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DLN: 93493239006076

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2015

Open to Public Inspection

			c Name of organization	ng 01-01-2015 , and ending 12-31-20	15	D. F		
		applicable change	VIRGINIA FARM BUREAU FEDERATI	NC			•	ntification number
	me ch	_	Doing business as				41900	2
	tial ret	_	Doing business as					
, Fır				nail is not delivered to street address) Room/s	uite	E Teleph	one num	ıber
ret	urn/te	erminated	P O BOX 27552			(804)	290-1	1000
		d return	RICHMOND, VA 232617552	ntry, and ZIP or foreign postal code		G Gross	receints (	\$ 11,953,359
Ap	plication	on pending	,			<b>G</b> 01033	receipts .	<del></del>
			<b>F</b> Name and address of pri WAYNE F PRYOR	ncıpal officer		s this a group		for
			P O BOX 27552			subordinates? Are all subord		ΓYes <b>Γ</b> No ΓYes ΓNo
			RICHMOND, VA 2326175	52		ncluded?		
—— т Та	ıx-exe	empt status		(insert no )				(see instructions)
				(IIISEIT IIO )   4347(a)(1) 01   327	H(c)	Group exemp	tıon nuı	mber 🟲
	ebsit	te:► WV	VW VAFB COM					
			Corporation Trust Association	on Other 🕨	<b>L</b> Year	of formation 19	926 <b>M</b>	State of legal domicile VA
Pa	rt I		nmary					
			scribe the organization's missio	n or most significant activities ERESTS OF MEMBERS THROUGH EC	ONOMIC	DOLITICAL	8 SOC	TAL DROGRAMS
e e		LINITAINC	ING THE AGRICULTURAL INT	ERESTS OF MEMBERS THROUGH EC	ONOMIC	, FOLITICAL	<u> </u>	IAL PROGRAMS
elle E	-							
Ě	,-	Chack th	his hay by if the arganization di	continued its operations or disposed	of mara th	an 25% of its	not ac	cotc
Activities & Governance	_	CHECK (I	ma box ej in the organization di	scontinued its operations or disposed	or more th	an 2370 OFICS	net as	3EL3
<i>ు</i> ఇక	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	18
<u>ග</u>	4	Number	of independent voting members	of the governing body (Part VI, line 1b	)		4	17
星	5	Total nu	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	207
ទូ	1			ecessary)			6	0
	1		related business revenue from P		7a	928,449		
	Ь	Net unrel	ated business taxable income fr	om Form 990-T, line 34	· · ·		7b	741,685
		C t		11.		Prior Year		Current Year
<u>a</u>	8		ibutions and grants (Part VIII, I	ine 1 n)	2,570	0	2,550,584	
Revenue	10			n (A), lines 3, 4, and 7d)		4,032	-	3,965,513
ě	11		revenue (Part VIII, column (A)	3,121,		3,103,745		
	12		, , , ,	. (must equal Part VIII, column (A), li	ne	9,725		9,619,842
		12)						
	13		·	t IX, column (A), lines 1-3)		150		173,161
	14			IX, column (A), line 4) ee benefits (Part IX, column (A), lines			0	0
\$	15	5-10		ee benefits (Part IX, Column (A), lines		7,181,	,840	5,342,705
Expenses	16a	n Profe	ssional fundraising fees (Part IX	, column (A), line 11e)			0	0
ਡੌ	b	Total fo	undraising expenses (Part IX, column (E	0), line 25) <b>►</b> 0				
_	17	O ther	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		2,966	,062	3,211,761
	18			ist equal Part IX, column (A), line 25)		10,298,		8,727,627
. 09	19	Rever	nue less expenses Subtract line	18 from line 12	<u> </u>	-572,	968	892,215
868 200					Beginn	ing of Current	Year	End of Year
SS ed	20	Total	assets (Part X, line 16)			48,205,	950	46,171,796
Net Assets of Fund Balances	21					19,943,	758	17,240,509
žΞ	22	Net a	ssets or fund balances Subtract	28,262,	192	28,931,287		
Unde my k	nowle	nalties of edge and		amined this return, including accompa nplete Declaration of preparer (other				
		***	***			2016-08-25		
Sigr	า	I B	ature of officer			Date		
Her			'NE F PRYOR PRESIDENT					
		Тур	e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Paid			Firm's name 🕨			Firm's EIN 🕨	1	
Pre	•	er <sub> </sub>	Firm's address 🟲			Phone no		
Use	Or	niy						

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

orm	990	(201	5)

a '	g	e	2
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Par		e <b>nt of Program Service A</b> Schedule O contains a response (	-	II	ন
1		the organization's mission	,		7
		PRIMARILY THROUGH ADVOCA BERS THROUGH ECONOMIC, PC			LTURAL INTERESTS OF
2		ation undertake any significant pro 90 or 990-EZ?	gram services during the year	which were not listed on	⊤Yes √No
	If "Yes," descril	be these new services on Schedul	e O		
3	services? .	ition cease conducting, or make s	_	nducts, any program	⊤Yes ▼No
	If "Yes," descri	be these changes on Schedule O			
4	expenses Secti	ganization's program service acco ion 501(c)(3) and 501(c)(4) orga ses, and revenue, if any, for each p	nizations are required to report		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PUBLISHED FOUR AGRICULTURAL IS OUR ASSOCIATE (	PRODUCER MEMBERS, FARM BUREAU NE TIMES A YEAR THE PURPOSE OF THE FA SUES AND PROVIDE THEM WITH EDUCAT NON-FARMER) MEMBERS A WEEKLY TEL CESS, NETWORK AFFILIATE STATIONS AN	RM BUREAU NEWS IS TO KEEP PROD IONAL MATERIALS THE PURPOSE OF EVISION PROGRAM, REAL VIRGINIA,	UCER MEMBERS (FARMERS) ABREAS CULTIVATE IS TO PROMOTE THE IMI IS PRODUCED AND AIRS WEEKLY ON	ST AND AWARE OF PORTANCE OF AGRICULTURE TO 146 LOCAL ACCESS,
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	,
4D	PROMOTIONAL SU	) (Expenses \$ PPORT IS PROVIDED TO COUNTY FARM E NT ADS AND RADIO ADS THE FEDERATIO	BUREAUS THROUGH THE COUNTY NEV	VSLETTER PROGRAM, AS WELL AS TI	
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		NED STAFF PROMOTES THE ORGANIZATION OF SUCH AS WEB SITES AND PUE		EDERAL LEGISLATIVE PROCESS THRO	JUGH MEDIA RELATIONS AND
	See Additional	Data			
	Other program	services (Describe in Schedule C	) )		
-ru	(Expenses \$	-	grants of \$	) (Revenue \$	)
		service expenses 🕨	<del>-</del> '	, , ,	·
	i ocai piogialli	activities expenses F			

Form 990 (2	2015)		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
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 as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{?}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

	990 (2015)					Page 5			
Pal	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v						
	Chock in Contraction Contraction and Contraction Contr				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	92						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0						
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	207						
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during			3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a sie over, a financial account in a foreign country (such as a bank account, securities account)? $\cdot$ .			4a		No			
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)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than $\$10$ organization solicit any contributions that were not tax deductible as charitable cont			6a		No			
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?		6b						
7	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 services provided to the payor?			7a					
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ту тог •	which it was required to	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year $\dots$	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the o		ation file Form 8899 as	_					
h	required?		the organization file a	7g					
8	Form 1098-C?	•		7h					
	Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines:	s holdings at any time	8					
9a	Did the sponsoring organization make any taxable distributions under section 49667	٠.		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b							
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? <b>N</b> additional information the organization must report on Schedule O	ote. S	see the instructions for	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo			
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explana"	tion ir	Schedule O	14b					

Part VI	Governance.	Management.	, and Disclosure	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, 

Se	ection A. Governing Body and Management	• •		<u> ~</u>
30	action A. Governing body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	. 8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	. 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder or persons other than the governing body?	s, <b>7b</b>	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	. 8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If "Yes," provide the names and addresses in Schedule O	he <b>9</b>		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill the form?	ng <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	2		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a		
	taxable entity during the year?	16a		Νo
b	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 exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records DAVID PRIDDY 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 (804) 290-1000

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

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	A verage Position (do not check more than one box, unless week (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	tion ( han o on is	one l both	box, an	heck unless officer stee)		Repor comper from organiza 2/1099	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-M13C)	2/1099-M15C)			
See	Addıtıonal Data Table						<del>                                     </del>							
1b c d	Sub-Total								1 47	0,465	0		252,973	
2	Total (add lines 1b and 1c).  Total number of individuals (in					ıste	d abov	e) w		·			232,373	
	\$100,000 of reportable compe	_						,						
											_	Yes	No	
3	On line 1a? If "Yes," complete S					key •	emplo • •	yee, •	or highes,	t comper		3 Yes		
4	For any individual listed on line organization and related organ individual										uch			
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	• satı	• on fr	om any	• / unr	elated org	anızatıor		4 Yes		
	services rendered to the organ	ızatıon? <i>If "Yes,</i>	" comple	ete Sc	hedu	ıle J	forsuc	h pe	rson .			5	No	
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												r	
	N	( <b>A)</b> ame and business a	address							De	(B) scription of services		c) nsation	
COLO	NIAL WEBB CONTRACTORS CO									CONTRAC	ΓOR		473,907	
	ACKLEY AVENUE MOND, VA 23228													
	AN BROTHERS FARMING LLC									HAULING			109,381	
AMEL	I N LODORE RD IA, VA 23002										IOUTANT		404.4	
	AMS MULLEN  10TH ST STE 1600									LEGAL COM	NSULTANT		101,165	
	MOND, VA 23219													
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization - 3

art V	***	Statement o						
		Check if Schedu	ile O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		_						512-514
2 2	1a	Federated camp	paigns 1a					
E 5	b	Membership du	es <b>1b</b>					
5 <u>ĕ</u>	c	Fundraising eve	ents <b>1c</b>					
ξ, ξ	d	Related organiz	ations <b>1d</b>					
5 ≝	e	Government grants						
Sir	_	_						
<u> </u>	T	similar amounts no	ons, gifts, grants, and <b>1f</b> t included above					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	: 1a-1f					
ء د		- Totali / Ga III G		•				
e≘	2-	MEMBERSHIP DUES		Business Code	2 552 524	0.550.504		
Je.	2a L	MEMBERSHIP DOES	<u> </u>	110000	2,550,584	2,550,584		
22	b							
Š	С							
<i>3</i> 3	d							
Program Serwce Revenue	e	Λ II - + I ··						
Ď	f	All other progra	m service revenue					
4	g	Total. Add lines	32a-2f		2,550,584			
	3		ome (including dividendar ar amounts)		3,937,496			3,937,496
	4		ar amounts) tment of tax-exempt bond	· · · ·				
	5				1,961,380			1,961,380
		,	(ı) Real	(II) Personal				
	6a	Gross rents	1,041,365					
	b	Less rental	144,673					
	_	expenses Rental income	896,692					
	С	or (loss)	·					
	d	Net rental incor	me or (loss)		896,692		896,692	
	7-	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	2,216,861					
	b	Less cost or other basis and	2 100 044					
		sales expenses	2,188,844					
	<b>c</b>	Gain or (loss)	28,017		20.017			20.017
	d		s)		28,017			28,017
Omer Revenue	8a	Gross income frevents (not incl  \$						
		See Part IV, lin	e 18 <b>a</b>					
۱ د	b C		penses <b>b</b> loss) from fundraising	events				
	_		rom gaming activities	events p-				
	-	See Part IV, lin						
			а					
	b		penses b					
			loss) from gaming acti	vicies 🕦				
	10a	Gross sales of i returns and allo						
			а	1,606				
	b	_	oods sold <b>b</b>	0				
	С		loss) from sales of inve		1,606			1,606
}	4.4	Miscellaneous		Business Code	242.240			242.240
	11a	MISCELLANEO		110000	212,310		24 757	212,310
	Ь	ADVERTISING	INCOME	541800	31,757		31,757	
	c							
	d		ie					
	е		:11a-11d		244,067			
	12	Total revenue.	See Instructions .	· · · · •	9,619,842	2,550,584	928,449	6,140,809

Form 9	990 (2015)				Page <b>10</b>
Part	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	173,161			
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	802,298			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,224,955			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	-144,367			
9	Other employee benefits	206,818			
10	Payroll taxes	253,001			
11	Fees for services (non-employees)				
а	Management				
b	Legal	89,327			
C	Accounting	30,500			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	160,676			
13	Office expenses	452,815			
14	Information technology	260,845			
15	Royalties				
16	Occupancy	428,553			
17	Travel	335,645			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,364			
19	Conferences, conventions, and meetings	366,599			
20	Interest	91,785			
21	Payments to affiliates	512,400			
22	Depreciation, depletion, and amortization	44,335			
23	Insurance	23,173			
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 O)				
а	STATE & FEDERAL INCOME	295,398			
b	PROPERTY & OTHER TAXES	39,559			
c	RADIO AND RECORDING	29,663			
d	DUES AND SUBSCRIPTIONS	28,576			
e	All other expenses	18,548			
25	Total functional expenses. Add lines 1 through 24e	8,727,627			
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,860,774 1,054,852 1 1 2 454.868 2 182.900 Savings and temporary cash investments . . . . 3 3 4 411.966 4 206.749 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L **Assets** 6 7 7 8 8 79.885 107,060 9 9 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis 1,909,240 10a Complete Part VI of Schedule D b 10b 1,766,262 201,112 10c 142,978 Less accumulated depreciation . . . . 14,226,030 11 12,137,731 11 1,600,213 12 1,150,408 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 29,371,102 15 31,189,118 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 48.205.950 16 46,171,796 2,571,162 1,452,645 17 **17** 18 18 1.293.340 19 1,259,633 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 11,695,182 10,302,344 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,384,074 25 4,225,887 19,943,758 26 17,240,509 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete Balance lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ö 30 14,551,950 30 14,312,628 Net Assets 13.678.331 14.586.693 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 Retained earnings, endowment, accumulated income, or other funds 31,911 32 31,966 33 28,262,192 28,931,287 33 48.205.950 Total liabilities and net assets/fund balances . . . . . . . . . . . 34 46, 171, 796

Doo	t XI Reconcilliation of Net Assets			<u> </u>	age ==
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9 ,€	519,842
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,7	727,627
3	Revenue less expenses Subtract line 2 from line 1	3			892,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		28,	262,192
5	Net unrealized gains (losses) on investments	5		-;	223,120
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		28,9	931,287
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

## **Additional Data**

Software ID: Software Version:

**EIN:** 54-0419002

Name: VIRGINIA FARM BUREAU FEDERATION

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

(Code COMMODITY SER <sup>v</sup>	) (Expenses \$ VICES	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
WOMEN & YOUNG	FARMERS PROGRAMS			

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

orin 550, Parc	TIT + Flogram Scrvice Ac	complianments (See the Institu	ictions,	
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
GROUP PURCHASI	ING			
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
PROGRAM DEVELO	OPMENT			

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

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
MARKETING SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer from the week (list compensation from related any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Individual trustee or director organızatıons lighest compensated related Institutional below employee organizations dotted line) Trustee 40 00 WAYNE F PRYOR ..... Х Χ 357,281 30,789 PRESIDENT 2 00 SCOTT E SINK Χ Х 20,644 0 970 VICE PRESIDENT 2 00 GRANT A COFFEE Х 19.200 0 2.941 DIRECTOR 2 00 JANICE R BURTON ..... Х 12,094 0 8,303 DIRECTOR 2 00 EMILY F EDMONDSON Х 4,405 0 14,954 DIRECTOR 2 00 MARVIN L EVERETT JR 0 Х 0 21,419 DIRECTOR 2 00 THOMAS E GRAVES JR Χ 13,195 6,980 DIRECTOR 2 00 DAVID L HICKMAN DIRECTOR Χ 16,104 0 4,422 2 00 EVELYN H JANNEY 16,538 0 Х 3.490 DIRECTOR 2 00 JORDAN M JENKINS JR 0 0 22,736 DIRECTOR 2.00 GORDON R METZ JR Х 12,525 0 7,996 DIRECTOR 2 00 ROBERT J MILLS JR Х 15,790 0 4,271 DIRECTOR 2 00 RICHARD L SUTHERLAND Х 17,894 0 485 DIRECTOR 2 00 CHAPMAN LEIGH H PEMBERTON ..... Х 17,294 0 DIRECTOR 2 00 PETER A TRUBAN 0 Х 5,916 13,968 DIRECTOR 2 00 WILLIAM E WALTON 8,947 0 11,043 Χ DIRECTOR 2.00 WILLIAM F OSL JR DIRECTOR Х 16,538 0 2,643 2 00 RUSSELL L WILLIAMS II 0 Х 4,147 1,074 DIRECTOR 40 00 JONATHAN S SHOUSE Х 155,449 0 17,581 **SECRETARY** 4 00 DAVID A PRIDDY Χ 0 0 ASST TREASURER 4 00 PEGGY L MCCLELLAND Χ 0 0 ASST TREASURER 40 00 WILMER STONEMAN 107,676 0 Х 12,667 HIGHLY COMPENSATED EMPLOYE 40 00 CLAY FRANCIS ..... Χ 175,522 0 20,546 HIGHLY COMPENSATED EMPLOYE 40 00 MARTHA MOORE Х 160,461 0 22,169 HIGHLY COMPENSATED EMPLOYE 40 00 GREG HICKS Х 161,846 0 10,719 HIGHLY COMPENSATED EMPLOYE

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (e nan o n is b	ne bo	ox, u an of	nless ficer		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Forner	2/1099-MISC)	2/1099-MISC)	organization and related organizations
SPENCER NEALE HIGHLY COMPENSATED EMPLOYE	40 00					х		125,508	0	4,893
STEPHEN L SAUFLEY FORMER DIRECTOR	2 00						х	12,372	0	3,762
EDWARD SCHARER FORMER OFFICER/DIRECTOR	0 00						х	13,119	0	2,152

DLN: 93493239006076

## OMB No 1545-0047

## 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.

**Inspection** 

If the organization answered "Yes" on 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" on 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" on 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 ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** VIRGINIA FARM BUREAU FEDERATION 54-0419002 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

**f** Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page <b>2</b>
Pa	rt II-A Complete if the organization under section 501(h)).	n is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check  fithe filing organization belongs to expenses, and share of excess lobl Check  fithe filing organization checked bo	bying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	<del>-</del>		1918.5	
та	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines 1a and 1	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	er -0-	organization file F		No	
	(Some organizations that made a columns below. See	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	T	ı
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			1 0	ige <b>S</b>
_		(6	a)		(b)	
For e activ	rach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	/	4 moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103				
а	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	O ther 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			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

## Part IV Supplemental Information

Return Reference

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493239006076

OMB No 1545-0047

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(Form 990)

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

► Attach to Form 990.

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

Open to Public Inspection

	me of the organization GINIA FARM BUREAU FEDERATION		Empl	oyer identification number
VII	SINJA I AKE BUKEAU I EDEKATION		54-0	419002
Pa		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds c	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor a funds are the organization's property, subject to t	<u> </u>	nor advis	ed Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the confering impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny other	Yes No
a	rt II Conservation Easements. Comple		on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th			
	Preservation of land for public use (e g , recre			cally important land area historic structure
	Preservation of open space	, reservation or a	ceremea	mistorie structure
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
	cassiment on the last aay of the tax year			Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
С	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (on historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year <b>-</b>			
	Number of states where property subject to cons	ervation easement is located 🗠		
	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	┌ Yes
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	<b>-</b>			
	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
	Does each conservation easement reported on lii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
ar	t III Organizations Maintaining Collec	etions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
а	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
(	i) Revenue included on Form 990, Part VIII, line 1	L	<b>▶</b> \$_	
(i	i) Assets included in Form 990, Part X			
-	If the organization received or held works of art, he following amounts required to be reported under S		or financ	
a	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	•			

**b** Assets included in Form 990, Part X

Pari	3111	Organizations Maintaining (continued)	Collections of Art	, His	stori	cal Trea	asures,	or Oth	ner Simila	ar Asse	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other recor	ds, cl	heck a					nt use of	fits	
а	ГР	ublic exhibition		d	Г	Loan or	exchange	progran	ns			
b	Γs	cholarly research		e	Γ	Other						
С	ГР	reservation for future generations										
4	Provid Part X	de a description of the organization's	s collections and expla	ın ho	w they	further t	he organiz	zatıon's	exempt pur	pose in		
5		g the year, did the organization solid s to be sold to raise funds rather th								Yes	┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part IV,	line 9, c	r repo	rted an an	nount o	n Forn	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interme	dıary	for c	ontributio	ns or othe	erasset		Yes	┌ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete t	he fo	llowin	g table		ſ		Amoun	ıt	
c	Beg	jinning balance						1c				
d	A d	ditions during the year						1d				
е	Dıs	tributions during the year						1e				
f	End	ling balance						1f				
2a	Did th	e organization include an amount o	n Form 990, Part X, line	e 21,	for es	crow or c	ustodial a	ccount	liability? [	Yes	┌ No	
ь	If"Ye	s," explain the arrangement in Part	XIII Check here if the	expl	anatıc	n has bee	en provide	ed in Pa	rt XIII			<u> </u>
Pa	rt V	Endowment Funds. Comple	te if the organization	n ans	swere							
			(a)Current year	<b>(b)</b> Pi	nor yea	r <b>b (c</b>	Two years	back (d	I)Three years	back (e	<b>)</b> Four ye	ars back
1a		ning of year balance										
Ь	Conti	ributions										
c	Net II losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships										
e		r expenditures for facilities rograms										
f	- A dmı	nistrative expenses										
g	End c	fyear balance										
2	Provid	de the estimated percentage of the	current year end balanc	e (lır	ne 1g,	column (	a)) held a:	s				
а	Board	designated or quasi-endowment		-								
ь		anent endowment ►										
С		orarily restricted endowment 🕨										
_		ercentages on lines 2a, 2b, and 2c										
3a		iere endowment funds not in the pos ization by	ssession of the organiza	ation	tnat a	ire neid ai	na aamini:	sterea r	or the		Yes	No
		related organizations								3a(i)		
		lated organizations								3a(ii)		
Ь		s" on 3a(II), are the related organiz								. 3b		
4		tibe in Part XIII the intended uses of		dowm	nent fu	ınds						
Par	t VI	Land, Buildings, and Equip Complete if the organization a		rm 9	90. P	Part IV. I	ine 11a.	See Fo	rm 990. P.	art X. lı	ne 10.	
		Description of property			ost or o	a) other basis stment)	Cost or ot	<b>)</b> ther basis	Accum	ulated		ok value
	Land				,,	· · · · · · · · · · · · · · · · · · ·	, , , ,	•	1			
		gs										
		old improvements										
		ent										
е	Other			$\cdot   \Box$		276,653	3 1	1,632,587	1	,766,262		142,978
		ines 1a through 1e (Column (d) mus		, colu	mn (B	), line 10(				<b>&gt;</b>		142,978

See Form 990, Part X, line 12.	plete if the organiz	ation answered Ye	s on Form 990, Part IV, line IID.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of cild of year market value
(2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. <sub>Se</sub>	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			, car manner and
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	answered 'Yes' on Fo	rm 990 Part IV line 1	11d See Form 990 Part X line 15
(a) Descrip			(b) Book value
(1) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE			17,538 12,155,287
(3) DUE FROM AFFILIATES			19,014,074
(4) FIXED ASSET - WORK IN PROGRESS			2,219
T. 1 (C. 1 (1) 15 200 D. 1 V. 1 (D. 1 15			21 120 110
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the organ		• • • • • • • • • • • • • • • • • • •	
See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED POST RETIREMENT BENEFITS	2,726,11	.3	
DEFENDED COMPENSATION DAVABLE			
DEFERRED COMPENSATION PAYABLE	1,232,69	74	
DUES PAYABLE	267,08	10	
		$\dashv$	
		_	
		$\dashv$	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,225,88	37	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part			Datama
		es per	keturn.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per	Return.
1 2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	_	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	_	keturn.
2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	_	keturn.
2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	_	keturn.
2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	_	keturn.
2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	_	keturn.
2 a b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	keturn.
2 a b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	keturn.
2 a b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	keturn.
2 a b c d e 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Return.
2 a b c d e 3 4 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Return.
a b c d e 3 4 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	2e 3	keturn.

## Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE COMPANY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2009 THE COMPANY ANALYZED FILING POSITIONS IN ALL OF THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS THE PERIODS SUBJECT TO EXAMINATION FOR THE COMPANY'S FEDERAL AND STATE RETURNS ARE THE 2012, 2013, 2014 AND 2015 TAX YEARS THE COMPANY DID NOT HAVE ANY UNCERTAIN TAX BENEFITS AND THERE WAS NO EFFECT ON THE COMPANY'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS AS A RESULT OF IMPLEMENTING THE AUTHORITATIVE GUIDANCE IT IS THE COMPANY'S POLICY TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE AS OF THE DATE OF ADOPTION OF THE FASB'S AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND AS OF DECEMBER 31, 2015 THE COMPANY DID NOT HAVE ACCRUED INTEREST OR PENALTIES ASSOCIATED WITH ANY UNCERTAIN TAX BENEFITS, NOR WAS ANY INTEREST EXPENSE RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2015
_	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

(Form 990)

Department of the

Internal Revenue Service Name of the organization

VIRGINIA FARM BUREAU FEDERATION

Treasury

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

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

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

OMB No 1545-0047

DLN: 93493239006076

Open to Public Inspection

**Employer identification number** 

						54-0419002	
Part I General Informa							
<ol> <li>Does the organization main the selection criteria used to Describe in Part IV the org</li> </ol>	to award the grants (	orassistance?			bility for the grants or a	ssistance, and	√ Yes
			<b>omestic Governments.</b> C Iditional space is neede		zatıon answered "Yes" o	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA FFA	51-0250911	501(C)(3)	5,000				GENERAL SUPPORT
(1) FOUNDATION P O BOX 185 CHRISTIANSBURG, VA 24068	31-0230911	301(0)(3)	3,000				GLNERAL SUFFORT
VIRGINIA TECH (2) FOUNDATION 902 PRICES FORK ROAD BLACKSBURG, VA 24061	54-0721690	501(C)(3)	6,530				GENERAL SUPPORT
(3) VIRGINIA STATE UNIVERSITY FOUNDATION P O BOX 9071 PETERSBURG, VA 23806			5,000				GENERAL SUPPORT
(4)							GENERAL SUPPORT
2 Enter total number of section	on E01/aV2) and go	Varnment erganization	lusted in the line 1 tab	l .	<u>I</u>	<u> </u>	3

Enter total number of other organizations listed in the line 1 table.

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Supplemental Inforn	nation. Provide the inf	formation required in	Part I, line 2, Part III,	column (b), and any other a	addıtıonal ınformatıon.

Return Reference

Explanation

Schedule I (Form 990) 2015

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DLN: 93493239006076

Schedule J

## **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization VIRGINIA FARM BUREAU FEDERATION

(Form 990)

Department of the Treasury

**Employer identification number** 

54-0419002

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
_				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 14.	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 WAYNE F PRYOR PRESIDENT	(i)	257,361 	94,870	5,050	20,977	9,812	388,070	0
	(ii)	0	0	0	0	0	0	0
2 JONATHAN S SHOUSE SECRETARY	(i)	120,415	24,147	10,887	9,297	8,284	173,030	0
	(ii)	0	0	0	0	0	0	0
3 CLAY FRANCIS HIGHLY COMPENSATED	(i)	143,863	28,549	3,110	10,402	10,144	196,068	0
EMPLOYE	(ii)	0	0	0	0	0	0	0
4 MARTHA MOORE HIGHLY COMPENSATED	(i)	130,867	26,379	3,215	10,157	12,012	182,630	0
EMPLOYE	(ii)	0	0	0	0	0	0	0
5 GREG HICKS HIGHLY COMPENSATED	(i)	130,417	25,585	5,844	9,355	1,364	172,565	0
EMPLOYE	(ii)	0	0	0	0	0	0	0
6 STEPHEN L SAUFLEY FORMER DIRECTOR	(i)	12,372	0	0	2,792	970	16,134	0
	(ii)	0	0	0	0	0	0	0
7 EDWARD SCHARER FORMER OFFICER/DIRECTOR	(i)	13,119	0	0	1,667	485	15,271	13,119
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Provide the information, explanation, o	r descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for Part 11. Also complete this part for any additional information
Return Reference	Explanation
	THE OFFICE OF PRESIDENT OF THE VIRGINIA FARM BUREAU FEDERATION IS AN ELECTED POSITION PERIODICALLY, HUMAN RESOURCES SENDS THE BUDGET AND AUDIT COMMITTEE THE PRESIDENT'S CURRENT SALARY, THE SALARY RANGE OF THE POSITION, AND THE AVERAGE SUGGESTED INCREASE PERCENTAGE FOR EXECUTIVES BASED ON SALARY SURVEY DATA THE SALARY IS REVIEWED AND THE INCREASE IS RECOMMENDED BY THE COMPANY'S BUDGET AND AUDIT COMMITTEE WHICH IS MADE UP OF FIVE OF THE EIGHTEEN BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RECOMMENDATION OF THE BUDGET AND AUDIT COMMITTEE THIS PROCESS IS REVIEWED DURING THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS THE SECRETARY OF THE COMPANY HAS RECORDED MINUTES OF THE SALARY APPROVAL THIS IS AN ANNUAL PROCESS WHICH OCCURS DURING THE FIRST QUARTER OF THE YEAR FOLLOWING AND THE SALARY IS EFFECTIVE JANUARY 1 OF THE FOLLOWING YEAR
·	WAYNE F PRYOR \$18,000 JANICE BURTON \$5,800 GRANT COFFEE \$978 EMILY F EDMONDSON \$12,188 MARVIN L EVERETT, JR \$17,894 THOMAS E GRAVES, JR \$4,398 DAVID L HICKMAN \$1,789 EVELYN JANNEY \$1,056 JORDAN M JENKINS, JR \$17,594 GORDON R METZ, JR \$5,368 ROBERT MILLS, JR \$2,104 WILLIAM F OSL, JR \$1,056 STEPHEN SAUFLEY \$1,375 PETER TRUBAN \$11,678 WILLIAM E WALTON \$8,947 MARTHA MOORE \$13.500 GREG HICKS \$17.454

Schedule J (Form 990) 2015

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As Filed Data -

DLN: 93493239006076

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.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

VIRGINIA FARM BUREAU FEDERATION 54-0419002		Employer identification number
	VIRGINIA FARM BUREAU FEDERATION	54-0419002

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

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

Return Reference	Explanation
	THE ONLY DECISIONS OF THE GOVERNING BODY (BOARD OF DIRECTORS) WHICH ARE SUBJECT TO THE APPROVAL OF THE MEMBERS ARE THOSE TO CHANGE THE BYLAWS OF THE FEDERATION THE BOARD OF DIRECTORS CAN AMEND THE BYLAWS BUT ANY AMENDMENT IS SUBJECT TO RATIFICATION BY THE MEMBERS

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE OFFICE OF PRESIDENT OF VIRGINIA FARM BUREAU FEDERATION IS AN ELECTED POSITION PERIODICALLY, HUMAN RESOURCES SENDS THE BUDGET AND AUDIT COMMITTEE THE PRESIDENT'S CURRENT SALARY, THE SALARY RANGE OF THE POSITION, AND THE AVERAGE SUGGESTED INCREASE PERCENTAGE FOR EXECUTIVES BASED ON SALARY SURVEY DATA. THE SALARY IS REVIEWED AND THE INCREASE IS RECOMMENDED BY THE COMPANY'S BUDGET AND AUDIT COMMITTEE WHICH IS MADE UP OF THREE OF THE EIGHTEEN BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RECOMMENDATION OF THE BUDGET AND AUDIT COMMITTEE. THIS PROCESS IS REVIEWED DURING THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS. THE SECRETARY OF THE COMPANY HAS RECORDED MINUTES OF THE SALARY APPROVAL. THIS IS AN ANNUAL PROCESS WHICH OCCURS DURING THE FIRST QUARTER OF THE YEAR FOLLOWING AND THE SALARY IS EFFECTIVE JANUARY 1 OF THE FOLLOWING YEAR. THE OFFICE OF THE CORPORATE SECRETARY OF THE VIRGINIA FARM BUREAU FEDERATION IS AN APPOINTED POSITION. A MARKET STUDY USING SALARY SURVEY DATA IS COMPLETED BY HUMAN RESOURCES TO DETERMINE THE APPROPRIATE SALARY RANGE FOR THE POSITION THIS WAS MOST RECENTLY COMPLETED IN 2012. AN ANNUAL PERFORMANCE REVIEW PROCESS (PPR) IS DONE AND THE MERIT INCREASE IS DETERMINED BASED ON THE PPR SCORE. THE PRESIDENT WILL THEN SUBMIT THE REQUESTED SALARY INCREASE IS MAINTAINED IN HUMAN RESOURCES. THIS IS AN ANNUAL PROCESS WHICH TAKES PLACE IN THE FIRST QUARTER OF THE FOLLOWING YEAR WITH SALARY INCREASE IS MAINTAINED IN HUMAN RESOURCES. THIS IS AN ANNUAL PROCESS WHICH TAKES PLACE IN THE FIRST QUARTER OF THE FOLLOWING YEAR WITH SALARY INCREASES EFFECTIVE APRIL 1

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE VIRGINIA FARM BUREAU FEDERATION IS NOT REQUIRED TO PROVIDE THE GENERAL PUBLIC WITH ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AS A MEMBERSHIP ORGANIZATION WITH 88 MEMBERS OF THE FEDERATION (MEMBERS ARE THE COUNTY FARM BUREAUS BASED IN COUNTIES IN VIRGINIA) AND THROUGH THE COUNTY FARM BUREAUS SERVING OVER 128,000 FAMILY MEMBERSHIPS, WE WILL PROVIDE TO A MEMBER ACCESS TO THE GOVERNING DOCUMENTS, LISTS OF MEMBERS, FINANCIAL INFORMATION AND MINUTES A MEMBER MUST SUBMIT THEIR REQUEST TO THE CORPORATE SECRETARY IN WRITING ALLOWING UP TO 10 DAYS FOR ACCESS A REASON MUST BE GIVEN FOR THE REQUEST AND THE DOCUMENTS REQUESTED MUST HAVE RELEVANCE TO THE REASON AT THE ANNUAL MEETING OF THE VIRGINIA FARM BUREAU FEDERATION FINANCIAL STATEMENTS ARE PROVIDED TO ALL MEMBERS AS WELL AS COPIES OF THE GOVERNING DOCUMENTS

Return Reference	Explanation
	THE BUDGET AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND RECOMMENDS THE SELECTED AUDITOR TO THE FULL BOARD OF DIRECTORS FOR APPROVAL AND APPOINTMENT

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DLN: 93493239006076

OMB No 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

**SCHEDULE R** (Form 990)

Name of the organization VIRGINIA FARM BUREAU FEDERATION

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. Department of the Treasury Internal Revenue Service

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

				54-04190	0 2			
Part I Identification of Disregarded Entities Complete	ıf the organızatıon	answered "Yes" or	າ Form 990, Pa	ırt IV, lıne 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax-exempt organizations.		ne organization and	swered "Yes" (	on Form 990, Pa	ırt IV, lır	ne 34 because it	had on	е
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 51 (13) contro entity?	
							Yes	No
							+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yead assets		ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or	(k) Percentage ownership
							Yes	No		Yes	No	
(1) TOBIO LLC  12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-1973793	SUPPORT OF TRANGENIC TOBACCO (INACTIVE)	VA		UNRELATED				No		Yes		
Part TV Identification of Pelated Organizations Tayable	as a Corno	ration	or Trust (	Complete if t	he organi	zation an	CWARA	d "Voc	s" on Form	aan	Dar	t IV line

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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		·			Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$ .				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount in	volved	
ee Additional Data Table						

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

Software ID: Software Version:

**EIN:** 54-0419002

Name: VIRGINIA FARM BUREAU FEDERATION

Form 990, Schedule R, Part IV - I	Identification of Re	elated Orgar	nizations Taxable	as a Corpor	ration or Trust				,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sect 512(b) contro entit	tion o)(13) rolled ity?
VIRGINIA FARM BUREAU HOLDING (1) CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0929947	HOLDING COMPANY	VA		С	-7,030	3,378,000	100 000 %		No
VIRGINIA FARM BUREAU SERVICE (1) CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0796340	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	640,843	5,699,491			No
(2) VIRGINIA FARM BUREAU INSURANCE AGENCY INC 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0929948	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	177,928	1,597,671			No
(3) EMPLOYEE BENEFIT CORPORATION OF AMERICA 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-2015926	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	4,412,290	11,073,015			No
(4) CUSTOM HEALTH CARE INC 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 03-0382095	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	222,492	442,041			No
	MARKETING SERVICE	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	-5,186	101,992			No
(6) BENEFIT DESIGN GROUP INC 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 37-1694672	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	398,867	7,068,714			No
COMMONWEALTH FAIRS & EVENTS (7) INC 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 45-5587952	FAIRS & EVENTS	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	-2,863,869	12,643,683			No
(8) VIRGINIA FARM BUREAU MARKETING ASSOCIATION 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0700947	AGRICULTURAL SERVICE	VA		С		10,685	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations								
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved				
(1)	VIRGINIA FARM BUREAU HOLDING CORPORATION	А	3,633					
(1)	VIRGINIA FARM BUREAU SERVICE CORPORATION	А	49,953					
(2)	VIRGINIA FARM BUREAU INSURANCE AGENCY INC	А	760					
(3)	EMPLOYEE BENEFITS CORPORATION OF AMERICA	А	0					
(4)	CUSTOM HEALTH CARE INC	А	-351					
(5)	ORGANIZATIONAL MANAGEMENT INC	А	0					
(6)	BENEFIT DESIGN GROUP INC	А	0					
(7)	COMMONWEALTH FAIRS & EVENTS INC	А	98,797					
(8)	VIRGINIA FARM BUREAU MARKETING ASSOCIATION	А	-7					