

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning 10/01/14, and ending 09/30/15**

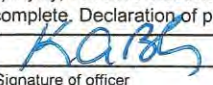
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NEBRASKA FARM BUREAU FOUNDATION FOR AGRICULTURE INC		<b>D</b> Employer identification number 46-1740947
	Doing business as		<b>E</b> Telephone number 402-421-4400
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5225 S 16TH STREET		
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN NE 68512		<b>G</b> Gross receipts \$ 1,040,976
<b>F</b> Name and address of principal officer: ROB ROBERTSON 5225 S 16TH STREET LINCOLN NE 68512			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: N/A <b>H(c)</b> Group exemption number ▶			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 2012 <b>M</b> State of legal domicile: NE

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL ASSISTANCE RELATED TO AGRICULTURE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	440
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year: 1,142,127 Current Year: 969,698
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80,384 41,986
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,222,588 1,011,761
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,600 6,204
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,495		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		934,331 887,800
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		940,931 894,004	
19 Revenue less expenses. Subtract line 18 from line 12		281,657 117,757	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year: 708,370 End of Year: 842,867
	21 Total liabilities (Part X, line 26)		15,956 35,634
	22 Net assets or fund balances. Subtract line 21 from line 20		692,414 807,233

**Part II Signature Block**

Under penalties of perjury, 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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	1-22-2016 Date
	KEVIN BURCH Type or print name and title	CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAURA J. LAWRENCE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00001768
	Firm's name ▶ STRAIN SLATTERY BARKLEY & CO., CPAS, P.C.		Firm's EIN ▶ 47-0731426	
	Firm's address ▶ LINCOLN, NE 68512		Phone no. 402-420-7300	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No