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# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public Inspection

Form 990 (2014)

A For the 2014 calendar year, or tax year beginning OCT 1, 2014

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

C Name of organization

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.us.gov/form990

and ending SEP 30, 2015

D Employer identification number

Check if applicable Address change West Virginia Farm Bureau, Inc. Name change 55-0371723 Doing business as Initial Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 62 Farm Bureau Road 304-472-2080 City or town, state or province, country, and ZIP or foreign postal code 2,070,655. G Gross receipts \$ Amended return Buckhannon, WV 26201 H(a) Is this a group return Applica-F Name and address of principal officer: Charles Wilfong Yes X No for subordinates? pending same as C above 」Yes \_\_ No H(b) Are all subordinates included? Tax-exempt status:  $\square$  501(c)(3)  $\square$  501(c) ( 05 ) **◄** (insert no ) If "No," attach a list (see instructions) 4947(a)(1) or J Website: ► www.wvfarm.orq H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation 1939 M State of legal domicile WV Part I Summary Briefly describe the organization's mission or most significant activities: To provide leadership, Activities & Governance education, information, training and economic services to members. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 919,286. 932,931. Contributions and grants (Part VIII, line 1h) 91,396. 81,141. Program service revenue (Part VIII, line 2g) 105,278. 92,936. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 283,175. 252,000. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,402,525. ,355,618. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,466. 14,145. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 535,756. 524,046. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part(IX, column (D), line 25) 815,036. 779,875. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 1,359,258 ,318,066. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37,552. 43,267. Revenue less expenses. Subtract line 18 from line 12 **End of Year** Beginning of Current Year 3,492,673. 3,456,564. 20 Total assets (Part X, line 16) 208,700 194,059. CANNED MAR 0 9 2016 Total liabilities (Part X, line 26) 3,283,973. 3,262,505. Net assets or fund balances. Subtract line 21 from line 20 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 prepage (Stips than officer) is based on all information of which preparer has any knowledge Stephen Signature of officer Sign Stephen P. Butler, Executive Secretary Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name CPA P00143839 Harry D. Kemmner, Firm's name | Harry D. Kemmner, 45-4014496 Preparer ( Firm's address 70 Lilac Ln Use Only Phone no 304-623-9504 Lost Creek, WV 26385 X Yes

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
0	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	_		v
9	Schedule D, Part III	8		X
J	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?			
	If "Yes," complete Schedule D, Part IV	_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	-	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ĺ	
	Part VI	11a	Х	
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		Х
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	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,	. +0		<u> </u>
_	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	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2014)
		FORM	222011	. / I I I A I

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		Form	990	(2014)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			]
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36_		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	Part V, line 1	34	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		_
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del>- '</del>		<u></u>
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<del></del>
	complete Schedule L, Part II	26		х
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	Schedule L, Part I	25b		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25a	24a		Х
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		Х
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	$\overline{}$	Yes	No

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Chieff and Control of the Control of		Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	L 6	res	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	$\dashv$		
	(gambling) winnings to prize winners?	10	Х	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		L 5		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country:	_		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		١	
	any contributions that were not tax deductible as charitable contributions?	_6a_	X	<b>↓</b>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1	v	
7	were not tax deductible?	6b	X	<del> </del>
	Organizations that may receive deductible contributions under section 170(c).  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	-0 -	•	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	$\vdash$
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	1	╁
	to file Form 8282?	7c		
	If "Yes," Indicate the number of Forms 8282 filed during the year	,,,	1	<b></b>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	1	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	_9a		<b>↓</b>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	$\dashv$		
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<b></b>	<u> </u>
	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<b> </b>
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	1
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014)

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

				(T)
_	Check if Schedule O contains a response or note to any line in this Part VI			X
ec.	tion A. Governing Body and Management	<del></del> -		
	<b>-</b>	······································	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 21			
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		X
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	i		
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	<u>X</u>	ļ
þ	Each committee with authority to act on behalf of the governing body?	8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			] ,
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا . ا		
	In Schedule O how this was done	12c		V
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
b	Other officers or key employees of the organization	15b	X	<del> </del> -
<b>.</b> .	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			v
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		1
	exempt status with respect to such arrangements?	16b	L	L
	List the states with which a copy of this Form 990 is required to be filed None			
17	List the states with which a copy of this form out is required to the	availah		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avalidD	n <del>o</del>	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Wildow request Other (explain in Schedule O)	d finan	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ııııan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	62 Farm Bureau Road, Buckhannon, WV 26201			
	oz raim bureau Kodu, buckhamon, wy 20201			

# 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.

Check this box if neither the organization (A)	(B)			(C		•		(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	heck ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	or of	<u> 8</u>			sated		organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee	Institutional trustee		88	nben		(W-2/1099-MISC)		organization and related
	below	draf	flona	_	oldr	st cor	<b>5</b> 1			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Forms			0.ga.m2a
(1) Charles Wilfong	2.00			_					-	· · · · · ·
President & Exec Committee		X		Х				4,120.	0.	0.
(2) John Pitsenbarger	2.00									
Vice President & Exec Comm		X		X				2,000.	0.	0.
(3) Joe Clay	2.00									
Exec Committee		X		Х	<u>L</u>			1,200.	0.	0.
(4) H. Stephen Conrad	1.00	]							_	
BOD		X	<b>.</b>			<u> </u>		800.	0.	0.
(5) David W. Ash	1.00				ŀ		ľ		_	
BOD		X	ļ		_	ļ	<u> </u>	0.	0.	0.
(6) Doug Stolipher	1.00	۱								•
BOD	1 22	X			<u> </u>	<u> </u>	_	0.	0.	0.
(7) Dennis Funk	1.00	١.,						700		•
BOD	1 00	X	├—		_		<u> </u>	720.	0.	0.
(8) Patrick Nestor	1.00	١,,						120		0
BOD	1 00	X	-		_	-		120.	0.	0.
(9) Philip L. Gregg	1.00								_	0
BOD	1.00	X	├			-	-	0.	0.	0.
(10) Roger Hanshaw	1.00	X					ŀ	320.	0.	0.
BOD	1.00	┷	-		-	┢	$\vdash$	320.		- 0.
(11) Michael Merinar	1.00	X						1,160.	0.	0.
BOD (12) Michael Morris	1.00	^	$\vdash$	$\vdash$	$\vdash$	$\vdash$		1,100.		
BOD	1.00	x						2,720.	0.	0.
(13) Ralph Blair	1.00	+	<del>                                     </del>	┢	$\vdash$	-		27,20		
BOD		X						480.	0.	0.
(14) Alvin Engelke	1.00	<del> </del>	H			<b>-</b>				
BOD		X			ļ			640.	0.	0.
(15) Clyde Bailey	1.00			T				<u> </u>		
BOD		X		-				1,240.	0.	0.
(16) Bill Stewart	1.00		П			T	T	<u> </u>		
BOD		X			1			960.	0.	0.
(17) Paul L. Cummings	1.00		1							
BOD		<b></b>						840.	0.	0.

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Form 990 (2014)

WVFARMB1

	Name and title	l Assarana										(F)	
		Average hours per week	ьох	not c , unle	heck ss pe	rsoni	than d	n an	Reportable compensation	Reportable compensation		Estimat amount	of
		(list any hours for related organizations below	stee or director	Institutional frustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ļ	other compensa from the organization and relations organizations.	ation ie tion ted
		line)	Indivi	institu	Officer	Key en	Higher	Forme				Organizat	10113
BOD	W. Frank Nash	1.00	X						600.	0			0.
(19) BOD	David R. Parker	1.00	x						720.	0			0.
	Pamela Hessler	1.00	A	┢		}		-	120.		-		<u> </u>
	State WLC Chairperson	1.00	X		ĺ				640.	0			0.
	Susan Wilkins	2.00		<del>                                     </del>			<del>                                     </del>		0100		+		
BOD	State YF Chairman		Х						0.	0			0.
(22)	Stephen P. Butler	40.00									7		
Exec	utive Secretary		-	-	Х				73,000.	0	•	9,0	10.
			}-			-					-		
			-	-	_	-	_				+		
			-	ļ	_		-				1	<del></del>	
			<u> </u>		L				02 200		1	0 0	110
	Sub-total								92,280.	0	•	9,0	10.
	Total from continuation sheets to Part Total (add lines 1b and 1c)	/II, Section A							92,280.			9 (	$\frac{0.}{10.}$
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no re	<del></del>			270	0
	compensation from the organization								<del></del>			Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		3	x
4	For any individual listed on line 1a, is the and related organizations greater than \$1								<u>-</u>	the organization		4	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co							elat	ed organization or indivi	dual for services		5	х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of										nsa	ation from	
	the organization. Report compensation for	r the calendar y	ear/	end	ng v	vith	or w	<u>rithir</u>		year.			
	(A) Name and busines	s address	N	ONI	Ε				Description of s	ervices	C	(C) ompensati	on
							-						
									d above) who received n	<del></del>			

		Check if Schedule O con	ntains a response	or note to any lin	e in this Part VIII			
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 6	<ul> <li>Federated campaigns</li> </ul>	1a				•	
S o	1	Membership dues	1b	864,783.				
A,		Fundraising events	1c	<del></del>				
ië ë	•	d Related organizations	1d					
ξË	•	e Government grants (contribu	ıtions) 1e					
er S	1	f All other contributions, gifts, gra	nts, and					
들본		similar amounts not included ab-	ove 1f	54,503.				
ad (		Noncash contributions included in line	s 1a-1f \$					
<u>0 e</u>		n Total. Add lines 1a-1f		<b></b>	919,286.		······	
m		Advertising		Business Code				
Š		Rebates	<del></del>	541800	62,107.	16 000		62,107.
Ser		Carreria Carre		110000	16,828.	16,828.		
E S		Health insuran		110000	10,000.	10,000.		
Peg	(	Reward sign pro		524298	2,180.	2,180.	· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	•			900099	281.	281.		
	'	All other program service rev	enue	L	01 206			ļ
	3	Total. Add lines 2a-2f Investment income (including		<u> </u>	91,396.			
	J	other similar amounts)	g aividerias, intere	est, and	74,167.	ľ		74 167
	4	Income from investment of ta	ov.ovomat band m		74,107.		<del></del>	74,167.
	5	Royalties	ax-exempt bond b	proceeds	252,000.			252 000
	J	Hoyanies	(ı) Real	(II) Personal	232,000.		·	252,000.
	6 a	Gross rents	(I) Neai	(ii) Personai				
		Less: rental expenses						
į		Rental income or (loss)	<del></del>					
		Net rental income or (loss)	<u> </u>	<b></b>				
ĺ		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	733,806.	(ii) Othioi				
	Ŀ	Less cost or other basis	, , , , , , ,					
		and sales expenses	715,037.					
	c	Gain or (loss)	18,769.					
- 1		Net gain or (loss)		<b>•</b>	18,769.	18,769.		
e	8 a	Gross income from fundraisir	ng events (not			,		
		including \$	of					
eve		contributions reported on line	e 1c). See					
<u> </u>		Part IV, line 18	, a					
Other Reven	b	Less: direct expenses	ь					
١	c	Net income or (loss) from fun	draising events	<b></b>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а	<u> </u>				
	b	Less: direct expenses	b					
	c	Net income or (loss) from gar	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	s returns					
		and allowances	а					
i	b	Less: cost of goods sold	b					
ļ		Net income or (loss) from sale	es of inventory	<b></b>				
		Miscellaneous Revent	ue	Business Code				
	11 a							
ľ	b	· · · · · · · · · · · · · · · · · · ·						
	C	;						
ł	d	All other revenue					<del>. ,</del>	
	е	Total. Add lines 11a-11d		▶	0.55			
43300	12	Total revenue. See instructions		<b>b</b>	l,355,618.	48,058.	0.	
432009 11-07-	14							Form 990 (2014)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in			
Do 7b,	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	14,145.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		-		
	trustees, and key employees	92,280.			
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	313,134.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,388.			
9	Other employee benefits	60,294.	***		
10	Payroll taxes	36,950.			
11	Fees for services (non-employees):				
а	Management				
Ь	Legal	9,818.			
С	Accounting	7,290.	<del></del>		
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	23,383.			
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0 )	3,989.			
12	Advertising and promotion				
13	Office expenses	19,621.			
14	Information technology	12,962.			
15	Royalties	12.460	<del></del>		
16	Occupancy	13,462.			
17	Travel	141,660.	<del></del>		<u>.</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 050			
19	Conferences, conventions, and meetings	14,873.			<del> </del>
20	Interest				<del></del>
21	Payments to affiliates	20 004			······································
22	Depreciation, depletion, and amortization	39,994.			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	<pre>Information program/adv</pre>	200,531.			······································
b	American Farm Bureau du	91,312.			
С	Membership supplies	36,087.			
d	Quota and goal refunds	33,824.			
е	All other expenses	131,069.			·····
25	Total functional expenses. Add lines 1 through 24e	1,318,066.			
26	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)				
432010	11-07-14		<del> </del>		Form <b>990</b> (2014)

_	<u>π                                    </u>	Check if Schedule O contains a response or not	e to ar	ly line in this Part X			
	<del></del> -				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			113,208.	1	173,985.
	2	Savings and temporary cash investments		Ì	1,400,560.	2	1,360,680.
	3	Pledges and grants receivable, net		ļ	2,200,000	3	270007000
	4	Accounts receivable, net			25,626.	4	16,262.
	5	Loans and other receivables from current and for	rmer (	officers directors		·	
		trustees, key employees, and highest compensa		· ' '			
		Part II of Schedule L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under	· · · · · · · · · · · · · · · · · · ·		
		section 4958(f)(1)), persons described in section		i			
	ŀ	employers and sponsoring organizations of sect					
2		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net	•		11,695.	7	11,695.
ĕ	8	Inventories for sale or use		ļ	3,530.	8	8,695.
	9	Prepaid expenses and deferred charges			1,113.	9	1,076.
	10a	Land, buildings, and equipment: cost or other			.,-		
		basis. Complete Part VI of Schedule D	10a	859,950.			
	Ь		10b	529,290.	349,642.	10c	330,660.
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	1,536,299.	11	1,502,511.
	12	Investments other securities See Part IV, line	11		51,000.	12	51,000.
	13	Investments · program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	3,492,673.	16	3,456,564.
	17	Accounts payable and accrued expenses			91,649.	17	78,416.
	18	Grants payable				18	
	19	Deferred revenue		ļ	117,051.	19	115,643.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
₫		key employees, highest compensated employee	es, and	d disqualified persons.		ŀ	
Liabilities		Complete Part II of Schedule L				22	
J	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	s to related third			
		parties, and other liabilities not included on lines	s 17-24	I). Complete Part X of			
	}	Schedule D				25	104 050
	26	Total liabilities. Add lines 17 through 25			208,700.	26	194,059.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
ės	1	complete lines 27 through 29, and lines 33 ar	nd 34.		2 242 224		2 100 262
Ĕ	27	Unrestricted net assets			3,243,324.		3,190,362
g	28	Temporarily restricted net assets			40,649.	28	12,143
2	29	Permanently restricted net assets			A MAN B MANNEY COMM	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	\5C 95	öö), check here ▶∟			
õ	{	and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds			<u> </u>	30	<u> </u>
Ä	31	Paid-in or capital surplus, or land, building, or e			<del></del>	31	<del> </del>
ě	32	Retained earnings, endowment, accumulated in	ncome	, or other funds	2 202 072	32	3,262,505.
_	33	Total net assets or fund balances			3,283,973. 3,492,673.		
	34_	Total liabilities and net assets/fund balances			3,492,073.	34	Form <b>990</b> (2014)

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

# 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.

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

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organiz</li> </ul>	ations Complete Part III.		<u> </u>	
Name of organization			Emp	loyer identification number
West V.	<u>irginia Farm Burea</u>	au, Inc.		55-0371723
Part I-A Complete if the or	rganization is exempt unde	er section 501(c	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organ</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	nization's direct and indirect politica	al campaign activities	s in Part IV. ▶\$	5
Part I-B Complete if the or	rganization is exempt unde	er section 501(c	:)(3).	
1 Enter the amount of any excise ta			<del></del>	)
2 Enter the amount of any excise ta	•			
3 If the organization incurred a secti			, ,	Yes No
4a Was a correction made?	.,	<b>,</b>		Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	rganization is exempt unde	er section 501(c	), except section 501	(c)(3).
1 Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt fun	ction activities	
2 Enter the amount of the filing orga	anization's funds contributed to oth	ner organizations for	section 527	-
exempt function activities			▶\$	S
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here ar	nd on Form 1120-PC	)L,	
line 17b			▶ \$	S
4 Did the filing organization file Form	m 1120-POL for this year?			Yes No
contributions received that were p	employer identification number (EIN zation listed, enter the amount paid promptly and directly delivered to a lif additional space is needed, provi	I from the filing organ separate political or	nization's funds. Also enter th rganization, such as a separa	ne amount of political
(a) Name	( <b>b)</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
	Buckhannon, WV			
WV Farm Bureau PAC	26201	<b></b>	0	. 19,843.
	<del> </del>	<del> </del>		
			<u> </u>	
		-		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14 See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2014 We	st Virgin	ia Farm Bur	eau, Inc.	55-(	0371723 Page 2
Part II-A Complete if the organ	ization is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (	election under
section 501(h)).	<u> </u>				
			Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share of the filing organization		· ·			
B Check ▶ ☐ If the filing organization	cnecked box A ar	nd "limited control" pro	ovisions apply.		1
Limits o (The term "expenditu	n Lobbying Exper res" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influen	ce public opinion (	grass roots lobbying)		<del></del>	
b Total lobbying expenditures to influen					***************************************
c Total lobbying expenditures (add lines	1a and 1b)		<b>.</b>		
d Other exempt purpose expenditures			[		
<ul> <li>Total exempt purpose expenditures (a</li> </ul>	dd lines 1c and 1c	i)	[		
f Lobbying nontaxable amount. Enter ti	ne amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable am	ount is:	· · · · · · · · · · · · · · · · · · ·	
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,00	00 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000	,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero of	less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-	-	[		
j If there is an amount other than zero of	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year	r?				Yes No
(Some organizations that	made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns	below.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	***************************************			****	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount					
(150% of line 2d, column (e))					
· ·					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

# Schedule C (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau, Inc. 55-037172 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)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	3)	(b	)
f the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				_
e 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				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4,4			•
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ection	
00 1(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1 1	1 X 1	
		1 2	X	X
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered</li> </ul>		2 3 (5), or se	ection	Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		2 3 (5), or se	ection	X X ne 3, i
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	I "No," O	2 3 (5), or se R (b) Par	ection	Х
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	I "No," O	2 3 (5), or se R (b) Par	ection	Х
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground political expenditures)  Part I — C Continuation:  WV Farm Bureau PAC  5 Farm Bureau Road Buckhannon, WV 26201	ical	2 3 1(5), or se R (b) Par 1 2a 2b 2c 3	ection t III-A, lir	Х
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Schedule C (Form 990 or 990-EZ) 2014

### SCHOOKLED. (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.rs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

West Virginia Farm Bureau, Inc.

**Employer identification number** 55-0371723

Par	t I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Fund	s or Ac	counts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line			·
			(a) Donor advised funds	(b	Funds and other accounts
1	Total r	umber at end of year			
2	Aggre	gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fund	ls
-		e organization's property, subject to the organization's			Yes No
6		e organization inform all grantees, donors, and donor a	•	e used o	<u> </u>
-		antable purposes and not for the benefit of the donor of	• •		•
		nissible private benefit?			Yes No
Pa	t [l	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	Part IV. I	
1	Purpo	se(s) of conservation easements held by the organizati			
	$\overline{}$	Preservation of land for public use (e.g., recreation or e		torically i	mportant land area
		Protection of natural habitat	Preservation of a cei	•	•
		Preservation of open space			
2		ete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	servation easement on the last
		the tax year.			
	•	•			Held at the End of the Tax Year
а	Total r	number of conservation easements		Î	2a
b	Total a	acreage restricted by conservation easements			2b
С		er of conservation easements on a certified historic str	ructure included in (a)		2c
d		er of conservation easements included in (c) acquired	• •	ture	
		n the National Register	,		2d
3		er of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organi	zation during the tax
	year •		,	<b>.</b>	
4	•	er of states where property subject to conservation ea	sement is located		
5		he organization have a written policy regarding the pe		:	
		ons, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·		Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during th	e year ▶
7		nt of expenses incurred in monitoring, inspecting, and		-	
8		each conservation easement reported on line 2(d) above			<del></del>
		ection 170(h)(4)(B)(ii)?			Yes No
9	In Pari	XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statem	ent, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the org	anization's accounting for
		rvation easements.			
Pa	rt III	<b>Organizations Maintaining Collections o</b>	f Art, Historical Treasures, or C	Other S	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 (AS	SC 958), not to report in its revenue state	ment an	d balance sheet works of art,
	histori	cal treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of p	oublic service, provide, in Part XIII,
	the te	kt of the footnote to its financial statements that descr	ibes these items.		
b	If the	organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue stateme	nt and ba	alance sheet works of art, historical
		res, or other similar assets held for public exhibition, e			
		g to these items:	•		-
		evenue included in Form 990, Part VIII, line 1	_		<b>▶</b> \$
		ssets included in Form 990, Part X	·		<b>S S S S S S S S S S</b>
2	٠,	organization received or held works of art, historical tre	easures, or other similar assets for financ	ıal gaın. ı	
_		lowing amounts required to be reported under SFAS 1			
а		ue included in Form 990, Part VIII, line 1	3		<b>▶</b> \$
b		s included in Form 990, Part X			<b>▶</b> \$
_			-		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 West Vi	rginia Far	m Bu	reau,	Inc.			<u>55-03</u>	37172	3 Pε	age <b>2</b>
Pa	rt III Organizations Maintaining C					or Othe	er Simil	ar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	C	ı 🗀 ı	_oan or exc	hange progra	ams					
b	Scholarly research	•	, 🖂	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizati	on's exe	mpt purp	ose in Pai	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Pa	<b>Escrow and Custodial Arran</b> reported an amount on Form 990, Pa		ete if the	organizatio	on answered '	'Yes' to	Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for o	contribution	ns or other as	sets not	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able <sup>.</sup>							
		•	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d	i			
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, for e	escrow or c	ustodial acco	unt liabi			Yes		No
	If "Yes," explain the arrangement in Part XIII.										j
	rt V Endowment Funds. Complete						10.				
		(a) Current year		rior year	(c) Two year	T	(d) Three	vears back	(e) Four	vears	back
1a	Beginning of year balance				`		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
b	Contributions										
c	Net investment earnings, gains, and losses						<del></del>	<del></del>			
d	Grants or scholarships				<del> </del> -						
e	Other expenditures for facilities	•			******	1			<del>                                     </del>		
·	and programs					1					
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur	rent vear end halan	ce (line 1	a column (:	all held as				1	-	
_ a	Board designated or quasi-endowment	ioni your one bulan	%	g, oolanii (	a,, ricia as.						
ь	Permanent endowment	<u> </u>	_~								
	• • • • • • • • • • • • • • • • • • • •										
·	c Temporarily restricted endowment ▶										
The percentages in lines 2a, 2b, and 2c should equal 100%.											
Ja	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by:								2-6	Yes	No
	(i) unrelated organizations								3a(i)	$\longrightarrow$	
L	(ii) related organizations	n lieted on versions of	an Cabr-	lula DO					3a(ii)	$\longrightarrow$	
	If "Yes" to 3a(ii), are the related organization:	· · · · · · · · · · · · · · · · · · ·							3b		
4 Pa	Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere			<u>, line 11a. S</u>	See Form 990			1			
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Bool	k value	•
_		basis (invest	ment)		(other)	de	preciation	<u> </u>		_ ~	
	Land				77,348.		212 -	06	7	7,3	<u> 18.</u>
	Buildings			53	39,705.		318,9	80.	22	0,7	<u> 19.</u>
С	Leasehold improvements				0.00		010 -	-  -		<del></del>	
d	Equipment			24	2,897.		210,3	04.	3:	2,59	<u> 33.</u>
e	Other										
Γota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Pan	t X. colun	nn (B), line '	10c.)			▶	33	0,6	<b>50.</b>

Schedule D (Form 990) 2014

432053 10-01-14 Schedule D (Form 990) 2014

**2** Schedule I (Form 990) (2014) **Employer identification number** 55-0371723 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at \_\_\_\_\_\_\_ics gout/form990. (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table West Virginia Farm Bureau, Inc. (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Ormale and Other Assistance to Organization Construents and individuals in the United States Enter total number of other organizations listed in the line 1 table Part 1 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

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(f) Description of non-cash assistance 55-0371723 (e) Method of valuation (book, FMV, appraisal, other) Grants were provided without follow-up monitoring by the organization due Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. to the small amounts given during the year and the public nature of the (d) Amount of non-cash assistance (c) Amount of cash grant West Virginia Farm Bureau, Inc. (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule | (Form 990) (2014) donees. Part III

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### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O. (Form 990 or 990-EZ) and its instructions is to use use good form 990

Inspection Employer identification number

west virginia rarm Bureau, inc.	55-03/1/23
Form 990, Part III, Line 1, Description of Organization M	ission:
products, and development of a higher degree of efficienc	y in their
agricultural pursuits.	
Form 990, Part VI, Section B, line 11:	
A draft copy of this return has been provided to the Boar	d of Directors for
review, prior to filing.	
Form 990, Part VI, Section B, Line 15:	
All employee salary and wage compensation is pre-approved	by officers of
the Board of Directors.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, exemption	documents and
annual 990 filings available for inspection at its home o	
Bureau Rd., Buckhannon, WV 26201, M-F during normal busi	ness hours.

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at ununurs gout form 990. ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2014 Open to Public Inspection

OMB No 1545-0047

Employer identification number 55-0371723 Direct controlling End-of-year assets <u>e</u> Total Income Ē Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) West Virginia Farm Bureau, Inc. Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II Part :

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)	(q)	(0)	(Q)	(e)	<b>(</b> )	(6)	653
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)( controlled	<u>(</u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	N <sub>o</sub>
West Virginia Farm Bureau Foundation, Inc							
55-0746749, 62 Farm Bureau Road, Buckhannon,				-	West Virginia		
WV 26201	Education	West Virginia	501(c)(3)	170(B)(1)(A)	170(B)(1)(A) Farm Bureau, Inc.	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 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

(a)	(£)	(2)	9		(e)	€	(5)		ε	6	9	(K)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Income	Share of end-of-year assets	·l_	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?	tage ship
		(6						<b>\</b>	1				
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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.	ganizations Taxable	as a Corpo	ration or Trust Co	omplete if the	e organization a	answered "Y	es" on Form	990, Part	IV, line 34	because it had	d one or m	lore relate	<sub>B</sub>
(e)			(p)	(၁)	(p)		(e)	ω			Ξ,	Section	Ę
Name, address, and EIN of related organization	Z <sub>I</sub>	Prim	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) contro entit	<b>S</b> (2)
WV Farm Bureau Service Corp -	55-0488692	discount	Discount purchasing										

	ı	ار			ı			ı				!	
<b>E</b>	512(b)(13) controlled entity?	ž				 		L					 
-	S12 Cont	Yes			×								
Ξ	Percentage ownership				100%								
	Share of end-of-year	933613			9,484.								
ω	Share of total income				7,681.								
(e)	Type of entity (C corp, S corp,	(Sep.)			c corp		-						
(p)	Direct controlling Type of entity Corp. S corp.			West Va Farm	Bureau, Inc.						-		
<u> </u>	Legal domicile (state or foreion	country)			WV								
(q)	Primary activity		Discount purchasing	arrangement for	members.		•						
(a)	Name, address, and EIN of related organization		WV Parm Bureau Service Corp - 55-0488692	62 Farm Bureau Road	Buckhannon, WV 26201								

Schedule R (Form 990) 2014

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Yes

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# Schedule R (Form 990) 2014 West Virginia Farm Bureau, Inc.

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

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

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?	
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- a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)

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- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

	relationships and transaction thresholds.
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	who must complete this
n(s)	ions for information on
om related organizatio	'Yes,' see the instruct
of cash or property fr	to any of the above is
s Other transfer	2 If the answer

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WV Farm Bureau Service Corp	D	11,695.	11,695.Amount Advanced
(2) West Virginia Farm Bureau Foundation, Inc.	Ц	5,000.	5,000.Agreed terms
3 WV Farm Bureau Service Corp	Ц	5,000.	5,000.Agreed terms
(4) West Virginia Farm Bureau Foundation, Inc.	0	6,196.	6,196.Costs incurred
(s) West Virginia Farm Bureau Foundation, Inc.	В	500.	500. Cash Contribution
(9)			

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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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	tructions regarding exclusion	sion for certain inve	estment partnerships.							
(e)	(q)		<b>(</b>	(e)		(6)	Ξ	6	s	€ .
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, excluded from tax under cactions 510-514)	B partners sec 501(c)(3) der orgs?	Share of total	Share of end-of-year assets	ate lons?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 pariner (Form 1055)	General o	Percentage
			Sections 312-314)	Yes No			Xes No	(2001)	X S	
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								Schedule	R (For	Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 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 Polated Organizations Mayable as	Corn or Mruat.
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	
EIN: 33-0400092	
62 Farm Bureau Road	
	<del>-</del> ,
Buckhannon, WV 26201	
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