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Form **990**

SCANNED

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Return of Organization Exempt From Income Tax

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

2015

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning OCT 1, and ending SEP 30, 2016 2015 Check if applicable C Name of organization D Employer identification number Address change West Virginia Farm Bureau, Inc. Name change 55-0371723 Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 62 Farm Bureau Road 304-472-2080 1,691,462 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return Buckhannon, WV 26201 H(a) Is this a group return Applica-tion F Name and address of principal officer: Charles Wilfong Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) (05) **◄** (insert no) If "No," attach a list. (see instructions) J Website: ► www.wvfarm.org **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1939 M State of legal domicile WV Part I Summary To provide leadership, Briefly describe the organization's mission or most significant activities: Activities & Governance education, information, training and economic services to members. Check this box If the organization discontinued its operations or disposed of more than 25% ts net assets. 20 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, life 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 19 OGDEN, UT Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 919,286 842,709. Contributions and grants (Part VIII, line 1h) 91,396. 72,511. Program service revenue (Part VIII, line 2g) 92,936. 10 58,308. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 252,000. 260,678. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,355,618 1,234,206.12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,145. 20,452. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 524,046. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 534,871. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 779,875. 729,056. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,284,379. -50,173. 1,318,066. 18 Total expenses Add lines 13-17 (must equal Part iX, column (A), line 25) $\overline{37,552}$ Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 3,456,564. 3,477,144. 20 Total assets (Part X, line 16) 194,059. 183,837.Total liabilities (Part X, line 26) 3,262,505. 293,307 Net assets or fund balances. Subtract line 21 from line 20 Part It | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Stephen P. Butler, Executive Secretary Here Type or print name and title PTIN Pressper's signature Print/Type preparer's name P00143839 Paid Harry D. Kemmner, CPA Preparer Kemmner, CPA 45-4014496 Firm's name | Harry D. Firm's EIN Firm's address ▶ 70 Lilac Ln Use Only Phone no 304-623-9504 Lost Creek, WV 26385 X Yes [May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2015)

WVFARMB1

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect)
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			}
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments • program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_ _
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
_	Schedule D, Parts XI and XII	12a		Х
Ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	4.41-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19 50m	990	

Form 990 (2015) West Virginia Farm Bureau, Inc.

Part IV Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		i	_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current]		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	[
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	'		X
20	If "Yes," complete Schedule N, Part I	31		
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		X
22	, and the second	32		
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33_		
3-4	Part V, line 1	34	Х	
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	- 11	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	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	00		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
16 Enter the number reported in Box3 of Form 1086. Enter of hin not applicable 19		Check if Schedule O contains a response or note to any line in this Part V			
Enter the number of Forms W26 included on line 1a. Enter 0-line applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 26 X	•			Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return If all seals one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 is in greater than 250, you may be required to e-file (see instructions) If the less manufaction have unrelated business gross income of \$1,000 or more dump the year? If "Yes," has it filed a form 990-T for this year? If "No," to this \$3, provide an explaination in Schedule O. If "Yes," has it filed a form 990-T for this year? If "No," to this \$3, provide an explaination in Schedule O. If "Yes," a filed the number of the foreigin country, be seen instructions for filing requirements for finit-CNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for finit-CNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). So was the organization and party to a prohibated as whether transaction? If "Yes," to line \$5 or \$5, did the organization file Form 8888-17? So Did any taxable party notify the organization file Form 8888-17? If "Yes," to the Side of \$5, did the organization file Form 8889-17? If "Yes," did the organization not be multiple organization and party to a prohibated as whether transaction or girts were not tax deductible as charitable contributions and party for goods and services provided to the payor? If "Yes," did the organization notice with every solicitation an express statement that such contributions or girts were not tax deductible? If "Yes," did the organization organization file forms 8282 filed duming the year If the organization duming the contributions of case pays the p	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return by I at least one is reported on line 2a, dot the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, your may be required to -file (see instructions) by If Yea, I and I filed a Form 990 Circ for the year II "No," to file a 62, provide an evipliancian in Schedule O by If Yea, and I filed a Form 990 Circ for the year II "No," to file a 62, provide an evipliancian in Schedule O see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly; exch as a bank account, excurries account, or other financial accountly; exch as a bank account, excurries account, or other financial accountly; exch as a bank account, excurries account, or other financial accountly; exch as a bank account, excurries account, or other financial accountly; exchange in a bank account, excurries account, or other financial accountly; exchange in a bank account, excurries account, or other financial accountly; exchange in a bank account, excurries account, or other financial accountly; exchange in a bank account, excurries account, or other financial accountly; exchange in the file of the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly; exchange in the file of the organization for file organization that it was or is a party to a prohibited tax shelter transaction at any time duming the tax years. If Yea, I was the file a Form 98 80 80 80 80 80 80 80 80 80 80 80 80 80	b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable			ļ
2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this netum filed for the calendar year ending with or within the year covered by this netum Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3 but the organization have unstated business gross income of \$1,000 or more dumpt the year? 3 but the organization have unstated business gross income of \$1,000 or more dumpt the year? 4 har the time dumpt the calendar year, did the organization have an explanation in Schedule O 3 but the organization and organization have an interest to, or a signature or other authority over, a financial account to a foreign country. Pire or the properties of the organization have an explanation in Schedule O 3 but any taxobic party notify the organization have an interest to, or a signature or other authority over, a financial account in a foreign country. Pire organization have an explanation in Schedule O 3 but any taxobic party notify the organization have an explanation or other financial account; FBARI. 5 but any taxobic party notify the organization have a healt it was or is a party to a prohibited tax shelter transaction? 5 but any taxobic party notify the organization have the war or is a party to a prohibited tax shelter transaction? 5 but any taxobic party notify the organization file Form 888817 5 cut if Yes, 'to did the organization in clude with every solicitation an express statement that such contributions or grifts were not tax deductible? 6 but the organization relates apprent in excess of \$75 made party sa contributions and party for goods and services provided? 7 but the organization related apprent in excess of \$75 made party sa contributions and party for goods and services provided? 7 but the organization related any service and property of the organization file for many services. 8 but the organization related a party material property of the or	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it field a Form 990-T for this year? If 'No,'' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account;? 5b If 'Yes, 'reliance the name of the foreign country.' ► ■ 5centification of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5centification of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5centification of the organization file Form 8886-T? 5centification of the organization file Form 8886-T? 6c. If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6c. Destination of the organization file Form 8886-T? 6c. Destination of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Destination of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Destination of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Destination of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Destination of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. Did the organization state were not tax deductible contributions under section 170(c). 6c. Did the organization state and the organization orga	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, *Inst filled a Form 990-T for this year? If *No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and the organization have an interest in, or a signature or other authority over, a financial accountly? 4a X X b If *Yes,* enter the name of the foreign country. **Exe instructions for filing requirements for FineCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization title Form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen on tax deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen ent tax deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen not tax deductibles? 6c Did the organization netwo apsyment in excess of \$75 mate party is a contribution of organization orgifts were not tax deductibles? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization notify the donor of the value of the goods or services provided to the payor? 6c Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d Did the organization organization on notify the donor of the value of the goods or services provided to the payor? 7e Did the organization of the payor of the value of the goods or services provided to the payor. 7e Did the organization of the payor of the value of the goods or services provide		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		900	/2015

West Virginia Farm Bureau, Inc. 55-0371723 Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 20 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 20 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? $\overline{\mathbf{x}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed -None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request ___ Own website ___ Another's website 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 19 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:

532006 12-16-15

WV

26201

Brenda Snyder - 304-472-2080

62 Farm Bureau Road, Buckhannon,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	itior more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Charles Wilfong	2.00									
President & Exec Committee		X	<u> </u>	X		ऻ_		3,080.	0.	0
(2) John Pitsenbarger	2.00			17		ĺ	ĺ	2 160		^
Vice President & Exec Comm	1.00	X	<u> </u>	X		├	-	2,160.	0.	0
(3) Joe Clay	1.00	X	ł		}	l		1,000.	0.	0
BOD (4) H. Stephen Conrad	1.00	1	-	_	-	├	-	1,000.		
BOD	1.00	X	ļ		•	ļ	ļ	920.	0.	0
(5) David W. Ash	1.00	 	\vdash			\vdash		, , , ,		
BOD		x				1		0.	0.	0
(6) Doug Stolipher	1.00	Ť	_							
BOD		X			Ì	ł		0.	0.	0
(7) Dennis Funk	1.00					$ar{}$				
BOD		X						880.	0.	0
(8) Patrick Nestor	1.00									
BOD		X				L	<u> </u>	1,880.	0.	0
(9) Philip L. Gregg	1.00	1						_	_	_
BOD		X	_		_	<u> </u> _	_	0.	0.	0
(10) Paul Canterbury	1.00					l		400		
BOD		X		_	<u> </u>	├-	-	400.	0.	0
(11) Michael Merinar	2.00	ļ ,,	ļ	.,				1 570	•	^
Exec Committee	1 00	X		X	 	 —	-	1,570.	0.	0
(12) Michael Morris	1.00	X						2,440.	0.	0
BOD (12) Polick Plain	1.00	1	-		┢	\vdash	-	2,440.		
(13) Ralph Blair BOD	1.00	x			ĺ			240.	0.	0
(14) Lynwood Ireland	1.00	1	-	-	├-	 -	一			
BOD	1330	x	1	}				240.	0.	0
(15) Clyde Bailey	1.00	1	<u> </u>		\vdash	1-				
BOD		X	1					1,160.	0.	0
(16) Bill Stewart	1.00									
BOD		X			L			800.	0.	0
(17) Paul L. Cummings	1.00									
BOD		X	1				1	880.	0.	0

Form 990 (2015)

Part VII Section A. Officers, Directors,		ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
. (A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do	not o	Pos heck			one	Reportable	Reportable		E:	stimate	ed
	hours per	box	c, unie	ss pe	rson	is bo	th an	compensation	compensatio		ar	nount	of
	week	—	T a	nd a d	III	T	100)	from	from related			other	
	(list any hours for	director	1	1	ł	}	ł	the	organization:		ſ	pensa	
	related		8			Safe		organization	(W-2/1099-MIS	iC)	1	om th	
	organizations	trustee or	trus		88		ł	(W-2/1099-MISC)				anızat	
	below	thal t	tona		So of	15 B	_					d relat anızatı	
	line)	Indiwdual	Institutional frustee	Officer	Key employee	Highest compensated employee	E				o, g	.,,, <u>,,</u>	01,3
(18) David R. Parker	1.00				_								
BOD		X	<u> </u>				L	560.		0.			0
(19) Pamela Hessler	1.00	l								_			_
BOD, State WLC Chairperson		X	}	├		├-	⊢	480.		0.			0
(20) Susan Wilkins	2.00	X		ļ]			560.]	0.	,		Λ
BOD, State YF Chairman (21) Stephen P. Butler	40.00	 ^-	╁	-		-	-	300.		<u>.</u>			0
Executive Secretary	40.00	┨		X	ì			75,000.		0.	ł	9,2	40
nacutive betterary		†-	 	1		 		73,000.		<u> </u>		<i>.</i> ,	10
		1		ļ	İ								
		<u> </u>	<u> </u>	ļ		<u> </u>	<u> </u>						
		-									}		
		ļ	├-	-	-	-	-				<u> </u>		
		1	1	ļ	ļ	l		}					
		 	├-			╁	-						
		1	Ì	1							ĺ		
1b Sub-total					L			94,250.		Ō.		9,2	40
c Total from continuation sheets to Pa	rt VII, Section A						▶	0.		0.			0
d Total (add lines 1b and 1c)							<u> </u>	94,250.		0.		9,2	40
2 Total number of individuals (including b	out not limited to th	nose	liste	ed al	bov	e) wi	no r	eceived more than \$100	,000 of reportabl	е			
compensation from the organization	<u> </u>								 				_ (
									_			Yes	No
3 Did the organization list any former off			e, ke	ey er	npic	yee	, or	highest compensated e	mployee on				Х
Ine 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the					***		4 . 4	har aammanaatian fram	the ereceization		3		- ♣
and related organizations greater than									the organization		4	:	Х
5 Did any person listed on line 1a receive									idual for services			,	
rendered to the organization? If "Yes,"											5		X
Section B. Independent Contractors													
 Complete this table for your five highes 										pens	ation f	rom	
the organization. Report compensation		ear	endi	ng v	vith	or w	<u>ithir</u>		year.				_
(A) Name and busir		NI	ОМІ	r.				(B) Description of s	services	c)) ompe		'n
			<u> </u>				\neg						
												-	
								-					
-													
							_						
									ļ				
					_								
2 Total number of independent contractor	ors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than	······································	************		
\$100,000 of compensation from the or	_					0					الليطليمي		
											Form	990	2015

15370125 144652 WVFARMBU

		Check if Schedule O contains	a response	or note to any li	ne in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 8	a Federated campaigns	1a				······································	
ğ.		Membership dues	16	823,418.				
S, C		c Fundraising events	1c		1			
la it		d Related organizations	1d					
ini,	•	Government grants (contributions)	1e		1			
tion 's	1	f All other contributions, gifts, grants, an	d					
ib Xhe		similar amounts not included above	1f	19,291.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f	\$!			
<u>2 g</u>	!	Total. Add lines 1a-1f		<u> </u>	842,709.		·····	
				Business Code				
ice		Advertising		541800	60,287.	10 000		60,287.
ue ue	t	Service fee Reven		110000	10,000.	10,000.		
m S	•	Health insurance		524298	2,123. 101.	2,123.		
Program Service Revenue	(Reward sign progr	aill	900099	101.	101.		
Pro	•	All other program service revenue						+
Ì		Total. Add lines 2a-2f		<u> </u>	72,511.			1
	3	Investment income (including divid	ends, inter	<u>_</u>			······································	
		other similar amounts)		>	70,343.	70,343.		
- {	4	Income from investment of tax-exe	mpt bond r	oroceeds ►				
ļ	5	Royalties	_ ' . '	•	250,000.	250,000.		<u> </u>
ĺ			(ı) Real	(II) Personal				
ĺ	6 a	Gross rents						
	t	Less: rental expenses		<u> </u>		[
	c	Rental income or (loss)		<u> </u>				
}		Net rental income or (loss)		<u> </u>				
	7 a	(4 4	Securities	(II) Other		l l		
		, 	5,221.	<u> </u>				
	ŧ	Less: cost or other basis	7 250			i i		
		· · · · · · · · · · · · · · · · · · ·	7,256. 2,035.	 		į		
1			2,033.	<u> </u>	-12,035.	-12,035.		
	9 4	 Net gain or (loss) Gross income from fundraising even 	-to /- ot		-12,033.	-12,033.	······································	<u> </u>
nue	0.6	randondra - 🐧		1		ì		
Ne.		contributions reported on line 1c).				ł		
Other Reven		Part IV, line 18	a					
the l	b	Less: direct expenses	b					
0		Net income or (loss) from fundraisi	ng events	•				
		Gross income from gaming activities					······································	
[Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming a	ctivities					
	10 a	Gross sales of inventory, less retur	ns	ļ				
1		and allowances	а					
1		Less: cost of goods sold	Ь	L				
}		Net income or (loss) from sales of i	ventory	<u> </u>	-			ļ
}		Miscellaneous Revenue	1 mia	Business Code		10 670		
l		Vendor rebates and		900099	10,678.	10,678.		
1	b	·						
	d	All other revenue						
1		Total. Add lines 11a-11d		·	10,678.	· · · · · · · · · · · · · · · · · · ·	/////////////////////////////////////	
	12	Total revenue. See instructions			1,234,206.	331,210.	0.	60,287.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations 17,497 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,955 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 103,490 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 322,547. 7 Other salaries and wages Pension plan accruals and contributions (include 14,063 section 401(k) and 403(b) employer contributions) 59,674. Other employee benefits 35,097. 10 Payroll taxes Fees for services (non-employees): a Management 314. **b** Legal 6,962. Accounting d Lobbying Professional fundraising services See Part IV, line 17 22,985. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,400. column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 22,964. 13 Office expenses 8,323. Information technology Royalties 15 15,228. 16 Occupancy 123,262. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 16,226. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 32,958. 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 199,530. Information program/adv 86,000. American Farm Bureau du 37,117. Membership supplies 28,239. d Quota and goal refunds 123,548. All other expenses 1,284,379. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)

WVFARMB1

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 173,985. 187,730. 1 Cash - non-interest-bearing 1,360,680. 1,215,735. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 16,262. 46,948. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 11,695. 11,695. Notes and loans receivable, net 8 8,695. 6,985. Inventories for sale or use 1,076. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 910,174. 562,247. basis. Complete Part VI of Schedule D 10a 330,660. b Less: accumulated depreciation 10b 347,927. 10c 1,502,511. 1,563,404. 11 Investments - publicly traded securities 11 51,000. 96,000. 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,456,564. 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,477,144. 82,180. 16 78,416. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 115,643. 101,657. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 194,059. 183,837. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,190,362. 72,143. 27 3,217,828. 75,479. Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,262,505. 3,456,564. 3,293,307. 3,477,144. 33 Total net assets or fund balances Total liabilities and net assets/fund balances

Form 990 (2015)

Form	1990 (2015) West Virginia Farm Bureau, Inc.	55-0	371723	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		}			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,234	1,2	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,284		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,262		
5	Net unrealized gains (losses) on investments	5	8(9,0	<u>75.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
,	column (B))	10	3,293	3,3	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:			1	
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	{ }		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 90 (2015)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

		<u>irginia Farm Burea</u>			_55-03/1/23_
P	art I-A Complete if the c	organization is exempt unde	er section 501(c	c) or is a section 527 o	rganization.
2	Provide a description of the orga Political expenditures Volunteer hours	inization's direct and indirect politica	l campaign activities	s in Part IV. ▶\$	0.
P	art I-B Complete if the o	organization is exempt unde	r section 501(c	:)(3).	
		ax incurred by the organization unde		▶ \$	
2	Enter the amount of any excise to	ax incurred by organization manager	s under section 495	5 5 ▶ \$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	or this year?		Yes No
48	a Was a correction made?		-		Yes No
	olf "Yes," describe in Part IV.				
Pŧ	art I-C Complete if the o	organization is exempt unde	r section 501(c), except section 501(
1	Enter the amount directly expend	ded by the filing organization for sect	tion 527 exempt fun	ction activities > \$	0.
2	Enter the amount of the filing org	anization's funds contributed to othe	er organizations for	section 527	
	exempt function activities			▶\$	0.
3	Total exempt function expenditu	res. Add lines 1 and 2. Enter here an	d on Form 1120-PO	L,	
	line 17b			▶\$	
4	Did the filing organization file For	m 1120-POL for this year?			Yes X No
5	made payments. For each organicontributions received that were	employer identification number (EIN ization listed, enter the amount paid promptly and directly delivered to a lf additional space is needed, provided to the control of th	from the filing orgar separate political or	nization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
		Buckhannon, WV			
νV	Farm Bureau PAC	26201		0.	22,209.
		<u> </u>			
		<u> </u>	<u> </u>	<u> </u>	l
For	Paperwork Reduction Act Notic	e, see the Instructions for Form 99	0 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2015

See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2015	West '	Virgin	ia Farm Bu	reau, Inc.	55-	0371723 Page 2
Part II-A Complete if the org	janizatio	n is exer	npt under secti	on 501(c)(3) and file	ed Form 5768(election under
section 501(h)).						
				in Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and sha			•			
B Check 🕨 📖 If the filing organiza	tion check	ed box A ar	nd "limited control" p	rovisions apply.		
		oying Exper eans amou	nditures Ints paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to infli	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	uence a leç	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and	i 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1d	1)			
f Lobbying nontaxable amount Enter	er the amo	oth columns.				
If the amount on line 1e, column (a) of	mount is:		,			
Not over \$500,000		20% of	the amount on line 1	e.		
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	000,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (er	iter 25% o	f line 1f)				
h Subtract line 1g from line 1a. if zer	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				<u> </u>
j if there is an amount other than ze	ro on eithe	r line 1h or l	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?	 				Yes No
(Some organizations t	hat made a See	section 50 the separa	ate instructions for	t have to complete all o lines 2a through 2f.)	of the five columns	below.
	Lobb	ying Exper	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount	· 					
(150% of line 2a, column(e))						
			<u></u>			
c Total lobbying expenditures						
· -						
d Grassroots nontaxable amount]		
e Grassroots celling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 West Virginia Farm Bureau, Inc. 55-0371723 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description	(é	a)	(b)		
During the year, did the filing organization attempt to influence foreign, national, state or ocal legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: // volunteers? // Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? // Media advertisements? // Mallings to members, legislators, or the public? // Publications, or published or broadcast statements? // Carlos to other organizations for lobbying purposes? // Direct contact with legislators, their staffs, government officials, or a legislative body? // Pallics, demonstrations, seminars, conventions, speeches, lectures, or any similar means? // Direct contact with legislators, their staffs, government officials, or a segislative body? // Pallics, demonstrations, seminars, conventions, speeches, lectures, or any similar means? // Other activities? // Intelligible to through 1i // Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? // Yes, enter the amount of any tax incurred by organization managers under section 4912 // If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? // III-A // Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). // Were substantially all (90% or more) dues received nondeductible by members? // Did the organization make only in-house lobbying expenditures of \$2,000 or less? // Did the organization make only in-house lobbying expenditures from the prior year? // IIII-B // Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." // Dues, assessments and similar amounts from members // Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). // Carryover from last year // Carryover from last year //		No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or	1				
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?		ļ.,			
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)?	ļ				
b If "Yes," enter the amount of any tax incurred under section 4912					
	Har 504/a)	(C)	-41		
	tion 501(c)	(5), or se	ection		
			Yes	1	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 2	Х		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The prior ye		2 3 (5), or se	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The prior ye		2 3 (5), or se	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The prior ye	d "No," Ol	2 3 (5), or se R (b) Par	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The prior ye	d "No," Ol	2 3 (5), or se R (b) Par	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	d "No," Ol	2 3 (5), or se R (b) Par	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	d "No," Ol	2 3 (5), or se R (b) Par	ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	d "No," Ol	2 3 (5), or se R (b) Par	ection		
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(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

West Virginia Farm Bureau, Inc.

Employer identification number 55-0371723

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
	Impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
_	> \$		NAMES OF
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		Yes No
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion's imancial statements that describes th	re organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets
(Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990. Part X		▶ s

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

Schedule D (Form 990) 2015

<u>Sc</u> he	dule D (Form 990) 2015 West Vi	rginia Far	m Bure	au,	Inc.			55-03	7172	3 P:	age 2
	t III Organizations Maintaining C	ollections of A	rt, Histori	cal T	reasures, o	or Othe					
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	following that	it are a sig	nificant	use of its	collection	n Item	s
•	(check all that apply):										
а	Public exhibition	d	Loa	n or exc	change progra	ams					
b	Scholarly research	е	Othe	er							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they f	urther 1	the organizati	on's exen	npt purpo	se in Pari	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histor	ical trea	asures, or oth	er sımılar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the org	anizatı	on answered '	"Yes" on l	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for con	tributio	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table) :							
									Amount	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escr	ow or c	ustodial acco	unt liabilit	ty?	<u></u>	Yes	<u>_</u>	No
	If "Yes," explain the arrangement in Part XIII.										
Par	TV Endowment Funds. Complete	f the organization an	swered "Ye	s' on F	orm 990, Part	IV, line 1	0				
		(a) Current year	(b) Prior	year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
þ	Contributions				 						
C	Net investment earnings, gains, and losses				 						
d	Grants or scholarships							_			
е	Other expenditures for facilities				1	}					
	and programs				ļ						
f	Administrative expenses				<u> </u>						
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curi	rent year end balanc	-	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment ▶	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e neid a	and administe	ered for th	e organiz	ation	ſ		
	by:								200	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	h	0	aliala Di	,				3a(ii)	$\overline{}$	
	If "Yes" on line 3a(ii), are the related organiza	•			(3b		
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment func	<u>s.</u>						—	
I CH	Complete if the organization answere) Dart IV lin	ا 110	See Form 900) Dort Y I	ine 10				
		<u> </u>			t or other		cumulate	.a	(d) Bool	L volu	
	Description of property	(a) Cost or o			(other)		reciation	,u	(0) 600	. value	9
10	Land	2236 (1176311)			77,348.				7	7,3	48.
1a h	Buildings	-			34,223.	3	36,5	53-		7,6	
ь	Leasehold improvements				,		<u> </u>	+	- 4	<u>., , , , , , , , , , , , , , , , , , , </u>	· •
d	Equipment			2.4	18,603.	2	25,6	94.	2	2.9	09.
_	Other					<u>_</u>				-,-	
Takal	Add lines 12 through 10 (Column (d) must e	aud Form 000 Port	Y column (2) //20	100)				34	7.9	27.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 West Virginia Farm Burea	u, Inc.	55-0371723 Page 4
Pa	Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 (
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	·
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	_2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	_4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tomonto With Euro	5
Ра	Reconciliation of Expenses per Audited Financial Sta	=	nses per Return.
- -	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	_2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1401	[]
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
b	Other (Describe in Part XIII)	40	
_	Add lines 4a and 4b		40
C 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18	1	4c
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information.		5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5

2 Schedule I (Form 990) (2015) **Employer identification number** 55-0371723 OMB No 1545-0047 Open to Public 2015 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Inc, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. West Virginia Farm Bureau, Enter total number of other organizations listed in the line 1 table Part i General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part#

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 55-0371723 (e) Method of valuation (book, FMV, appraisal, other) Grants were provided without follow-up monitoring by the organization due Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2015) West Virginia Farm Bureau, Inc.

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. to the small amounts given during the year and the public nature of the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2015)
| Part Ill | Grants and Other 532102 10-28-15 donees

SCHEDULE 0 (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-FZ) and its instructions is the up its good form 990

Inspection

Employer identification number

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

(g) Section 512(b)(13) controlled entity? Employer identification number 55-0371723 2015 open to Public Inspection OMB No 1545-0047 Direct controlling Yes × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Farm Bureau, Inc. Direct controlling West Virginia entity End-of-year assets **e** status (if section 170(B)(1)(A) Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at way its gov/form990. Total income Exempt Code ত section 501(c)(3) Legal domicile (state or identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) West Virginia ► Attach to Form 990. West Virginia Farm Bureau, Inc. Primary activity Primary activity Education 62 Farm Bureau Road, Buckhannon, West Virginia Farm Bureau Foundation, Inc. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R 55-0746749 26201 (Form 990) Part II Part

Schedule R (Form 990) 2015

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55-0371723

Page 2

Schedule R (Form 990) 2015 West Virginia Farm Bureau, Inc.

Part III

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

(a) Name, address, and EIN	(b) Primary activity	(c)	olling	(e) Predominan		(f) Share of total	(g) Share of	(h) Disproportonate		(i) General o	(k)	.) ntage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	ınrelated, m tax under 512-514)	псоте	end-of-year assets		amount in box 20 of Schedule K•1 (Form 1065)	ox managing ule partner? 65) Yes No	managing ownership partner?	dıysı
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		-										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable	as a Corpo	ration or Trust Cor	mplete if the	organization a	answered "Yes	" on Form 990	, Part IV, line	34 because it ha	d one or m	ore relate	_B
(e)			(q)	9	ව	(9)		9	(6)	3	9	
Name, address, and EIN of related organization	Z c	Prime	Primary activity	<u>ē</u>	Direct controlling entity	Ing Type of entity (C corp. S corp.		Share of total	Share of end-of-vear	Percentage ownership	Section 512(b)(13) controlled	0.(3) 0.(3) 0.(4)
				foreign country)		or tru			assets		Yes	<u>د</u> ع
WV Farm Bureau Service Corp -	55-0488692	Discount	purchasing									
62 Farm Bureau Road		arrangement	at for		West Va Farm							
Buckhannon, WV 26201	_В	nembers.		MΛ	Bureau, Inc.	C CORP		8,998.	12,395.	1008	×	
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Schedule R (Form 990) 2015

See Part VII for Continuations

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Schedule R (Form 990) 2015 West Virginia Farm Bureau, Inc

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

During the tax year, clid the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- Sharing of paid employees with related organization(s)
- q Reimbursement paid by related organization(s) for expenses

Reimbursement paid to related organization(s) for expenses

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- r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WV Farm Bureau Service Corp	D	11,695.	11,695. Amount Advanced
(2) West Virginia Farm Bureau Foundation, Inc.	IJ	5,000.	5,000.Agreed terms
(3) WV Farm Bureau Service Corp	ī	5,000.	5,000.Agreed terms
(4) West Virginia Farm Bureau Foundation, Inc.	0	17,183.	17,183.Costs incurred
(5) West Virginia Farm Bureau Foundation, Inc.	В	4,728.	4,728.Cash Contribution
(9)			

Schedule R (Form 990) 2015

Page 4

Schedule R (Form 990) 2015 West Virginia Farm Bureau, Inc.

Part Vt 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.

Name address, and ENA	(a) (b) (c) (d)	(q)	(2)	Ð	(e)	Θ	(6)	Ξ	6	8	8
	Name, address, and EIN of entity	Primary activity	micile foreign try)	Predominant income particle (related, unrelated, excluded from tax under sections 512-514)	Are all arthers sec 501(c)(3) orgs ?	Share of total Income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
25 (1992) 201 (1992) 2								S S			
Schedule R (Form 990) 20											
Schedule R (Form 880) 20											
Schedule R (Form 690) 20											
Schedule R Form 980/ 20											
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Schedule R (Form 990) 2015 West Virginia Farm Bureau, Inc.	55-0371723 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
Part IV, Identification of Related Organizations Taxable as	Corp or Trust:
Name, Address, and EIN of Related Organization:	
Name, Address, and EIN Of Related Organization:	
MIL Hamm Dumany Commissa Comm	
WV Farm Bureau Service Corp	
TT: FF 040000	
EIN: 55-0488692	
62 Farm Bureau Road	
Buckhannon, WV 26201	
	