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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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-EZ and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Ā	For the	2014 calendar year, or tax year beginning OCT 1, 201	4 and ending	SEP	30, 2	2015
В	Check if applicab		<u> </u>			lentification number
	_	ess change				
F	_	echange West Virginia Farm Bureau Four	dation Inc		55-07	746749
┌		Number and street (or P.O. box, if mail is not delivered to street address	ess) Roo	m/suite E	Telephone r	number
Ħ	Final	return/ CO Flower Dumoou Dood	·		304-4	172-2080
F	7	City or town, state or province, country, and ZIP or foreign postal coo	de l	F (Group Exen	
┢	٦ .	Budshaman MT 26201			Number ►	
6		ating Method:			Check	
		te: N/A				d to attach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(inser	t no.) 4947(a)(1) or		•	990-EZ, or 990-PF).
_		f organization: X Corporation Trust Association	Other		,1 01111 000,	330 LE, 01 330 11 j.
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200		ets /Part II		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	3,000 01 111010, 01 11 10101 0031	oto (i ait ii,	▶ \$	112,002.
	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances (see	the instructio		
		Check if the organization used Schedule O to respond to any question in this	•			<u> </u>
	Τ1	Contributions, gifts, grants, and similar amounts received			1 1	45,900.
	2	Program service revenue including government fees and contracts	~		2	59,830.
	3	Membership dues and assessments			3	
	4	Investment income	See Schedul	è o	4	17.
	5a	Gross amount from sale of assets other than inventory	58	CEN		
	ь	Less; cost or other basis and sales expenses	5b/ 4/ 8/80			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)	1507	50	Ÿ
	6	Gaming and fundraising events	OCA	~ 2000	127	
đ)	a	Gross income from gaming (attach Schedule G if greater than	le 5a) OGDE	AV	//9//	
Ž		\$15,000)	6a	2 UP	/d2/	
Revenue	Ь	Gross income from fundraising events (not including \$	of contributions	-	- }/	
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of sur	ch		۱ اک	
		gross income and contributions exceeds \$15,000)	6b	5,410).	
	c	Less; direct expenses from gaming and fundraising events	6c	1,756	л I	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract line 6c)		6d	3,654.
	7a	Gross sales of inventory, less returns and allowances	7a			
	Ь	Less: cost of goods sold	7b		7	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)	See Schedul	e 0	8	845.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	▶ 9	110,246.
	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
S	12	Salaries, other compensation, and employee benefits			12	
nse	13	Professional fees and other payments to independent contractors			13	1,202.
Expen	14	Occupancy, rent, utilities, and maintenance			14	
Ш	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)	See Schedul	e 0	16	54,742.
	17	Total expenses. Add lines 10 through 16			17	55,944.
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	54,302.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As		(must agree with end-of-year figure reported on prior year's return)			19	34,838.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<u>></u>	≥ 21	89,140.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2014)

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Part II Balance Sheets (see the instructions for Part II)				-
Check if the organization used Schedule O to res			T	X
	(,	A) Beginning of year		nd of year
22 Cash, savings, and investments		28,538.		84,445.
23 Land and buildings	_		23	
24 Other assets (describe in Schedule 0) See Schedule (D	6,300.		5,050.
25 Total assets		34,838.		89,495.
26 Total liabilities (describe in Schedule 0) See Schedule (0	0.		355.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		34,838.	27	89,140.
Part III Statement of Program Service Accomplishme	ents (see the instructi	ons for Part III)	E	срепзез
Check if the organization used Schedule O to res	spond to any question	in this Part III		for section
What is the organization's primary exempt purpose? See Schedule (and 501(c)(4) ons; optional for
Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expense	s In a clear and concise	others.)	ono, optional for
manner, describe the services provided, the number of persons benefited, and other relevant infor		o we older and possible	1	
28 See Schedule O			- · T	
			-	
			-	
(Grants \$) If this amount includes foreign	grants, shook here		28a	7,073.
(Grants \$) If this amount includes foreign 29 See Schedule O	grants, check fiere		204	
is bee beneaute o		 		
				
				1 607
(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	29a	1,607.
30 Operated a mobile agricultural lab	oratory visiti	ng various	<u>-</u>	
public schools in West Virginia and	d for the gene	ral public	<u>-</u>	
at the West Virginia State Fair.				
(Grants \$) If this amount includes foreign	grants, check here	_	30a	40,058.
31 Other program services (describe in Schedule O)		_	1 1	
(Grants \$) If this amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	48,738.
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each one e	ven if not compensated - s	ee the instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res			ee the instructions f	for Part IV)
		in this Part IV	(d) Health benefits,	(e) Estimated
	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to res	spond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
Check if the organization used Schedule O to res	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(0) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and title	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(0) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and title David R. Parker	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation 0.	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0 .
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation 0.	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors Patrick Nestor	(b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors Patrick Nestor Board of Directors	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0 .
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors Patrick Nestor Board of Directors Ralph Blair	b pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit health compensation O . O . O .	(e) Estimated amount of other compensation 0. 0. 0.
Check if the organization used Schedule O to res (a) Name and title David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors Patrick Nestor Board of Directors Ralph Blair Board of Directors	(b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit blans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Schedule O to res (a) Name and bitle David R. Parker Board of Directors H Stephen Conrad Board of Directors John Pitsenbarger Vice President Michael Merinar Board of Directors Patrick Nestor Board of Directors Ralph Blair Board of Directors Paul L. Cummings	spond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

44d

45a

Form 990-EZ (2014)

ın Schedule O

Form 990-E	Z (2014))	West	Virg	inia	Farm	Bureau	Foundat	ion :	Inc		55- <u>0746</u>	749		Page 4
		zation (engage, di	rectly or inc		-		s on behalf of or ir			es for pul	blic office?		Yes	No
			redule C, I	Part I (3) orga	pizatio	no only	· *						46		Х
Part VI	_						questions 47-	49b and 52, and	d comple	ete the tables	for lines	s 50 and 51.			
							•	question in this		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10				
														Yes	
47 Did th	e organi	zation	engage in	lobbying ac	ctivities or	have a sect	ion 501(h) elect	ion in effect during	g the tax y	year? If "Yes," o	complete	Sch. C, Part II	47		X
								omplete Schedule	E				48	<u> </u>	X
							itable related org	ganization?					49a		X
				zation a sec				(other than officer	ra diraata	ra truotosa an	d kay am	nlovac) who	49b	200/04	L
			_		-		ateu employees Is none, enter "N		15, 0116610	ns, uusices air	u key eiii	ipioyees) wild	Sacific	Ceiveu	IIIOIG
chang	<i>y</i> 100,000			d title of ea	-		io nono, onco	(b) Average	hours	(C) Repor	table	(d) Health benef	ts, () Estin	ated
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					N	ONE		position	n		Ţ	plans, and deferr compensation		mpens	ation
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organ	uzation. I	f there	ıs none, e	anization's enter "None. Idress of ea	<u>" N</u> (ONE		nt contractors who		b) Type of serv		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ensatio	
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d Total	number	of othe	r indepen	dent contra	ctors each	receiving	over \$100,000			•					
								ations must attach	ı a	_					
comp	leted Sc	hedule	Α										Х		□ No
								npanying schedul					edge ar	id belie	f, it is
true, correc	ct, and co	mplet	Declarat	tion of prep	arer (other	than office	er) is based on a	Il information of w	vhich prep	parer has any ki	nowledge		2.		
Cian	- ST	nature o	of officer	1. 12 m	there	<u> </u>						02/12/2 Date	<u> </u>		
Sign Here			hen		tler	, Exe	cutive	Secretar	У						
	I Pr	int/Tvo	e prepare	r's name		Prepa	rer's signature	/	Date	Cho	eck X	if PTIN		-	
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							26385						v.		Ma
May the IR	S discus	s this r	eturn with	tne prepar	er snown a	adove? See	instructions						Form		<u>No</u> (2014)
													1 01111	~~~LL	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number West Virginia Farm Bureau Foundation Inc 55-0746749 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau Foundation Inc55-0746749 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and				-			
	membership fees received. (Do not							
	include any "unusual grants.")	7,500.	7,000.	40,655.	8,600.	45,900.	109,655.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf				_			
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	7,500.	7,000.	40,655.	8,600.	45,900.	109,655.	
5	The portion of total contributions	*	*.			- 4		
	by each person (other than a							
	governmental unit or publicly	£						
	supported organization) included					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	on line 1 that exceeds 2% of the		, ,	\$ \frac{2}{3}		į		
	amount shown on line 11,	***	ř.	*	\$ 100	2 1 8		
	column (f)	1.2	, , , , , , , , , , , , , , , , , , ,	8		ે મેં સીકોર્ટ કે	64,384.	
	Public support. Subtract line 5 from line 4	, , , ,	v. \3a \\	, - , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(* * * * * * * * * * * * * * * * * * *	, , , % , , , , , , , , , , , , , , , , , , ,	45,271.	
Sec	ction B. Total Support							
Cate	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	7,500.	7,000.	40,655.	8,600.	45,900.	109,655.	
8	Gross income from interest,							
	dividends, payments received on							
	secunties loans, rents, royalties		_					
	and income from similar sources	12.	6.	13.	13.	17.	61.	
9	Net income from unrelated business					1		
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain				1			
	or loss from the sale of capital							
	assets (Explain in Part VI)	,					100 816	
	Total support. Add lines 7 through 10	,	1 1 N		<u> </u>	· · ·	109,716.	
	Gross receipts from related activities,					12	277,536.	
13	First five years. If the Form 990 is for	_	s first, second, thu	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	. \Box	
~	organization, check this box and stor							
	ction C. Computation of Publ					1741	41.26 %	
	Public support percentage for 2014 (column (f))		15	41.26 % 36.56 %	
15	Public support percentage from 2013	Schedule A, Pan	III, line 14		44:- 00 4/00/			
168	33 1/3% support test - 2014. If the				14 IS 33 1/3% OF I	nore, check this bi	DX and ▶ X	
_	stop here. The organization qualifies				4 line 15 in 22 1/20	/ ar mara abaak t	-	
t	33 1/3% support test - 2013. If the				1 line 15 is 33 1/37	o or more, check t	IIIS DOX	
ر	and stop here. The organization qual				0 10 160 0-16b	and line 14 is 100/	or more	
178	10% -facts-and-circumstances tes							
	and if the organization meets the "fac					irt vi riow trie orga	NIZACION ►	
	meets the "facts-and-circumstances"					17a and line 15 in	10% or	
•	10% -facts-and-circumstances tes							
	more, and if the organization meets t						_	
	organization meets the "facts-and-cir							
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2014							

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization	ition fails to
gualify under the tests listed helps, places complete Dort II \	

Sec	ction A. Public Support	p					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received (Do not					ļ	
	ınclude any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,]
	merchandise sold or services per-			ĺ	1	ĺ	1
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose					1	ļ
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				Ī		
	iness under section 513			İ	i	ľ	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<u> </u>	<u> </u>	
·	furnished by a governmental unit to		}	ļ	}	ł	}
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					1	
, ,	3 received from disqualified persons	ı					
h	Amounts included on lines 2 and 3 received			 	 	 	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · · · · · ·					 	<u> </u>
	Add lines 7a and 7b					 	
	Public support (Subtract line 7c from line 6.)		l				
	ndar year (or fiscal year beginning in)	(=) 0010	(h) 0011	(=) 0010	(4) 0010	(-) 0014	(0.T-+-1
	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Gross income from interest,					 	
IVa	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			 	 		
t	Unrelated business taxable income		i	i			ļ
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b		ļ	ļ. —	 		
11	Net income from unrelated business activities not included in line 10b.		ł	ł			ł
	whether or not the business is		ì			1	ļ
	regularly carned on	<u></u>		·	<u> </u>	ļ	<u> </u>
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI)				ļ	 	
	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
$\overline{}$	ction C. Computation of Publ						
15	Public support percentage for 2014 (line 8, column (f) d	livided by line 13,	column (f))		15	%
_	Public support percentage from 2013			·		16	%
Se	ction D. Computation of Inve					 	
17	•	-		ne 13, column (f))		17	%
	Investment income percentage from				•	18	%
198	a 33 1/3% support tests - 2014. If the	•					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organia	zation	▶∟
t	33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			-		-	▶Щ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u> ▶∟
4000	00 00 17 14				9	hedule A (Form 99	0 or 990-F7) 2014

Schedule A (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau Foundation Inc55-0746749 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part vi when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part yi what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	dule A (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau Foundation Inc55-07	46/4	9 Pa	age 5
Par	t IV Supporting Organizations (continued)		r —	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		—
	A family member of a person described in (a) above?	11b	 	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	!	
Sec	tion B. Type I Supporting Organizations		I.	
		г	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ĺ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	İ		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	l .		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		(2)	
	or management of the supporting organization was vested in the same persons that controlled or managed	·	·	
	the supported organization(s)		L	ـــــــ
Sec	tion D. Type III Supporting Organizations		Iv	Al-
_	Dut the assessment and the scale of the supervised assessment one by the least day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	i,		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1 1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	⊢ `		\vdash
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		-	\vdash
3	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's		1	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	1 <u>v</u>	٠	Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
· a	The organization satisfied the Activities Test. Complete Ilne 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify	1]	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	ļ
	how the organization was responsive to those supported organizations, and how the organization determined	1	İ	ļ
	that these activities constituted substantially all of its activities	2a	ĺ]
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		[1
	activities but for the organization's involvement	2b	L	L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		L
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Schedule A (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau Foundation Inc55-0746749 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recovenes of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year**

				_
Schadula	A /Earm	990 AF 9	100_E7	2014

1

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior_year

🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1

2

<u>3</u>

5

.6 _ 50°×2

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schredule A (Form 990 or 990-EZ) 2014 West Virginia Farm Bureau Foundation Inc55-0746749 Page 7

Section D	Type III Non-Functionally Integrated 509 O - Distributions		(Continued)	Current Year
	ounts paid to supported organizations to accomplish exe	mpt purposes		Outrone real
	ounts paid to perform activity that directly furthers exemp			
	anizations, in excess of income from activity	or purposes or supported		
	ninistrative expenses paid to accomplish exempt purpose	es of supported organization		
_	ounts paid to acquire exempt-use assets	es or supported organization	15	
	alfied set-aside amounts (prior IRS approval required)			

	er distributions (describe in Part VI) See instructions al annual distributions. Add lines 1 through 6			
		20 0100010101010101010101010101010101010		<u>-</u>
	tributions to attentive supported organizations to which the	ne organization is responsive	3	
	ovide details in Part VI) See instructions.			
	tributable amount for 2014 from Section C, line 6			
10 Line	e 8 amount divided by Line 9 amount		I	
		(i)	(ii)	(iii)
Section E	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		× 48. ×	Pre-2014	Amount for 2014
	tributable amount for 2014 from Section C, line 6			
	derdistributions, if any, for years prior to 2014			, · × ·
•	sonable cause required-see instructions)			***§*
3 Exce	ess distributions carryover, if any, to 2014	n' h (t Wi	, 12.8	
a `			· .	2 : : 1 (12 ded 4
b ፣	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			; '40, # } (
С				
<u>d</u> ⊰			. 7 3,8 % %	y W Å . ,
e Fron	m 2013	m Yea i Pil	war le :	772 Mg 1 1
f Tota	al of lines 3a through e		FICE / Alice at	, , , ,
g App	blied to underdistributions of prior years	· · · · · ·		
h App	olied to 2014 distributable amount			
i Carr	ryover from 2009 not applied (see instructions)		3.5 3.5 4.5	: ### i
j Rem	nainder Subtract lines 3g, 3h, and 3i from 3f.		Waya ary	;
	tributions for 2014 from Section D,	** /* >	, ,	
line	7 \$	**	\$ / 3 **; ×., /	
а Арр	olled to underdistributions of prior years			80 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b App	olied to 2014 distributable amount	^, <u>*</u>		
	nainder Subtract lines 4a and 4b from 4			* / // .
5 Rem	naining underdistributions for years prior to 2014, if	,		, J
any.	. Subtract lines 3g and 4a from line 2 (if amount	, ,		<i>*</i>
	ater than zero, see instructions)	,		
	naining underdistributions for 2014. Subtract lines 3h			
	4b from line 1 (if amount greater than zero, see		1 4	
	ructions).	,	, ,	
	cess distributions carryover to 2015. Add lines 3			
and	-			
	akdown of line 7			
a				
b				
<u> </u>				
	ess from 2013			
u EXC	600 HOIN 20 10		 	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990	EZ) 2014 West al Information.	Virginia	Farm B	ureau	<u>Foundatio</u>	n Inc55	-0746749	Page 8
Part VI						I, line 10, Part II, lin	e 17a or 17b,	and Part III, line	12.
	Also complete th	is part for any addi	tional information	(See instruction	ons).				
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SCHEDULE 0

(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.

OMB No 1545-0047

Form 990 or 990-EZ or to provide any additional information Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.		Open to Public Inspection
Name of the organization West Virginia Farm Bureau Foundation	Employe	er identification number 0746749
Form 990-EZ, Part I, Line 4, Other Investment Income:		
Description of Property:	<u></u>	Amount:
Bank interest	<u></u>	17.
Form 990-EZ, Part I, Line 8, Other Revenue:	 	····
Description of Other Revenue:		Amount:
Reimbursed supplies		657.
Miscellaneous		188.
Total to Form 990-EZ, line 8		845.
Form 990-EZ, Part I, Line 16, Other Expenses:	· · · · · · · · · · · · · · · · · · ·	
Description of Other Expenses:		Amount:
Program - Contract teacher and expenses for mobile Ag	. lab	16,517.
Program - Transport & repairs mobile Ag. lab		19,755.
Program - Mobile Agricultural lab supplies		3,786.
Program - Summer AG. Institute Registrations		7,073.
Program - Ag. In the Classroom Expenses		1,607.
Administrative services fee - WV Farm Bureau, Inc.		5,000.
Postage		142.
Licenses/registrations		611.
Miscellaneous		251.
Total to Form 990-EZ, line 16	-	54,742.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description Beg.	of Year	End of Year
Accounts receivable	6,300.	5,050.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Fo	rm 990 or 990-EZ) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs goviform990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

West Virginia Farm Bureau Foundation Inc_

Employer identification number 55-0746749

Form 990-EZ, Part II, Line 26, Other Liabilities:
Description Beg. of Year End of Year
Expense reimbursement due to Farm Bureau 0. 355.
Form 990-EZ, Part III, Primary Exempt Purpose - Sponsor agricultural education programs for students and the general public.
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:
We provided these fees so kindergarten thru 5'th grade
teachers could attend the Summer Agricultural
Institute, learn more about agriculture and farming and
better educate our young students about agriculture.
Form 990-EZ, Part III, Line 29, Program Service Accomplishments:
We provided supplies for Agriculture in the Classroom
teaching activities so that kindergarten thru 5'th grade
teachers would have better materials and be able to
educate their students.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)