

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning 10/01/15, and ending 09/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: NEBRASKA FARM BUREAU FOUNDATION FOR AGRICULTURE INC
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): 5225 S 16TH STREET Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: LINCOLN NE 68512

D Employer identification number: 46-1740947
E Telephone number: 402-421-4400
G Gross receipts \$: 793,272

F Name and address of principal officer: STEVE NELSON

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: HTTPS://NEFBFOUNDATION.ORG/ **H(c)** Group exemption number: _____

K Form of organization: Corporation Trust Association Other

L Year of formation: 2012 **M** State of legal domicile: NE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENGAGE YOUTH, EDUCATORS, AND THE GENERAL PUBLIC TO PROMOTE AN UNDERSTANDING OF THE VITAL IMPORTANCE OF AGRICULTURE IN THE LIVES OF ALL NEBRASKANS.</u>			
	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)	<u>11</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>11</u>	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>0</u>	
	6	Total number of volunteers (estimate if necessary)	<u>464</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>	
	7b	Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>969,698</u>	<u>713,405</u>
	9	Program service revenue (Part VIII, line 2g)		<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>77</u>	<u>416</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>41,986</u>	<u>56,092</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,011,761</u>	<u>769,913</u>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>6,204</u>
14		Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>0</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
		b Total fundraising expenses (Part IX, column (D), line 25)	<u>191,016</u>	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>887,800</u>	<u>851,080</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>894,004</u>	<u>879,780</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>117,757</u>	<u>-109,867</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>842,867</u>	<u>753,293</u>
	21	Total liabilities (Part X, line 26)	<u>35,634</u>	<u>45,075</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>807,233</u>	<u>708,218</u>

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.

Sign Here
 Signature of officer: Kevin Burch Date: 1/13/2017
 Type or print name and title: KEVIN BURCH CFO

Paid Preparer Use Only
 Print/Type preparer's name: LAURA J. LAWRENCE Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00001768
 Firm's name: STRAIN SLATTERY BARKLEY & CO., CPAS, P.C. Firm's EIN: 47-0731426
 Firm's address: 7130 SOUTH 29TH STREET SUITE F LINCOLN, NE 68516 Phone no.: 402-420-7300

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

For Paperwork Reduction Act Notice, see the separate instructions.