a foreign country (such as a bank account, securities account, or other		4a		No
b	If "Yes," enter the name of the foreign country ►	inancial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the	•	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	elter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
_	D II I I I I I I I I I I I I I I I I I		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, 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 that such not tax deductible?	contributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services • • •	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for Form 8282?	which it was required to file	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd	.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	al benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization				
	required ?	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, airplanes, ai	ne organization file a Form	7.		
	Sponsoring organizations maintaining donor advised funds.		7h		
8	Did a donor advised fund maintained by the sponsoring organization have excess business	holdings at any time during			
	the year?		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 related p	erson?	9b		
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12 1	0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0Ь			
1	Section 501(c)(12) organizations. Enter				
	<u> </u>	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1ь			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	<u> </u>	2b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. Se additional information the organization must report on Schedule O	ee 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	3ь			
c	Enter the amount of reserves on hand	3с]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No

-orm	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	2	Yes	No
	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 2	1		
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? .	'n 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		No
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		No
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		No
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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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		No
	Other officers or key employees of the organization	15b		No
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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
Ь	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		
	Light the States with which a convent this Form 000 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
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			
19	Own website Another's website Upon request Other (explain in Schedule O) 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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTOPHER O'KEEFE 117 WEST MAIN STREET RICHMOND, VT 05477 (802) 434-5646			
				0 (2016)

Part VII

(15) JOHN FRANKLIN

(16) DAVID AINSWORTH

(17) PAULETTE RUTHIER

TRUSTEE

TRUSTEE

TRUSTEE

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (A) (F) (B) (C) (D) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the Highe for related (W- 2/1099-(W-2/1099organization and Individual to or director MISC) MISC) organizations Ē related Institutional 호 below dotted organizations employ 3 line) con trustee P pensat Ē 0.50 (1) CHIP HELLUS Х VICE PRESIDENT 0 50 (2) TIM BUSKEY Χ 0 0 VICE PRESIDENT 0.50 (3) DAVID LANE TRUSTEE Х n 0 50 (4) JOE TISBERT Х PRESIDENT 0 50 (5) PAUL BOURBEAU 0 TRUSTEE 0.50 (6) STUART FARNHAM SECRETARY Χ 0 0.50 (7) WILLIAM SCOTT TRUSTEE 0 50 (8) DEB GONYAW 0 Х 0 TRUSTEE 0 50 (9) BESTY MILLER 0 0 TRUSTEE 0.50 (10) ANN TISBERT TRUSTEE 0 50 (11) JOHN JENKENSON 0 Х TRUSTEE 0 50 (12) BRUCE SHIELDS Х 0 TREASURER 0.50 (13) MARJORIE URIE TRUSTEE 0 50 (14) JESSE ROGERS 0 Х

0 50

0 50

0 50

Х

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Part VIII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	ıd Hig	jhes	st Compensate	d Employees (cont	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, ι in of tor/t	ot ch unle: ficer trust		son	(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from relate organization (W- 2/1099	on d ns	Estima amount of compen from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-1413C)	MISC)	,- -	organızat relat organız	ed
(18) MURRAY THOMPSON	0 50									0		0
TRUSTEE	···	×							0	Ű		
(19) TONY LAHOULIER	0 50	×							0	0		0
TRUSTEE	•••	····^								Ů		
(20) SHANE KEADY	0 50	l x							0	٥		0
TRUSTEE		····^										
(21) RAY DUQUETTE	0 50	l x							0	0		0
TRUSTEE			<u> </u>									
(22) CHRIS O'KEEFEADMINISTRATOR	0 50	1		×				59,23	:1	0		0
1b Sub-Total					1	•						
c Total from continuation sheets to Part	-			•	1	<u> </u>		50.334				
	<u> </u>			•		<u> </u>		59,231		0		0
2 Total number of individuals (including but of reportable compensation from the organization)		those li	sted :	abov	/e) v	vho re	ceiv	ed more than \$10	00,000			
											Yes	No
3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>	•		•			•	_		employee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr									the			
ındıvıdual		•		•	•	•	•			4		No
5 Did any person listed on line 1a receive of services rendered to the organization? If the services rendered to the organization?										5		No
Section B. Independent Contractors	1											
1 Complete this table for your five highest from the organization Report compensation										npen	sation	
Name and b	(A) ousiness address							Descr	(B) iption of services		(C Compen	
2 Total number of independent contractors (ii	ncluding but no	t limited	d to t	hose	e list	ed abo	ove)	who received mo	re than \$100,00	0 of		
compensation from the organization ▶ 0											Form 99	2 /2016
											Form 996	1 (2016)

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Part		t of Revenue								
	Check if Sch	edule O contains a	a respo	nse or note to ar		this Part VIII (A) revenue	(B) Related or exempt function revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a Federated camp	paigns	1 a				revenue			312-314
ants	b Membership du	es	1 b	173,774	- !					
6 F	c Fundraising eve	ents	1c		_					
ifts. ar A	d Related organiz	ations	1d		_					
დ <u>∺</u> ლ	e Government gran	ts (contributions)	1e		-					
ions	f All other contribut and similar amoun		1f							
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contribution in lines 1a-1f \$		_		-					
<u>ප</u>	h Total.Add lines	1a-1f		•		173,774				
KI e				Busine	ss Code					
Revenue	2a MEMBERSHIP AGR				541610 541900		4,015		82,00 4,01	+
ır Ç	b MEMBER HEALTH A	DMIN FE			341900		4,013		4,01	
Service	d —									
×	e ———		_							
Program	f All other progran	n service revenue								
Æ	9Total. Add lines 2	a-2f	. 1	•	86,015	;				
	3 Investment incom			nterest, and othe	ır T	519	9			519
	sımılar amounts) 4 Income from inve			and proceeds	P					313
	_				•					
		(ı) Rea	I	(II) Personal						
	6a Gross rents									
	b Less rental expen	ses			\dashv					
	င္ Rental income or				_					
	(loss)									
	d Net rental incom									
	7a Gross amount	(ı) Securit	ies	(II) Other	_					
	from sales of assets other									
	than inventory									
	b Less cost or other basis and									
	sales expenses				_					
	C Gain or (loss) d Net gain or (loss	s)		•	\dashv					
	8a Gross income fro		ents							
ıne	(not including \$ contributions rep		of							
Other Revenue	See Part IV, line	18	. a							
ď	b Less direct expe		ь							
the	c Net income or (lo 9a Gross income fro			ents >	_					
ō	See Part IV, line		J							
	b Less direct expe	nece	a b		\dashv					
	c Net income or (lo		L	es •						
	10a Gross sales of in	ventory, less								
	returns and allov	vances	a l							
	b Less cost of goo	ods sold	ь		\dashv					
	c Net income or (lo		ı ınvent	ory >						
		ous Revenue		Business Code						
	11a _{ADVERTISING}			5614	199	33,036		33,036		
					100	22.400	_	20.762	2.722	
	b other revenue	E		5614	199	23,485		20,763	2,722	
	ANNUAL 22	IC DEVENUE		5614	199	15,314	1	15,314		
	C ANNUAL MEETIN	IG KEVENUE		3012		13,314		10,014		
	d All other revenue	<u> </u>			+	5,792	2		5,792	
	e Total. Add lines			•		<u> </u>			3,, 32	
	12 Total revenue.					77,627				
			-	• • •		337,935	5	69,113	94,529	519 Form 990 (2016)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	columns All other org	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to a	ny line in this Part IX			<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Pai IV, line 22	rt			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,269			
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ns			
7 Other salaries and wages	72,603			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	22,378			
10 Payroll taxes	12,374			
11 Fees for services (non-employees)				
a Management	9,950			
b Legal				
c Accounting	3,200			
d Lobbying	43,001			
e 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)				
12 Advertising and promotion	34,911			
13 Office expenses	7,066			
14 Information technology	1,999			
15 Royalties				
16 Occupancy				
17 Travel	2,356			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	,			
19 Conferences, conventions, and meetings	3,289			
20 Interest	5,314			
21 Payments to affiliates	·			
22 Depreciation, depletion, and amortization	3,161			
23 Insurance	1,801			
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)	3,73			
a STATE CONV	15,939			
b MEALS & ENTERTAINMENT	7,253			
c REPAIRS AND MAINTENANCE	4,877			
d MISCELLANEOUS	4,719			
e All other expenses	8,943			
25 Total functional expenses. Add lines 1 through 24e	335,403			
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)				

II of Schedule L

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Notes and loans receivable, net

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Accounts payable and accrued expenses

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts receivable, net .

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

32

33

34

Liabilities 22

Fund Balances

ŏ 30

Assets 31

Net

Check if Schedule O contain	ns a	res	pons	se oi	r no	te to	an	y line	ın thıs	Part I	⟨ .	
												┸
Cash-non-interest-bearing												
												_

Ca Savings and temporary cash investments . . . Pledges and grants receivable, net . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

94,521

86.652

(A)

Beginning of year

22,317

9.286

1,630

12.339

11.317

141.655

198,544

32,638

84,526

88.278

1.545

206.987

-23.508

15.065

-8,443

198.544

1

2 3

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10c

11

12

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18

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20

21

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23

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25

26

27

28

29

30

31

32

33

34

Page **11**

10,261

16.227

4,650

9.276

7.869

133.844

182,127

40.787

71,449

78.840

3.369

194,445

-26.625

14,307

-12,318

182,127

Form **990** (2016)

(B) End of year

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 03-0185056

Name: VERMONT FARM BUREAU INC

Form 990 (2016)

Form 990, Part III, Line 4a:

FORM 990, PART 111, LINE 44:
GOVERNMENT RELATIONS EXPENSES RELATED TO LOBBYING AND ADVOCACY EFFORTS IN THE STATE LEGISLATURE THAT ARE OF CONCERN, OR SUPPORT VERMONT FARMERS IN LINE WITH THE EXEMPT PURPOSE OF THE VERMONT FARM BUREAU

Form 990, Part III, Line 4b:

COMMUNICATIONS EXPENSES RELATED TO THE VERMONT FARM BUREAU'S PUBLICATIONS AND CORRESPONDENCE IN SUPPORT OF VERMONT FARMERS DIRECTLY FOR

THE EXEMPT PURPOSE OF THE VERMONT FARM BUREAU

Form 990, Part III, Line 4c: EDUCATION & LEADERSHIP DEVELOPMENT EXPENSES RELATED TO EDUCATIONAL AND LEADERSHIP DEVELOPMENT PROGRAMS WHICH SUPPORT VERMONT FARMING AND PROMOTE THE EXEMPT PURPOSES OF THE VERMONT FARM BUREAU

Political Campaign and Lobbying Activities

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

DLN: 93493096005198

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

> ▶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.

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)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number VERMONT FARM BUREAU INC 03-0185056 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 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) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3

Schedule C (Form 990 or 990-EZ) 2016

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 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 Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

DLN: 93493096005198 OMB No 1545-0047

Internal Revenue Service Name of the organization

(Form 990)

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3

5

6

tax year >

► 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 Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number** VERMONT FARM BUREAU INC 03-0185056 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III	Organizations Maintai	ning Col	lections o	f Art, I	listori	cal Tr	easu	res, or	Other	Similar <i>I</i>	Assets (co	ontinued)	1
3		g the organization's acquisition s (check all that apply)	, accessior	n, and other	records	, check	any of t	he fol	llowing tl	hat are a	sıgnıfıcant	use of its	collection	1
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Other						
С		Preservation for future gener	ations											
4	Prov Part	ide a description of the organiz XIII	ation's col	lections and	explain	how the	ey furth	er the	organız	ation's ex	kempt purp	ose in		
5		ng the year, did the organization its to be sold to raise funds rath									ular	☐ Yes		No
Pa	rt IV	Escrow and Custodial Complete if the organiza X, line 21.	Arrange tion answ	ments. vered "Yes	" on For	m 990	, Part	IV, lıı	ne 9, or	reporte	ed an amo			
1a		e organization an agent, truste ided on Form 990, Part X?	e, custodia	an or other	ıntermed	liary for	contrib	utions	s or othe	er assets	not	☐ Yes		No
b	īf "Y	es," explain the arrangement i	n Part XIII	and comple	ete the fo	llowing	table		Г			Amount		
c		nning balance		ana compi	te the re	,	table		ŀ	1c				
d	_	tions during the year							ŀ	1d				
е		ributions during the year							ı	1e				
f		ng balance							Ī	1f				
2a		the organization include an amo	ount on Fo	rm 990. Par	t X. line	21. for	escrow	or cu:	ם stodial a	ccount lia	ability?			
b		es," explain the arrangement in				•					·	⊔ Yes 		NO
Pā	rt V	Endowment Funds. Co	mplete ıf	the organ	ızatıon .	answer	ed "Ye	s" or	Form 9	990, Par	t IV, lıne	10.		
_	_			(a)Currer	it year	(b) P	rıor year	- -	(c) Two ye	ears back	(d)Three y	ears back ((e) Four ye	ars back
	_	ning of year balance	•					_						
		ibutions	•					_						
		vestment earnings, gains, and	iosses					+						
		s or scholarships						_						
	and p	expenditures for facilities rograms												
f	Admır	nistrative expenses	•											
g	End or	f year balance	• •											
2		ide the estimated percentage o		ent year end	l balance	(line 1	g, colur	nn (a)) held as	s				
а	Boar	d designated or quasi-endowm	ent 🟲											
b	Perm	nanent endowment 🟲												
С	Tem	porarily restricted endowment	>											
		percentages on lines 2a, 2b, ar												
3a		there endowment funds not in t nization by	the posses	sion of the	organizat	tion that	t are he	ld and	d admini	stered fo	r the		Yes	No
	-	inrelated organizations										3a		140
		related organizations										3a(
b		es" on 3a(II), are the related or		ıs lısted as r	equired	on Sche	dule R	•				. 3	b	
4	Desc	cribe in Part XIII the intended u	ises of the	organizatio	n's endo	wment f	unds						•	· · · · · · · · · · · · · · · · · · ·
Pa	rt VI													
		Complete if the organiza												
	Desci	ription of property (a)	Cost or oth (Investme		(B) Cost	or other	Dasis (o	iner)	(C)ACCL	imulated d	epreciation	,,	I)Book val	ue
1 a	Land													
b	Buildii	ngs												
c	Lease	hold improvements						1,617			1,093			524
d	Equip	ment					6	6,864			59,900			6,964
е	<u>Oth</u> er						2	6,040			25,659			381
		Llines 1a through 1e (Column (d) must e	qual Form 9	90 Part	X colur	nn (B)	line 1	10(c))		-	1		7 960

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	_		
(a) Description of security or category (including name of security)	(b)Book value		thod of valuation d-of-year market value
(1)Financial derivatives			
(3)Other(A) INVESTMENT 8% BOND	550		С
(B) VFBSC STOCKS	123,294		C
(C) VFBSC BONDS	10,000		С
(C)	10,000		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	133,844		
Part VIIII Investments—Program Related. Complete if the See Form 990, Part X, line 13.	the organization ansv	vered 'Yes' on Form	1 990, Part IV, line 11c.
(a) Description of investment	(b) Book value		thod of valuation d-of-year market value
(1)		2032 01 0110	or year market talae
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered (a) Description		: IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1)	<u> </u>		(2), 2001, 74112
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswered 'Yes' on For	m 990, Part IV, line	e 11e or 11f.
1. (a) Description of liability	(b) Boo	ok value	
(1) Federal income taxes			
BISHOP FUND		1,295	
UNDEPOSITED FUNDS		2,074	
(3)		2,074	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	b	3,369	

1

2

а

b

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d

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3

4

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1

2

b

d

3

4

c 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Return Reference

See Additional Data Table

Other losses .

Donated services and use of facilities . .

Recoveries of prior year grants Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Total revenue, gains, and other support per audited financial statements

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b

2c

2d

Explanation

2a

2b

2c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e

3

4c

2e	
3	
4c	
5	

	, , , , , , , , , , , , , , , , , , , ,		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, : 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 provi	de any	additional inf

Schedule D (Form 990) 2015

ormation

Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII) b Add lines 4a and 4b . . .

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

	Schedule D (Form 990) 2015					
Supplemental Information (continued)	Part XIII Supplemental Info					
Return Reference Explanation	Return Reference					

Schedule D (Form 990) 2016

Additional Data

Software Version:

Software ID:

EIN: 03-0185056

Name: VERMONT FARM BUREAU INC

Supplemental Information

Return Reference Explanation

PART X, LINE 2 FASB ASC 740, INCOME TAXES, REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITIONS FOR TAX EXEMPT ENTITIES, TAX EXEMPT ST

E NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITIONS FOR TAX EXEMPT ENTITIES, TAX EXEMPT ST
ATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, AS EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZ
E THEIR TAX EXEMPT STATUS MANAGEMENT BELIEVES THE BUREAU HAS NO UNCERTAIN TAX POSITIONS
THE BUREAU ANTICIPATES THAT IT WILL NOT HAVE A CHANGE IN UNCERTAIN TAX POSITIONS DURING TH
E NEXT TWELVE MONTHS THAT WOULD HAVE A MATERIAL IMPACT ON THE BUREAU'S FINANCIAL STATEMENT
S IF NECESSARY THE BUREAU WOULD ACCURE INTEREST AND PENALTIES ON UNCERTAIN TAX POSITIONS
AS A COMPONENT OF THE PROVISION FOR INCOME TAXES

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93493096005198
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		2016	
Name of the org VERMONT FARM BI	UREAU INC	plemental Informatio	on	03-0185	er identification number 056
Return Reference	Explanation				
FORM 990, PART VI, SECTION B, LINE 11B	THE 990	IS REVIEWED BY THE F	ULL BOARD AT THE ANNUAL ME	EETING	

Return Explanation

990 Schedule O, Supplemental Information

LINE 19

FORM 990, THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST PART VI, SECTION C,

990 Schedule O, Supplemental Information Return Explanation Reference SUBSIDARY LOSS -7,811

FORM 990. PART XI,

LINE 9

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART XII, PROCESS OVER THE ANNUAL COMPILATION FROM THE PRIOR YEAR

LINE 2C