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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
VIRGINIA FARM BUREAU FEDERATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 27552

City or town, state or country, and ZIP + 4
RICHMOND, VA 232617552

D Employer identification number
54-0419002

E Telephone number
(804) 290-1000

G Gross receipts $ 16,754,024

F Name and address of principal officer
WAYNE F PRYOR
P O BOX 27552
RICHMOND, VA 232617552

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ VAFB COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1926 | **M** State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ENHANCING THE AGRICULTURAL INTERESTS OF MEMBERS THROUGH ECONOMIC, POLITICAL & SOCIAL PROGRAMS

2 Check this box ▶☐ 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)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	128
6	Total number of volunteers (estimate if necessary)	**6**	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	537,554
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	2,977,484	2,970,677
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,174,818	4,291,960
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,180,663	3,235,136
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,332,965	10,497,773
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	53,636	38,100
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,505,045	6,445,262
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,453,909	3,132,602
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,012,590	9,615,964
19	Revenue less expenses Subtract line 18 from line 12	320,375	881,809

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,713,065	38,593,403
21	Total liabilities (Part X, line 26)	18,339,752	17,260,441
22	Net assets or fund balances Subtract line 21 from line 20	19,373,313	21,332,962

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

****** | 2011-07-28
Signature of officer | Date

WAYNE F PRYOR PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WE WILL ENHANCE, PRIMARILY THROUGH ADVOCACY, EDUCATION AND COMMUNICATION, THE AGRICULTURAL INTERESTS OF FARM BUREAU MEMBERS THROUGH ECONOMIC, POLITICAL AND SOCIAL PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

A MAGAZINE FOR PRODUCER MEMBERS, FARM BUREAU NEWS, IS PUBLISHED SIX TIMES A YEAR A MAGAZINE FOR ASSOCIATE MEMBERS, CULTIVATE, IS PUBLISHED FOUR TIMES A YEAR THE PURPOSE OF THE FARM BUREAU NEWS IS TO KEEP PRODUCER MEMBERS (FARMERS) ABREAST AND AWARE OF AGRICULTURAL ISSUES AND PROVIDE THEM WITH EDUCATIONAL MATERIALS THE PURPOSE OF CULTIVATE IS TO PROMOTE THE IMPORTANCE OF AGRICULTURE TO OUR ASSOCIATE (NON-FARMER) MEMBERS A MONTHLY TELEVISION PROGRAM, DOWN HOME VIRGINIA, IS PRODUCED 12 TIMES A YEAR AND AIRS ON 46 LOCAL ACCESS, GOVERNMENT ACCESS, NETWORK AFFILIATE STATIONS AND THE DISH AND DIRECT TV SATELLITE NETWORKS THE PURPOSE IS TO PROMOTE THE IMPORTANCE OF AGRICULTURE

4b (Code) (Expenses $ including grants of $) (Revenue $)

PROMOTIONAL SUPPORT IS PROVIDED TO COUNTY FARM BUREAUS THROUGH THE COUNTY NEWSLETTER PROGRAM, AS WELL AS THE DESIGN AND WRITING OF BROCHURES, AND THE DESIGN AND WRITING OF PRINT AND RADIO ADS THE FEDERATION ALSO PROVIDES MEDIA RELATIONS TRAINING AND SUPPORT TO COUNTY FARM BUREAUS

4c (Code) (Expenses $ including grants of $) (Revenue $)

A SPECIALLY TRAINED STAFF PROMOTES THE ORGANIZATION'S INTERESTS IN THE STATE AND FEDERAL LEGISLATIVE PROCESS THROUGH MEDIA RELATIONS AND PROMOTIONAL TECHNIQUES SUCH AS WEB SITES AND PUBLIC RELATIONS EVENTS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	128		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	128		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID PRIDDY
12580 WEST CREEK PARKWAY
RICHMOND, VA 23238
(804) 290-1000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and **current** key employees 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, and 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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE F PRYOR PRESIDENT	40 00	X		X				241,743	0	25,142
(2) EDWARD A SHARER VICE PRSIDENT	2 00	X		X				5,170	0	17,293
(3) ARCHIE B ATWELL DIRECTOR	2 00	X						14,127	0	3,696
(4) JANICE A BURTON DIRECTOR	2 00	X						8,850	0	10,314
(5) EMILY F EDMONDSON DIRECTOR	2 00	X						14,371	0	3,215
(6) MARVIN L EVERETT JR DIRECTOR	2 00	X						488	0	17,709
(7) THOMAS E GRAVES JR DIRECTOR	2 00	X						12,829	0	4,822
(8) DAVID L HICKMAN DIRECTOR	2 00	X						15,586	0	3,961
(9) EVELYN H JANEY DIRECTOR	2 00	X						7,957	0	10,509
(10) JORDAN M JENKINS DIRECTOR	2 00	X						244	0	21,671
(11) GORDON R METZ DIRECTOR	2 00	X						12,161	0	7,552
(12) SSTEPHEN L SAUFLEY DIRECTOR	2 00	X						13,966	0	3,679
(13) H CARL TINDER SR DIRECTOR	2 00	X						15,914	0	0
(14) PETER A TRUBAN DIRECTOR	2 00	X						4,921	0	12,907
(15) JOSEPH H WILLIAMS DIRECTOR	2 00	X						15,164	0	0
(16) HENRY E WOOD JR DIRECTOR	2 00	X						4,183	0	14,883

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ROBERT C HARRIS DIRECTOR	2 00	X						3,713	0	0
(18) WILLIAM E WALTON DIRECTOR	2 00	X						3,213	0	0
(19) JONATHAN S SHOUSE SECRETARY	40 00			X				131,120	0	20,459
(20) JEFFREY W DILLON TREASURER	4 00			X				0	0	0
(21) DAVID A PRIDDY ASST TREASURER	4 00			X				0	0	0
(22) PEGGY L MCCLELLAND ASST TREASURER	4 00			X				0	0	0
(23) GREGORY K HICKS HIGHEST COMPENSATED EMPLOY	40 00					X		125,748	0	13,175
(24) ALBERT K GLASS HIGHEST COMPENSATED EMPLOY	40 00					X		126,966	0	14,545
(25) MARTHA A MOORE HIGHEST COMPENSATED EMPLOY	40 00					X		135,834	0	22,884
(26) JAMES B LOWERY III HIGHEST COMPENSATED EMPLOY	40 00					X		118,249	0	14,380
(27) DOUGLAS STOUGHTON HIGHEST COMPENSATED EMPLOY	40 00					X		113,178	0	13,646
(28) ROBERT E HALL FORMER DIRECTOR	2 00						X	12,155	0	3,202
(29) JAMES A YANKEY FORMER DIRECTOR	2 00						X	488	0	14,519
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,158,338	0	274,163

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 7

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶					
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	110000	2,970,677	2,970,677		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		2,970,677			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		4,291,960			4,291,960
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶		2,591,694			2,591,694
		(i) Real / (ii) Personal				
	6a Gross Rents	1,198,250				
	b Less rental expenses	744,950				
	c Rental income or (loss)	453,300				
	d Net rental income or (loss) . . . . . ▶		453,300		453,300	
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	5,511,301				
	b Less cost or other basis and sales expenses	5,511,301				
	c Gain or (loss)	0				
	d Net gain or (loss) . . . . . ▶		0			
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	1,048				
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		1,048			1,048
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	110000	104,840			104,840
	b ADVERTISING INCOME	541800	84,254		84,254	
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		189,094			
	12 **Total revenue.** See Instructions . . . ▶		10,497,773	2,970,677	537,554	6,989,542

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	38,100			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	483,966			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,788,028			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	67,773			
9	Other employee benefits	853,273			
10	Payroll taxes	252,222			
a	Fees for services (non-employees) Management				
b	Legal	17,337			
c	Accounting	32,364			
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	10,610			
g	Other				
12	Advertising and promotion	455,114			
13	Office expenses	84,260			
14	Information technology				
15	Royalties				
16	Occupancy	382,023			
17	Travel	366,634			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,252			
19	Conferences, conventions, and meetings	165,010			
20	Interest	19			
21	Payments to affiliates	599,608			
22	Depreciation, depletion, and amortization	208,248			
23	Insurance	12,506			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING & PUBLICATIONS	279,892			
b	EQUIPMENT RENT & MAINTE	237,574			
c	YOUNG FARMER ACTIVITIES	87,531			
d	TELEPHONE	76,694			
e	WOMEN'S ACTIVITIES	71,037			
f	All other expenses	43,889			
25	**Total functional expenses.** Add lines 1 through 24f	9,615,964			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,386,842	1	1,260,131
	2	Savings and temporary cash investments		1,811,345	2	1,124,685
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		871,579	4	978,127
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		134	8	
	9	Prepaid expenses and deferred charges		104,543	9	93,620
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,599,589			
	b	Less accumulated depreciation	10b 947,890	843,344	10c	651,699
	11	Investments—publicly traded securities		12,491,416	11	14,148,864
	12	Investments—other securities See Part IV, line 11		2,544,849	12	2,401,431
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,659,013	15	17,934,846
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,713,065	16	38,593,403
Liabilities	17	Accounts payable and accrued expenses		3,603,660	17	3,166,428
	18	Grants payable			18	
	19	Deferred revenue		1,557,296	19	1,525,053
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,287,947	23	11,427,434
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		890,849	25	1,141,526
	26	**Total liabilities.** Add lines 17 through 25		18,339,752	26	17,260,441
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		10,236,068	30	11,422,570
	31	Paid-in or capital surplus, or land, building or equipment fund		9,131,379	31	9,903,496
	32	Retained earnings, endowment, accumulated income, or other funds		5,866	32	6,896
	33	Total net assets or fund balances		19,373,313	33	21,332,962
	34	Total liabilities and net assets/fund balances		37,713,065	34	38,593,403

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,497,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,615,964
3	Revenue less expenses Subtract line 2 from line 1	3	881,809
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	19,373,313
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,077,840
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,332,962

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VIRGINIA FARM BUREAU FEDERATION

Employer identification number
54-0419002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 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 ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	276,653	1,322,936	947,890	651,699
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				651,699

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	663,000	C
(3) Other (A) MORTGAGE LOANS	1,738,431	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	2,401,431	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED LOAN COSTS	65,311
(2) NET INVESTMENT IN DIRECT FINANCING LEASE	13,868,483
(3) DUE FROM AFFILIATES	4,001,052
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	17,934,846

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED POST RETIREMENT BENEFITS	1,141,526
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,141,526

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMPANY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2009 THE COMPANY ANALYZED FILING POSITIONS IN ALL OF THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS THE PERIODS SUBJECT TO EXAMINATION FOR THE COMPANY'S FEDERAL AND STATE RETURNS ARE THE 2007, 2008, 2009, AND 2010 TAX YEARS THE COMPANY DID NOT HAVE ANY UNCERTAIN TAX BENEFITS AND THERE WAS NO EFFECT ON THE COMPANY'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS AS A RESULT OF IMPLEMENTING THE AUTHORITATIVE GUIDANCE IT IS THE COMPANY'S POLICY TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE AS OF THE DATE OF ADOPTION OF THE FASB'S AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND AS OF DECEMBER 31, 2010, THE COMPANY DID NOT HAVE ACCRUED INTEREST OR PENALTIES ASSOCIATED WITH ANY UNCERTAIN TAX BENEFITS, NOR WAS ANY INTEREST EXPENSE RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2010

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VIRGINIA FARM BUREAU FEDERATION

Employer identification number
54-0419002

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA FFA FOUNDATION204 LITTON REAVES HALL BLACKSBURG,VA 24061	54-1291124	501(C)(3)	5,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VIRGINIA FARM BUREAU FEDERATION

Employer identification number
54-0419002

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE F PRYOR	(i)	196,253	40,917	4,573	17,456	7,686	266,885	0
	(ii)	0	0	0	0	0	0	0
(2) JONATHAN S SHOUSE	(i)	104,006	18,018	9,096	13,115	7,344	151,579	0
	(ii)	0	0	0	0	0	0	0
(3) MARTHA A MOORE	(i)	113,560	19,863	2,411	13,098	9,786	158,718	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT E HALL	(i)	12,155	0	0	3,202	0	15,357	0
	(ii)	0	0	0	0	0	0	0
(5) JAMES A YANKEY	(i)	488	0	0	14,519	0	15,007	0
	(ii)	0	0	0	0	0	0	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	WAYNE PRYOR $16,500 ARCHIE ATWELL $1,543 JANICE BURTON $7,620 EMILY EDMONDSON $1,543 MARVIN EVERETT $15,426 THOMAS GRAVES $3,085 ROBERT E HALL $1,296 DAVID HICKMAN $1,677 EVELYN JANEY $7,713 JERRY JENKINS $16,626 GORDON METZ $5,003 STEPHEN SAUFLEY $1,498 EDWARD SHARER $13,250 PETER TRUBMAN $10,993 HENRY WOOD $11,732 JAMES YANKEY $12,963 MARTHA MOORE $9,620

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VIRGINIA FARM BUREAU FEDERATION

Employer identification number
54-0419002

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE VIRGINIA FARM BUREAU FEDERATION HAS 88 MEMBERS THIS IS A FEDERATION OF THE COUNTY FARM BUREAUS IN VIRGINIA EACH COUNTY FARM BUREAU IS AN AUTONOMOUS BODY RUN BY ITS OWN MEMBERS AND BOARDS OF DIRECTORS EACH COUNTY FARM BUREAU HAS APPROVED JOINING WITH THE VIRGINIA FARM BUREAU FEDERATION AND THE OTHER COUNTY FARM BUREAUS IN VIRGINIA TO FORM THIS FEDERATION TO BETTER SERVE THE MEMBERS OF ALL FARM BUREAUS IN VIRGINIA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE MEMBERS OF THE ORGANIZATION VOTING STRENGTH OF THE MEMBERS IS DETERMINED BY THE NUMBER OF PRODUCER MEMBERS WITHIN EACH COUNTY FARM BUREAU

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS OF THE VIRGINIA FARM BUREAU FEDERATION (88 COUNTY FARM BUREAUS) HAVE THE AUTHORITY TO, AND DO, ELECT ALL THE MEMBERS OF THE BOARD OF DIRECTORS EACH COUNTY FARM BUREAU SENDS THEIR VOTING REPRESENTATIVES TO A MEETING OF THE FEDERATION REPRESENTATIVES FROM EACH COUNTY FARM BUREAU IN A DISTRICT NOMINATE A PERSON TO SIT ON THE BOARD BUT THE ELECTION IS DECIDED BY ALL REPRESENTATIVES OF THE COUNTY FARM BUREAUS VOTING IN ONE PLACE AT ONE TIME TO ELECT ALL MEMBERS OF THE GOVERNING BODY (THE BOARD OF DIRECTORS)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE ONLY DECISIONS OF THE GOVERNING BODY (BOARD OF DIRECTORS) WHICH ARE SUBJECT TO THE APPROVAL OF THE MEMBERS ARE THOSE TO CHANGE THE BYLAWS OF THE FEDERATION THE BOARD OF DIRECTORS CAN AMEND THE BYLAWS BUT ANY AMENDMENT IS SUBJECT TO RATIFICATION BY THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THERE ARE NO COMMITTEES OF THE BOARD WITH AUTHORITY TO ACT IN THE PLACE OF THE BOARD ALL STANDING COMMITTEES ARE ADVISORY TO THE BOARD AND ARE NOT CHARGED WITH AUTHORITY TO ACT MINUTES OF MEETINGS OF ADVISORY COMMITTEES OF THE BOARD OF DIRECTORS ARE RECORDED CONTEMPORANEOUSLY AND PRESENTED TO THE NEXT COMMITTEE MEETING WITH ANY COMMITTEE RECOMMENDATIONS REPORTED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS' BUDGET AND AUDIT COMMITTEE BEFORE IT IS FILED THEY ARE PROVIDED A REVIEW BY MANAGEMENT STAFF AND GIVEN AN OPPORTUNITY TO ASK ANY QUESTIONS BEFORE COMPLETING THE FORM 990 ALL OFFICERS OF THE ORGANIZATION WITH SPECIAL KNOWLEDGE IN THE VARIOUS AREAS COVERED BY THE FORM 990 QUESTIONS ARE ASKED FOR THEIR REVIEW AND CONFIRMATION OF ACCURACY IN THE REPORT A COPY OF THE FORM 990 IS MAINTAINED BY THE SECRETARY FOR THE REVIEW OF ANY MEMBERS OF THE BOARD OF DIRECTORS WHO WISHES TO REVIEW THE FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE VIRGINIA FARM BUREAU'S BOARD-APPROVED WRITTEN CONFLICT OF INTEREST POLICY IS READ AND SIGNED BY EACH MEMBER OF THE BOARD OF DIRECTORS, EACH OFFICER, AND EACH KEY STAFF AT LEAST ONCE EACH CALENDAR YEAR COPIES ARE KEPT ON FILE BY THE SECRETARY ANY FORMS THAT ARE SIGNED WITH THE NOTATION OF "WITH EXCEPTION" ARE PRESENTED TO THE CHIEF EXECUTIVE OFFICER FOR HIS REVIEW AND INITIALS IF A MANAGEMENT DECISION IS NEEDED IN AN AREA WHERE A KEY EMPLOYEE HAS SIGNED THEIR FORM AS "WITH EXCEPTION" THAT EMPLOYEE IS EXPECTED TO REPORT THAT SITUATION TO THEIR IMMEDIATE SUPERVISOR, FROM THERE IT IS TO BE RECORDED AND THEN REPORTED TO THE HUMAN RESOURCES VICE PRESIDENT OR SENIOR MANAGEMENT IF CONSIDERED MATERIAL BY THE HUMAN RESOURCES VICE PRESIDENT THE CHIEF EXECUTIVE OFFICER ALSO CHAIRS ALL OF THE BOARD MEETINGS AND HAS KNOWLEDGE OF EACH DIRECTOR'S "EXCEPTIONS" FOR SIGNED/REPORTED CONFLICTS THE CHIEF EXECUTIVE OFFICER WILL ASK A DIRECTOR TO REPORT THAT CONFLICT OR POSSIBLE CONFLICT TO THE BOARD BEFORE VOTING, OR BE ASKED TO RECUES THEMSELVES FROM A VOTE INVOLVING A POSSIBLE CONFLICT EITHER ACTION WOULD BE RECORDED IN THE MINUTES OF THE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE OFFICE OF PRESIDENT OF THE VIRGINIA FARM BUREAU FEDERATION IS AN ELECTED POSITION PERIODICALLY, HUMAN RESOURCES SENDS THE BUDGET AND AUDIT COMMITTEE THE PRESIDENT'S CURRENT SALARY, THE SALARY RANGE OF THE POSITION, AND THE AVERAGE SUGGESTED INCREASE PERCENTAGE FOR EXECUTIVES BASED ON SALARY SURVEY DATA THE SALARY IS REVIEWED AND THE INCREASE IS RECOMMENDED BY THE COMPANY'S BUDGET AND AUDIT COMMITTEE WHICH IS MADE UP OF THREE OF THE EIGHTEEN BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RECOMMENDATION OF THE BUDGET AND AUDIT COMMITTEE THIS PROCESS IS REVIEWED DURING THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS THE SECRETARY OF THE COMPANY HAS RECORDED MINUTES OF THE SALARY APPROVAL THIS IS AN ANNUAL PROCESS WHICH OCCURS DURING THE FOUTH QUARTER OF THE YEAR AND THE SALARY IS EFFECTIVE JANUARY 1 OF THE FOLLOWING YEAR THE OFFICE OF THE SECRETARY OF THE VIRGINIA FARM BUREAU FEDERATION IS AN APPOINTED POSITION A MARKET STUDY USING SALARY SURVEY DATA IS COMPLETED BY HUMAN RESOURCES TO DETERMINE THE APPROPRIATE SALARY RANGE FOR THE POSITION THIS WAS MOST RECENTLY COMPLETED IN 2007 AN ANNUAL PERFORMANCE REVIEW PROCESS (PPR) IS DONE AND THE MERIT INCREASE IS DETERMINED BASED ON THE PPR SCORE THE PRESIDENT WILL THEN SUBMIT THE REQUESTED SALARY INCREASE TO HUMAN RESOURCES FOR PROCESSING DOCUMENTATION OF THE PPR RATING AND REQUESTED SALARY INCREASE IS MAINTAINED IN HUMAN RESOURCES THIS IS AN ANNUAL PROCESS WHICH TAKES PLACE IN THE FOURTH QUARTER OF THE YEAR WITH SALARY INCREASES EFFECTIVE JANUARY 1 OF THE FOLLOWING YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE VIRGINIA FARM BUREAU FEDERATION IS NOT REQUIRED TO PROVIDE THE GENERAL PUBLIC WITH ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AS A MEMBERSHIP ORGANIZATION WITH 88 MEMBERS OF THE FEDERATION (MEMBERS ARE THE COUNTY FARM BUREAUS BASED IN COUNTIES IN VIRGINIA) AND THROUGH THE COUNTY FARM BUREAUS SERVING OVER 149,900 FAMILY MEMBERSHIPS, WE WILL PROVIDE TO A MEMBER ACCESS TO THE GOVERNING DOCUMENTS, LISTS OF MEMBERS, FINANCIAL INFORMATION AND MINUTES A MEMBER MUST SUBMIT THEIR REQUEST TO THE SECRETARY IN WRITING ALLOWING UP TO 10 DAYS FOR ACCESS A REASON MUST BE GIVEN FOR THE REQUEST AND THE DOCUMENTS REQUESTED MUST HAVE RELEVANCE TO THE REASON AT THE ANNUAL MEETING OF THE VIRGINIA FARM BUREAU FEDERATION FINANCIAL STATEMENTS ARE PROVIDED TO ALL MEMBERS AS WELL AS COPIES OF THE GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,096,609 LOSS ON IMPAIRMENT OF INVESTMENTS -18,769 TOTAL TO FORM 990, PART XI, LINE 5 1,077,840

Identifier	Return Reference	Explanation
AUDIT OF FINAINCIAL STATEMENTS	FORM 990, PART XI, LINE 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED AS THE PARENT OF A CONSOLIDATED GROUP OF COMPANIES

Identifier	Return Reference	Explanation
BUDGET AND AUDIT COMMITTEE	FORM 990, PART XI, LINE 2C	THE BUDGET AND AUDIT COMMITTEE ASSUMES RESONSIBILITY FOR OVERSITE OF THE AUDIT OF THE FINANCIAL STATEMENTS AND RECOMMENDS THE SELECTED AUDITOR TO THE FULL BOARD OF DIRECTORS FOR APPROVAL AND APPOINTMENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VIRGINIA FARM BUREAU FEDERATION

Employer identification number
54-0419002

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TOBIO LLC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-1973793	SUPPORT OF TRANGENIC TOBBACO (INACTIVE)	VA		UNRELATED	-7	659		No		Yes		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) VIRGINIA FARM BUREAU HOLDING CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0929947	HOLDING COMPANY	VA		C	3,757,975	1,276,334	100 000 %
(2) VIRGINIA FARM BUREAU SERVICE CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0796340	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	1,855,494	5,618,307	
(3) VIRGINIA FARM BUREAU INSURANCE AGNCY INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0929948	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	-49,235	767,263	
(4) EMPLOYEES BENFIT CORPORATION OF AMERICA 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-2015926	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	6,660,859	10,800,746	
(5) CUSTOM HEALTH CARE INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 03-0382095	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	24,996	46,722	
(6) ORGANIZATIONAL MANAGEMENT INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 41-2071427	MARKETING SERVICE	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	-69,082	104,552	
(7) VIRGINIA FARM BUREAU MARKETING ASSOCIATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0700947	AGRICULTURAL SERVICE	VA		C	-1,776	10,089	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VIRGINIA FARM BUREAU HOLDING CORPORATION	A	2,172	
(2) VIRGINIA FARM BUREAU SERVICE CORPORATION	A	1,026,722	
(3) VIRGINIA FARM BUREAU INSURANCE AGENCY INC	A	1,188	
(4) EMPLOYEE BENEFITS CORPORATION OF AMERICA	A	738	
(5) CUSTOM HEALTH CARE INC	A	-57	
(6) VIRGINA FARM BUREAU MARKETING ASSOCIATION	A	-14	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0419002
Name: VIRGINIA FARM BUREAU FEDERATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
VIRGINIA FARM BUREAU HOLDING CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0929947	HOLDING COMPANY	VA		C	3,757,975	1,276,334	100 000 %
VIRGINIA FARM BUREAU SERVICE CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0796340	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	1,855,494	5,618,307	
VIRGINIA FARM BUREAU INSURANCE AGNCY INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0929948	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	-49,235	767,263	
EMPLOYEES BENFIT CORPORATION OF AMERICA 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-2015926	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	6,660,859	10,800,746	
CUSTOM HEALTH CARE INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 03-0382095	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	24,996	46,722	
ORGANIZATIONAL MANAGEMENT INC 12580 WEST CREEK PARKWAY RICHMOND, VA23238 41-2071427	MARKETING SERVICE	VA	VIRGINIA FARM BUREAU HOLDING COPORATION	C	-69,082	104,552	
VIRGINIA FARM BUREAU MARKETING ASSOCIATION 12580 WEST CREEK PARKWAY RICHMOND, VA23238 54-0700947	AGRICULTURAL SERVICE	VA		C	-1,776	10,089	100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	VIRGINIA FARM BUREAU HOLDING CORPORATION	A	2,172	
(2)	VIRGINIA FARM BUREAU SERVICE CORPORATION	A	1,026,722	
(3)	VIRGINIA FARM BUREAU INSURANCE AGENCY INC	A	1,188	
(4)	EMPLOYEE BENEFITS CORPORATION OF AMERICA	A	738	
(5)	CUSTOM HEALTH CARE INC	A	-57	
(6)	VIRGINA FARM BUREAU MARKETING ASSOCIATION	A	-14	

Additional Data

Software ID:
Software Version:
EIN: 54-0419002
Name: VIRGINIA FARM BUREAU FEDERATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE F PRYOR PRESIDENT	40 00	X		X				241,743	0	25,142
EDWARD A SHARER VICE PRSIDENT	2 00	X		X				5,170	0	17,293
ARCHIE B ATWELL DIRECTOR	2 00	X						14,127	0	3,696
JANICE A BURTON DIRECTOR	2 00	X						8,850	0	10,314
EMILY F EDMONDSON DIRECTOR	2 00	X						14,371	0	3,215
MARVIN L EVERETT JR DIRECTOR	2 00	X						488	0	17,709
THOMAS E GRAVES JR DIRECTOR	2 00	X						12,829	0	4,822
DAVID L HICKMAN DIRECTOR	2 00	X						15,586	0	3,961
EVELYN H JANEY DIRECTOR	2 00	X						7,957	0	10,509
JORDAN M JENKINS DIRECTOR	2 00	X						244	0	21,671
GORDON R METZ DIRECTOR	2 00	X						12,161	0	7,552
SSTEPHEN L SAUFLEY DIRECTOR	2 00	X						13,966	0	3,679
H CARL TINDER SR DIRECTOR	2 00	X						15,914	0	0
PETER A TRUBAN DIRECTOR	2 00	X						4,921	0	12,907
JOSEPH H WILLIAMS DIRECTOR	2 00	X						15,164	0	0
HENRY E WOOD JR DIRECTOR	2 00	X						4,183	0	14,883
ROBERT C HARRIS DIRECTOR	2 00	X						3,713	0	0
WILLIAM E WALTON DIRECTOR	2 00	X						3,213	0	0
JONATHAN S SHOUSE SECRETARY	40 00			X				131,120	0	20,459
JEFFREY W DILLON TREASURER	4 00			X				0	0	0
DAVID A PRIDDY ASST TREASURER	4 00			X				0	0	0
PEGGY L MCCLELLAND ASST TREASURER	4 00			X				0	0	0
GREGORY K HICKS HIGHEST COMPENSATED EMPLOY	40 00					X		125,748	0	13,175
ALBERT K GLASS HIGHEST COMPENSATED EMPLOY	40 00					X		126,966	0	14,545
MARTHA A MOORE HIGHEST COMPENSATED EMPLOY	40 00					X		135,834	0	22,884

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES B LOWERY III HIGHEST COMPENSATED EMPLOY	40 00					X		118,249	0	14,380
DOUGLAS STOUGHTON HIGHEST COMPENSATED EMPLOY	40 00					X		113,178	0	13,646
ROBERT E HALL FORMER DIRECTOR	2 00						X	12,155	0	3,202
JAMES A YANKEY FORMER DIRECTOR	2 00						X	488	0	14,519

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $	including grants of $	(Revenue $)
COMMODITY SERVICES			
(Code)	(Expenses $	including grants of $	(Revenue $)
WOMEN & YOUNG FARMERS PROGRAMS			
(Code)	(Expenses $	including grants of $	(Revenue $)
GROUP PURCHASING			
(Code)	(Expenses $	including grants of $	(Revenue $)
PROGRAM DEVELOPMENT			
(Code)	(Expenses $	including grants of $	(Revenue $)
MARKETING SERVICES			