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# SCANNED MAR 0 4 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Open to Public Inspection

A I	For the	$pprox$ 2013 calendar year, or tax year beginning $\underline{\hspace{0.1cm}}$ OCT $\overline{\hspace{0.1cm}}$ 1 , $\overline{\hspace{0.1cm}}$ $20\overline{\hspace{0.1cm}}$ 3 and er	ndıng S	EP 30, 2	2014	
В	Check if applicable	C Name of organization		D Employer i	dentifica	tion number
Г	Addre	West Virginia Farm Bureau, Inc.				
┌	Name chang			-	55-03	71723
F	Initial return		loom/suite	E Telephone		
F	Termir		100111700110	•		72-2080
F	lated Amena return		G Gross receipts		1,598,999.	
_	Application			H(a) is this a g		
_	pendi	F Name and address of principal officer Charles Wilfong		for subor		Yes X No
		same as C above				
	Tov ov	empt status: 501(c)(3)	527	H(b) Are all subor		t. (see instructions)
		te: > www.wvfarm.org	321	1		,
		organization: X Corporation Trust Association Other	1 Voor	H(c) Group ex		state of legal domicile: WV
	art I	Summary	L TEAL	or formation. 13	J J   WI S	state of legal doffliche. W V
ά		Briefly describe the organization's mission or most significant activities. ${ t { t To}  t { t pro}}$				
Activities & Governance		<u>education, information, training and econ</u>	<u>omic</u>	services	to 1	members.
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its	net asse	ts
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	21
<u>ت</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	21
S	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5	12
ĬĚ	1	Total number of volunteers (estimate if necessary)			6	0
ĊĖ	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		963,5	41.	932,931.
Revenue	-9-	Program service revenue (Part VIII, line 2g)		70,3		81,141.
Š.	10	avestment income than VIII, column (A), lines 3, 4, and 7d)		62,1		105,278.
Ě	1,1	Other-revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		248,6		283,175.
-		Total revenue - add lines (8)through 11 (must equal Part VIII, column (A), line 12)		1,344,6		1,402,525.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,4		8,466.
	14-	Benefits-paid to or for members (Part IX, column (A), line 4)			0.	0.
S	6	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)		569,9		535,756.
Se	163	Salaries Cother compensation, employee benefits (Part IX, column (A), lines 5-10) Professional functions (Part IX, column (A), line 11e)	-	303,3	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>``</del>	753,7	109	815,036.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,357,1		1,359,258.
	1	Revenue less expenses Subtract line 18 from line 12	-	-12,4		43,267.
S	3	rievende less expenses. Subtract line 10 nom line 12	Bar	ginning of Curren		
ans c	2	Total assets (Part X, line 16)	Del	3,394,1		End of Year 3,492,673.
SSE	20			205,8		208,700.
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26)	-	3,188,2		3,283,973.
F)	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	,	3,100,2	03.	3,403,313.
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and atatam	anta and to the he	not of much	noveledge and halief it is
		it, and complete. Declaration of prepare (other than officer) is based on all information of whic			-	nowledge and bellet, it is
uue	,	it, and copyrigete, becausing to prevare times man officer) is based on an information of which	оп ртератег	12/2	je.	u
C:		Signature of officer			2015	
Sig		Stephen P. Butler, Executive Secretary		<b>54.</b> 0		
Hei	re	Type or print name and title		_		
			T n	)ate / / - (	Check X	PTIN
Paid	н	Print/Type preparer's name  Harry D. Kemmner, CPA  Preparer's signature  Authority of the preparer's preparer'		2/11/15	Ī	'
					self-employed	P00143839
	parer	Firm's name Harry D. Kemmner, CPA		Firm's f	1N 🛌	<u>45-4014496</u>
use	Only	Firm's address 70 Lilac Ln			204	CO2 0F04
		Lost Creek, WV 26385		Phone	no. <b>3 U 4</b> -	-623-9504
		RS discuss this return with the preparer shown above? (see instructions)				X Yes No
3320	201 10-2	9-13 IHA For Paperwork Reduction Act Notice see the separate instruction	10			Form MMU (2013)

	1990 (2013) West Virginia Farm Bureau, Inc.	<u>55-0371723</u> _	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_	Briefly describe the organization's mission		
1	· · · · · · · · · · · · · · · · · · ·	and aconomi	<b>~</b>
	To provide leadership, education, information, training		
	services to members and county farm bureaus to enhance t		
	farming in West Virginia through the betterment of cond:	<u>itions of th</u>	ose
	engaged in agriculture, the improvement of the grade of	their	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Vac	X No
	·	1es	LAJ 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?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	<b>.</b>
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		#5, the total expenses, a	anu
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue		)
	We organized the goals and ideals of West Virginia farms	<u>ers. We</u>	
	provided services to 23,258 members in FY 9-30-2014.	Educational	and
	informational materials were also provided to farmers an		
	Annual meeting in November 2013 served 316 attendees with		
			<u>aı</u>
	sessions and member sharing of ideas benefiting farmers	in their	
	farming activities.		
		<u> </u>	
4b	(Code) (Expenses \$) (Revenue	ue \$	)
4c	(Code) (Expenses \$	ue \$	)
		<del></del>	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
4d	Other program services (Describe in Schedule O )		
	(Expenses \$	1	
40	Total program service expenses		
<u>4e</u>	Total program service expenses	Eorm Q	90 (2013)

	990 (2013) West Virginia Farm Bureau, Inc. 55-0373	<u> 1723</u>	Р	age 3
Pa	rt 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_1_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	ļ	X
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	\ <b></b>	
	Part VI	11a	X	<del> </del>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<b></b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			7.7
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		<b>.</b>
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
<b>h</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<del> </del>	X
D	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		A.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	:	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	<b></b> -	_A
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
-	- , , , , , and an annual designed and the second a	1		1

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19

20a

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

Form 990 (2013) West Virginia Farm Bureau, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>_x</u> _
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		İ	77
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30_		<u> </u>
ŞΙ	If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
J	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	333		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ <del></del>
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2013)

				T.,	T
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a   16	-	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 16	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		4		
·	(gambling) winnings to prize winners?	oportubic gairing	1c	х	ł
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			$\vdash$
	filed for the calendar year ending with or within the year covered by this return	2a 12			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	x	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction				$\vdash$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	9)	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	10	3b		_ <u>~</u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		<del>                                     </del>
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X
b	If "Yes," enter the name of the foreign country	accounty.	40		
_	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?	Accounts	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	2011011	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did ti	he organization collect	- SC		
Vu.	any contributions that were not tax deductible as charitable contributions?	ne organization solicit	6a	Х	l
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or diffs	- Oa	Λ	
	were not tax deductible?	tions or girts	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).		OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	r ribus providud to the payor	7b		<del>                                     </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras required	75		
Ū	to file Form 8282?	as required	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 of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.	any amo suring mo you	Ť		
а	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		
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			l
	Section 501(c)(12) organizations. Enter	<u> </u>			ĺ
а	Gross income from members or shareholders	11a			ł
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 1		ĺ
	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				ĺ
	organization is licensed to issue qualified health plans	13b			ĺ
С	Enter the amount of reserves on hand	13c			ĺ
			140		х
4a	Did the diganization receive any payments for indoor tanning services during the tax year?		14a		
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

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

	to line da, de, or real below, describe the orientationed, proceeded, or changes in contents of	000	110110110110			
	Check if Schedule O contains a response or note to any line in this Part VI				<del></del>	X
<u>Sec</u>	tion A. Governing Body and Management					
		1	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	One or			
, a	more members of the governing body?	рропп	One of	7a		х
_		ntookh	oldoro or	/ a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	SLUCKII	oluers, or			v
_	persons other than the governing body?	bal	a fallaccia	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tr	ie following:			
а	The governing body?			8a	Х	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Pevenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
_	in Schedule O how this was done	, -		12c		
13	Did the organization have a written whistleblower policy?			13		<u>x</u>
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by u	denendent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dependent			
_				4-	v	
a	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15b	_X	
	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 arrange	ment v	vith a			
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıc	n's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	d finar	icial	
-	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organiza	tion:	•	
	Brenda Snyder - 304-472-2080		and organiza			
	62 Farm Bureau Road, Buckhannon, WV 26201					
	OF TATE DELCAR MORAL DECREENING, MY ZUZUI			<del>_</del>	200	10010:

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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

(A)	(B)			_ ((	C)	_		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more ti					Reportable	Reportable compensation	Estimated amount of
	hours per	box,	box, unless person is both an officer and a director/trustee)				h an	compensation		
	week	-	امر		liecii	T	100)	from	from related	other
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			Safe		(W-2/1099-MISC)	(***2/1099*18113C)	organization
	organizations	ruste	l trus		ee/	mpeu		(***2/1033***********************************		and related
	below	dualt	pour	_	oldu	3 es	-			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) Charles Wilfong	2.00					Ì			•	
President & Exec Committee		X		X				3,360.	0.	0
(2) John Pitsenbarger	2.00									
Vice President & Exec Comm		X		X				2,400.	0.	0
(3) Joe Clay	2.00									
Exec Committee		X		X	<u> </u>	<u> </u>		1,240.	0.	0
(4) H. Stephen Conrad	1.00									_
BOD		Х				-		760.	0.	C
(5) David W. Ash	1.00	ļ <u>.</u> .								_
BOD	1 00	Х				$\vdash$	-	0.	0.	
(6) Doug Stolipher	1.00	.,					İ			,
BOD	1 00	X			_	-	├—	0.	0.	C
(7) Dennis Funk	1.00	X						320.	0.	C
BOD Chara Wanah	1.00	Δ	_			╁	<del>                                     </del>	520.	0.	
(8) Steve Hannah	1.00	$\mathbf{x}$						1,760.	0.	
BOD (9) Philip L. Gregg	1.00	11			H	1		1,700.		
BOD	1100	$ \mathbf{x} $						0.	0.	
(10) Roger Hanshaw	1.00									-
BOD		$ \mathbf{x} $						240.	0.	C
(11) Michael Merinar	1.00									
BOD		X						880.	0.	C
(12) Michael Morris	1.00									
BOD		X						1,040.	0.	C
(13) Ralph Blair	1.00									
BOD		X						240.	. 0.	C
(14) Alvin Engelke	1.00									
BOD		X		_	_	_		880.	0.	
(15) Clyde Bailey	1.00	<b> </b>					}	4 000	_	_
BOD	1 00	X	_	_	-	1	-	1,080.	0.	
(16) Bill Stewart	1.00	ا ـ ا							_	_
BOD	1 00	X	<del> </del>		-	+	$\vdash$	0.	0.	0
(17) Paul L. Cummings	1.00	₩.						1 040	0.	_
BOD 332007 10-29-13		X	<u> </u>	<u></u>	1	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	1,040.		Form <b>990</b> (20

Part VII Section A. Officers, Directors,		ploy	ees			ghe:	st C	1	es (continued)			
(A)	(B)	(C) Position						(D)	(E)	İ	(F)	
Name and title	Average		do not che		eck more than one			Reportable	Reportable	i i	Estimat	
	hours per week					is bot or/trus		compensation	compensation	'	amount	
	(list any	ē					Ī	from the	from related organizations	60	other mpens	
	hours for	direct				5			(W-2/1099-MISC)	"	from th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100)	١ ,	rganiza	
	organizations	trust	al tru		<u>ag</u>	adwo					and rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			or	ganızat	tions
	<u> </u>	프	E	₹	<u>ş</u>	₹5	훈		<del></del>	┼-		
(18) W. Frank Nash	1.00	X						880.	0			0
BOD	1.00	^						800.		+		0.
(19) David R. Parker BOD	1.00	X			[			720.	0			0.
(20) Pamela Hessler	1.00						İ	,		†		
BOD. State WLC Chairperson		X						240.	0			0.
(21) Susan Wilkins	2.00								•			
BOD, State YF Chairman		X						160.	0	•		0.
(22) Stephen P. Butler	40.00											
Executive Secretary				X				67,240.	0	•	8,1	<u> 197.</u>
		-										
				$\vdash$	_	<u> </u>	_			+		
		-										
		1	ļ									
					_				<del></del>	+		
		1										
1b Sub-total							<b>&gt;</b>	84,480.	0	•	8,1	97.
c Total from continuation sheets to Pa	art VII, Section A						ightharpoons	0.	0			0.
d Total (add lines 1b and 1c)							<u> </u>	84,480.	0	•	<u>8,1</u>	<u> 197.</u>
2 Total number of individuals (including t		nose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable			_
compensation from the organization	<u> </u>										Yes	0   No
3 Did the organization list any former off	ficar director or th	ioto	م اده		nnle		٥.	highest componented or	mployee en		163	140
line 1a? If "Yes," complete Schedule J			6, NC	y eı	пріс	усс	, 01	riigilest compensated ei	iipioyee on	3		x
4 For any individual listed on line 1a, is the			omo	ensa	ation	and	t ot	her compensation from t	the organization	-	+	
and related organizations greater than	•							•	ano organization	4		x
5 Did any person listed on line 1a receive									dual for services			
rendered to the organization? If "Yes,"	complete Schedul	e J f	or s	uch	pers	son				5	<u> </u>	X
Section B. Independent Contractors			_									
1 Complete this table for your five higher	·									nsation	າ from	
the organization Report compensation		ear	endı	ng v	vith	or w	ıthır İ		/ear			
(A) Name and busi		NT/	INC	<b>.</b>				<b>(B)</b> Description of s	ervices		(C) pensatio	on
		TA	DIAI	<u> </u>								
							1					
	<del></del>		-				İ					
	<del></del>											
2 Total number of independent contract	ors (including but r	not li	mite	d to	tho	ما می	ster	d above) who received m	ore than			
\$100,000 of compensation from the or				<b>.</b> .0		0	٥٠٠٠	a abovo, who received in				
									•	For	m <b>990</b>	(2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 902,066. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 30,865. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 932,931 h Total. Add lines 1a-1f Business Code 2 a Advertising Program Service Revenue 541800 68,433. <u>68,433.</u> 10,000. ь Service fee Revenue 110000 10,000. 524298 2,548. 2,548. c Health insurance fees 900099 160. 160. d Reward sign program f All other program service revenue 81,141 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 72,963. 72,963. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 272,500. 272,500. 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 224,789. 4,000. assets other than inventory b Less cost or other basis 196,474. 0 and sales expenses 28,315. 4,000. c Gain or (loss) 32,315. 4,000. 28,315. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Other Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Vendor rebates and mis 900099 10,675 10,675 d All other revenue 10,675 e Total. Add lines 11a-11d 402,525 28,315. Total revenue See instructions.

Form **990** (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising expenses (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 7,716. organizations in the United States. See Part IV, fine 21 Grants and other assistance to individuals in 750 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 92,677 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 332,100. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 21,941 53,457. Other employee benefits 35,581. Payroll taxes 10 Fees for services (non-employees) Management 35,377. Legal b 6,738. Accounting Lobbying Professional fundraising services. See Part IV, line 17 22,284 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 10,287 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 26,159. Office expenses 13 10,888. Information technology 14 Royalties 15 16,871 16 Occupancy 114,607. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,945. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 40,620. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Information program/adv 203,608 American Farm Bureau du 93,480. c Membership supplies 42,860. d Quota and goal refunds 41,508. 128,804. e All other expenses 1,359,258. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	·	<del></del> -	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	135,095.	1	113,208.
2	Savings and temporary cash investments	1,400,400.	2	1,400,560
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	17,642.	4	25,626
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ب</u>	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net	12,895.	7	11,695
ž   8	Inventories for sale or use	4,673.	8	3,530
9	Prepaid expenses and deferred charges	1,443.	9	1,113
10	a Land, buildings, and equipment: cost or other			
	basis Complete Part VI of Schedule D 10a 838, 937.			
1	b Less accumulated depreciation 10b 489,295.	354,531.	10c	349,642
11	Investments - publicly traded securities	1,416,505.	11	349,642 1,536,299 51,000
12	Investments - other securities See Part IV, line 11	51,000.	12	51,000
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,394,184.	16	3,492,673
17	Accounts payable and accrued expenses	96,105.	17	91,649
18	Grants payable		18	
19	Deferred revenue	109,790.	19	117,051
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities 52	Complete Part II of Schedule L		22	
ᆸ   23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25				
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26		205,895.	26	208,700
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
စ္မ	complete lines 27 through 29, and lines 33 and 34.			
g 27	Unrestricted net assets	3,132,320.		3,243,324
ਲੋਂ 28	Temporarily restricted net assets	55,969.	28	40,649
둳 29	. 🗖	-	29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u>p</u>	and complete lines 30 through 34.			
र्हे   30	Capital stock or trust principal, or current funds		30	
န္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 30 31 32 33 34 35 36 36 37 38 38	Retained earnings, endowment, accumulated income, or other funds		32	
Z 33	Total net assets or fund balances	3,188,289.	33	3,283,973
34	Total liabilities and net assets/fund balances	3,394,184.	34	<u>3,492,673</u>

Form **990** (2013)

	990 (2013) West Virginia Farm Bureau, Inc.	<u>55-037</u>	1723	Page <b>12</b>			
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,525.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,359	<u>,258.</u>			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	52	<u>,417.</u>			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	_8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,283	,973.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			\	res No			
1	Accounting method used to prepare the Form 990 Lash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		ļ			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	90 (2013)			

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

			zations Complete Part III.			
Nar	ne of orga	anization			Empi	loyer identification number
		West V	<u>irginia Farm Bure</u>	au, Inc.		55-0371723
Pa	art I-A	Complete if the o	rganization is exempt und	er section 501(c	or is a section 527 o	rganization.
	Political	expenditures	nization's direct and indirect politic	al campaign activitie	_	
Pá	art I-B	Complete if the o	rganization is exempt und	er section 501/c	:)(3)	· · · · · · · · · · · · · · · · · · ·
			ax incurred by the organization und		<u>&gt;,(⊙).</u> ▶\$	
		•	ax incurred by organization manage			
		•	tion 4955 tax, did it file Form 4720		•	Yes No
		orrection made?		·		Yes No
	b If "Yes,"	describe in Part IV				
Pa	art I-C	Complete if the o	rganization is exempt und	er section 501(c	c), except section 501(	c)(3).
1	Enter th	e amount directly expend	led by the filing organization for sec	ction 527 exempt fun	ction activities	·
2	Enter th	e amount of the filing orga	anization's funds contributed to oth	ner organizations for	section 527	
	exempt	function activities			<b>▶</b> \$	
3		·	es Add lines 1 and 2. Enter here a	nd on Form 1120-PC		
_	line 17b				▶\$	
	Enter th made pa contribu	e names, addresses and a ayments For each organizations received that were p	m 1120-POL for this year? employer identification number (Ell zation listed, enter the amount paid promptly and directly delivered to a lf additional space is needed, prov	d from the filing orgar a separate political or	nization's funds. Also enter th ganization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
<u>w</u> v	/ Farm	n Bureau PAC	Buckhannon, WV 26201		0.	21,617.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013 V	Vest Virgin	<u>ia Farm Bur</u>	reau, Inc. on 501(c)(3) and file	55- ed Form 5768	0371723 Page 2
(election under sect		mpt under cooks	oo i(o)(o) ama iii		
<del></del>		liated group (and list i	n Part IV each affiliated	group member's na	me. address. EIN.
	of excess lobbying			3 p	,,,,
. — .		nd "limited control" pr	ovisions apply		
Limits	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (	arass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ					<del> </del>
T. 1. 11. 11	•	dy (direct lobbying)	1		
, , , ,	•				
d Other exempt purpose expenditure		۵١/	ŀ	- · · · · · - · - · · · · · · · · · · ·	<del>                                     </del>
e Total exempt purpose expenditures	•	•	th columns		<del></del>
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
					<del> </del>
g Grassroots nontaxable amount (ent			-		<del> </del>
h Subtract line 1g from line 1a If zero	•		-		<u> </u>
i Subtract line 1f from line 1c. If zero	•		L		
j If there is an amount other than zer		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
	ntions that made a s		· Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 West Virginia Farm Bureau, Inc. 55-0371723 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(t	p)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i		_		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504( )(	<u></u>		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_2		X
_3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	i "No," OR 	· ·	t III-A, lir	ne 3, is
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	inal	1	<del></del>	
2	expenses for which the section 527(f) tax was paid).	icai			
-	Current year		0-		
	Carryover from last year		2a 2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	0000	-		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-	
	t IV   Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	n list). Part II-	A line 2 a	nd Part II-B	line 1
	complete this part for any additional information.	p nocy, r are in	, , , , , a	i di Cir	,
	ct I-C Continuation for Incomplete Name/Address Inf	formati	on:		
<u>wv</u>	Farm Bureau PAC				
<u>62</u>	Farm Bureau Road Buckhannon, WV 26201				
					•

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Da	west virginia farm			da au A.		55-03/1	123
Pai			r Other Similar Fund	IS OF A	counts	Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin			<del>,</del>			
		(a) Do	onor advised funds	(b	) Funds a	nd other acco	unts
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 th	e assets held in donor adv	used fund	 Is		
	are the organization's property, subject to the organization's	s exclusive leg	al control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in wri	ting that grant funds can b	e used o	nly		
	for charitable purposes and not for the benefit of the donor	or donor advis	or, or for any other purpos	e conferr	ing		
	impermissible private benefit?		•		_	Yes	☐ No
Pai	t II Conservation Easements. Complete if the or	rganization ans	swered "Yes" to Form 990,	Part IV, I	ne 7.		
1	Purpose(s) of conservation easements held by the organizat						_
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an h	ustorically	/ importan	t land area	
	Protection of natural habitat	•	Preservation of a ce	-	•		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	lified conserva	tion contribution in the forn	n of a cor	nservation	easement on	the last
	day of the tax year						
	•				Held	d at the End of t	he Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic sti	ructure includ	ed in (a)	Γ	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic struc	ture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, exting	juished, or terminated by th	he organi	zation dur	ing the tax	
	year▶	, ,	,	J		J	
4	Number of states where property subject to conservation ea	asement is loc	ated >				
5	Does the organization have a written policy regarding the pe			- f			
	violations, and enforcement of the conservation easements					Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing	g conservation easements	during th	e year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing cor	- Iservation easements durin	g the yea	ır 🕨 \$		
8	Does each conservation easement reported on line 2(d) about			-			_
	and section 170(h)(4)(B)(ii)?	-				Yes	☐ No
9	In Part XIII, describe how the organization reports conservat	tion easement	s in its revenue and expens	se statem	ent, and t	alance sheet,	and
	include, if applicable, the text of the footnote to the organiza	ation's financia	I statements that describe	s the orga	anızatıon's	accounting for	or
	conservation easements						
Pai	t III Organizations Maintaining Collections of	of Art, Histo	orical Treasures, or (	Other S	imilar /	Assets.	
	Complete if the organization answered "Yes" to Form	n 990, Part IV,	line 8				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not t	o report in its revenue state	ement an	d balance	sheet works	of art,
	historical treasures, or other similar assets held for public ex	chibition, educ	ation, or research in further	rance of p	oublic serv	rice, provide, i	n Part XIII,
	the text of the footnote to its financial statements that descri	ribes these ite	ms				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to re	port in its revenue stateme	nt and ba	lance she	et works of ar	t, historical
	treasures, or other similar assets held for public exhibition, e	education, or re	esearch in furtherance of p	ublic serv	rice, provi	de the followir	ng amounts
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tre	easures, or oth	ner sımılar assets for financ	ial gain, p			
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	ŕ	-		▶ \$		
b	Assets included in Form 990, Part X				<b>&gt;</b> \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

		<u>rginia Far</u>						<u> 55-03</u>			
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical T	reasures, or	Other	Simila	<u>ır Asse</u>	<b>ts</b> (contir	iued)	
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of th	e following that a	are a sıgn	ıficant ı	ise of its	collection	n item	IS
	(check all that apply).										
а	Public exhibition				change progran	าร					
b	Scholarly research	•	,	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın how th	ney further	the organization	n's exemp	t purpo	se in Parl	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical tre	asures, or other	sımılar as	sets		_		_
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızatıon's o	collection?				Yes		No
Par	t IV Escrow and Custodial Arran	<b>igements.</b> Compl	ete if the	organizati	on answered "Y	es" to Fo	rm 990,	Part IV, I	ıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ons or other asse	ets not ind	cluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has bee	n provided in Pa	art XIII					
Par	t V Endowment Funds. Complete	if the organization ai	nswered	"Yes" to F	orm 990, Part IV	/, line 10					
		(a) Current year	<b>(b)</b> F	rior year	(c) Two years	back (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
ь	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs		1								
f	Administrative expenses										
g	End of year balance		1								
2	Provide the estimated percentage of the cur	rent vear end balance	ce (line 1	a, column	(a)) held as	•					
_ a	Board designated or quasi-endowment	,	%	<b>3</b> ,	(-4)						
b	Permanent endowment ▶	%	_								
-	Temporarily restricted endowment ▶	<u></u> %									
	The percentages in lines 2a, 2b, and 2c short	<del></del>									
За	Are there endowment funds not in the posse	•	zation tha	at are held	and administere	ed for the	organiz	ation			
-	by.						3		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		). Part IV	/. line 11a	See Form 990 F	Part X. line	e 10				
	Description of property	(a) Cost or o			st or other	(c) Acci		а	(d) Boo	k valu	
	bescription of property	basis (invest			s (other)		ciation	<b>`</b>	(u) Door	· vaiu	J
4-	Land	220.0 (		<u> </u>	77,348.	20010			7	7 2	48.
	Buildings				48,775.	25	2,9	57			18.
	Leasehold improvements	1			12,814.		$\frac{2}{6}, 3$				76.
	Equipment				14,014.		,	-		<u>, 4</u>	<u> </u>
	Other		<u>-</u> _	<del> </del>	-						
	. Add lines 1a through 1e (Column (d) must e	agual Form 000 Por	t Y 00/11	mn (P) line	10(c)				21	9 6	42.
ivia	. Aug mies la unough le (Columni ju) must t	yuar rumi 330. Pan	$\iota \wedge_{\iota} \cup \cup \iota u \iota$	mi (D), iiile	10(0))				J =	<i>_</i> , ∪	<b>44</b> •

Schedule D (Form 990) 2013

332053 09-25-13

	edule D (Form 990) 2013 West Virginia Farm Burea	u, Inc.	55-0371723 Page <b>4</b>
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
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		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial State	tements With Expe	enses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
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°		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	<u></u>
d	Other (Describe in Part XIII )	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pa	rt XIII Supplemental Information.		5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5
<b>Pa</b> l Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b	5

# SCHEDULE (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.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047 2013

			TOTAL COLLOS	11 OH 10 200 MIN II				
Name of	Name of the organization  West Virginia Farm	inia Farm	n Bureau, Inc	10.				Employer identification number 55-0371723
Part 1	General Inform	and Assistance						
٠ 0	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	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	
5 6	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance?	toring the use of grant	funds in the United	d States			X Yes No
ΙĒ	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	Governments an	d Organizations in the	e United States.	Complete if the orga	anization answered "	Yes" to Form 990, Part	t IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated	\$5,000 Part II car	be duplicated if addit	if additional space is needed	ded.		,	
1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	ne line 1 table		:		
ы П	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Explanation: Grants were provided without follow-up monitoring by the (d) Amount of non-cash assistance organization due to the small amounts given during the year. (c) Amount of cash grant 21 (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2013)

Part III | Grants and Other 332102 10-29-13

Page 2

55-0371723

West Virginia Farm Bureau, Inc.

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

**Employer identification number** 

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

West Virginia Farm Bureau, Inc. 55-0371723 Form 990, Part III, Line 1, Description of Organization Mission: products, and development of a higher degree of efficiency in their agricultural pursuits. Form 990, Part VI, Section B, line 11: Explanation: A draft copy of this return has been provided to the Board of Directors for review, prior to filing. Form 990, Part VI, Section B, Line 15: Explanation: All employee salary and wage compensation is pre-approved by officers of the Board of Directors. Form 990, Part VI, Section C, Line 19: Explanation: The organization makes its governing documents, exemption documents and annual 990 filings available for inspection at its home office, 62 Farm Bureau Rd., Buckhannon, WV 26201, M-F during normal business hours.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See so

Š.	
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<b>A</b>	

OMB No 1545-0047	2013
_	

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

(g) Section 512(bX13) controlled Schedule R (Form 990) 2013 Š entity? Direct controlling Yes × 55-0371723 entity 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 Farm Bureau, Inc. Direct controlling West Virginia entity End-of-year assets e status (if section 170(B)(1)(A) Public charity 501(c)(3)) Total income Exempt Code € section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) West Virginia Inc. Primary activity Primary activity West Virginia Farm Bureau, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Education 55-0746749, 62 Farm Bureau Road, Buckhannon, West Virginia Farm Bureau Foundation, Inc. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 26201 Part Part II

55-0371723

Page 2

Schedule R (Form 990) 2013 West Virginia Farm Bureau, Inc.

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 Part III

(j) (k) General or Percentage managing ownership partner? Yes No		
General or F managing partner?		
Code V-UBI Geamount in box mages 20 of Schedule R-1 (Form 1065) We		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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 Part IV

				•					
(a)	(q)	(c)	(p)	(e)	(4)	(6)	(h)	(9)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?	ر <u>رو</u> ق ا
WV Farm Bureau Service Corp - 55-0488692 62 Farm Bureau Road	Discount purchasing arrangement for		est Va Farm						2
Buckhannon, WV 26201	members.	<b>X</b>	Bureau, Inc.	C CORP			1008	×	
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See Part VII for Continuations

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

Method of determining amount involved 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 11,695. Agreed terms 5,000.Agreed terms 5,000.Agreed terms During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) А m Performance of services or membership or fundraising solicitations by related organization(s) Ы Д Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Inc. a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (2) West Virginia Farm Bureau Foundation, Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses b Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Vame of related organization (1) WV Farm Bureau Service Corp (3) WV Farm Bureau Service Corp e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s) ۵

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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

(4)	(4)	(3)			1	(4)	15	5	100
(a) Name, address, and EIN of entity	(b) Primary activity	를 들	Predominant income parmers ser (related, unrelated, english excluded from tax	••	(9) Share of end-of-year	Disproportionate allocations?	Dispropor Code V-UBI General or Percentage botal amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	under section 512-514) yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013 West Virginia Farm Bureau, Inc. 55-0371723 Page 5  Part VII   Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions)
Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name, Address, and EIN of Related Organization:
WV Farm Bureau Service Corp
EIN: 55-0488692
62 Farm Bureau Road
02 Falm Bareau Road
Buckhannon, WV 26201