Form **990**

Extended to August 15, 2018

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.

Department of the Treasury	Do not enter social security numbers on this form as it may be made
Internal Revenue Service	▶ Information about Form 990 and its instructions is at www.irs.gov/form

		nue Service	▶ Inform	nation about F	orm 990 an	d its instruction	ons is at ww	w.irs.go	v/form990.	<u> 107</u>	Inspection	
AI	For the	e 2016 calend	lar year, or tax year		CT 1,	2016			30, 2	017		
В	Check if applicabl	C Name o	f organization					D	Employer ic	lentificat	ion number	
	Addre	ss West	Virginia	Farm Rur	יובם.	Inc						
<u> </u>	Name		usiness as	raim bur	eau, .	LIIC •		$\overline{}$	5	5-035	71723	
늗	chang Initial		and street (or P.O. bo	ov if mail is not do	livered to etr	not addrace)	Room/s	urta E	Telephone n		11145	
F	return Final		and street to F.o. bo		SIIVELEU IO SII	eet address)	noonii/s	uite E			72-2080	
_	return/ termin	(I ZID or fore	en postal and		1			1,561,85	52
Γŧ	ated Ameno		own, state or province thannon, WV	-	I ZIP OF TOTE	ign postal code	;		Gross receipts \$			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
H	Lireturn ☐Applic tion	a- E Nama a	nd address of princip		- 10a I	wilforg		— n;	a) Is this a grfor subord		''' ☐Yes X	1
	tión pendir	- I			ittes /	willong						٦ .
	T =		as C above		\ <u> </u>	4047/	a\/4\ ar		b) Are all subord			∫No
		empt status L	wvfarm.org		(insert i	10.) 4947(a)(1) or	527	•		t (see instructions	·)
			X Corporation	$\overline{}$	coccution	Other >	1		c) Group exe			. 1471 7
	orm or art I			_ ITUSLA	ssociation	Uller	L Y	ear of to	rmation: 19	3 9 M 5	tate of legal domicile	. W V
LFG		Summary						<i>a</i> 1		h - :		
ల్ల			e the organization's									
Governance			on, inform									
ern			x 🕨 🔛 if the org				lisposed of n	nore tha	ın 25% of its	net asse	ts	
્ટ્રે	3	Number of vo	ting members of the	governing body	(Part VI, lin	e 1a)				3		20
8	4	Number of inc	lependent voting me	mbers of the go	overning bo	dy (Part VI, line	1b)			4		20
es	5	Total number	of individuals employ	yed ın calendar	year 2016 (Part V, line 2a)				5		<u> 18</u>
Activities &	6	Total number	of volunteers (estima	ite if necessary))					6		<u> </u>
ᅙ	7 a	Total unrelate	d business revenue f	rom Part VIII, c	olumn (C), lı	ne 12				7a	-3,89	<u>98.</u>
_	b	Net unrelated	business taxable inc	ome from Form	990-T, line	34				7b	-3,89	38.
									Prior Year		Current Year	
ø.	8	Contributions	and grants (Part VIII,	, line 1h)					842,7	09.	833,63	36.
Ž	i		ce revenue (Part VIII,						72,5	11.	63,33	
Revenue	1	- · · · · · · · · · · · · · · · · · · ·							58,3		55,36	
æ	1		e (Part VIII, column (A	• •	•	and 11e)			260,6			10.
	1		- add lines 8 through	-		-	12\	1	,234,2		1,224,24	
			milar amounts paid (F				12)	_	20,4		6,92	
	1		to or for members (P	•	• •	"			20, 4	0.	0,52	0.
	l	· ·	•				10)		534,8		561,36	
Expenses	15		r compensation, emp	-	•	umin (A), iines s)- IU)		334,0	0.	301,30	0.
ē	100		undraising fees (Part		•		0			<u> </u>		<u> </u>
Ä	_b		ing expenses (Part IX				0.		700 0	F.C.	727 00	
_	11/	Other expense	es (Part IX, column (A	A), lines 11a-iro		ED		1	729,0		737,09	
	18	Total expense	es Add lines 13-17 (m expenses Subtract	nust equal Part-	lX,-€olumn-((A); line 25) [1			1,305,38	
. 0	19	Revenue less	expenses Subtract	ine 18 from line	: 12 JG I 9 %	019 S 			<u>-50,1</u>			<u> 34.</u>
Net Assets or Fund Balances)A 86	Ju I o "	7. S.			ing of Current		End of Year	
Sset	20		Part X, line 16)	ļ				3	,477,1		3,474,96	
쭕	21	Total liabilities	(Part X, line 26)	1 00	GDEN,	Ut			<u> 183,8</u>		196,48	
			fund balances Subti	ract line 21 from	i line 20			<u> 3</u>	,293,3	07.	3,278,47	<u>77.</u>
Pa	art II	Signature	e Block		· -							
Und	er pena	Ities of perjury,	l declare that I have exa	mined this return	, including ac	companying sch	edules and sta	itements,	, and to the bes	st of my kr	nowledge and belief,	ıt ıs
truo,	, correc	t, and complete	. Declaration of prepare	r (other than offic	or) is based o	n all information	of which prop	aror has	any knowledge).		
		stuh	me 1. Beh	<u>`</u>					8/1.	3/2019	ĵ	
Sig	n	Signature	e of officer						Date	7		
Her		▶ Step	hen P. But	ler, Exe	cutive	e Secret	ary					
			orint name and title				-					
		Print/Type prej	parer's name		Preparer's	signature		Date	./ , Cr	eck X	PTIN	
Paid	,		. Kemmner,	CPA	Hans	Demm	ne CP+	8/	10/19 1	lf-employed	P00143839	9
	arer		Harry D.				*		Firm's E		15-4014496	
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ivia)	, wie it	าง นเรนนธร เกเ	s return with the prep	Jaiel SHOWN AD	over (see in	STUCTIONS)					لـــا Tes لـمـا	No

	990 (2016) West Virginia Farm Bureau, Inc.	55-0371723 Pa	ge 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{X}
1`	Briefly describe the organization's mission.		
1		and aganomia	
	To provide leadership, education, information, training		
	services to members and county farm bureaus to enhance t		
	farming in West Virginia through the betterment of condi	<u>itions of those</u>	≘
	engaged in agriculture, the improvement of the grade of	their	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	·	ies _A_	1140
	If "Yes," describe these new services on Schedule O		1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		is, the total expenses, and	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue))
	We organized the goals and ideals of West Virginia farme		
	provided services to 20,151 members in FY 9-30-2017.	Educational and	£
	informational materials were also provided to farmers an		
	Annual meeting in November 2016 served 320 attendees with		
	Annual meeting in November 2016 served 320 accendees with	II educationar	
	sessions and member sharing of ideas benefiting farmers	<u>in various</u>	
	farming activities.		
4b	(Code) (Expenses \$) (Revenue	ıe\$)
		-	
	100 Table 1		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	-	
~~	(Code / (Expenses 5 including grants of 5 / (Revenue)		′
			··
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶		
		Form 990 (2	2016)

			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_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	_X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI	11a	_X_	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Α
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	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	116		-21
•	the organization's separate or consolidated limitation statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	- 1.1	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 ((2016)

Form 990 (2016) 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		Х
	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			
	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		X
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? 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		X
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		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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		T.	
	Part V, line 1	34	X	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	x	
20		31	A	
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	x	
	Note. Air one and main alle required to complete deficulte of		990	(2016)
		1 01111		(-U 1U)

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	990 (2016) West Virginia Farm Bureau, Inc. 55-0371 TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			age 6 se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			\mathbf{x}
<u>``</u>	Check if Schedule O contains a response or note to any line in this Part VI			نما
<u>Sec</u>	tion A. Governing Body and Management		.	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			1
	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 cimilar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		7.7
	officer, director, trustee, or key employee?	2_	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		7.7
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
а	The governing body?	_8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			- <u></u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12h		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	•		
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_		
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			J
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an exposuration to make the Forms 1003 (or 1004 if applicable), 200, and 200 T (Section F01(a)/2) applied.	woulah	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvdılaD	16	
	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)			
40	· · · · · · · · · · · · · · · · · · ·	. 	امره!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinan	cial	
00	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Pronda Spyrdom - 304-472-2080			
	Brenda Snyder - 304-472-2080 62 Farm Bureau Road, Buckhannon, WV 26201		-	
	62 Farm Bureau Road, Buckhannon, WV 26201			

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	box	not c , unle	Posi heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	institutional frustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Charles Wilfong	2.00									
President & Exec Committee		X		Х		ļ		4,320.	0.	0
(2) John Pitsenbarger	2.00	l							_	
Vice President & Exec Comm	1 00	X		X	ļ	 		1,200.	0.	0
(3) Joe Clay	1.00	•						720	•	•
BOD Charles Carried	1.00	X						720.	0.	0
(4) H. Stephen Conrad	1.00	x						800.	0.	0
(5) David W. Ash	1.00	Λ						000.	0.	<u>_</u>
BOD		x						0.	0.	0
(6) Doug Stolipher	1.00							•		
BOD		X						0.	0.	0 .
(7) Dennis Funk	1.00									
BOD		X						880.	0.	0
(8) Patrick Nestor	1.00									
BOD	- 	X						2,440.	0.	0
(9) Philip L. Gregg	1.00							0.0		•
BOD	1 00	X		_				80.	0.	0
(10) Paul Canterbury	1.00							600	0	0
BOD	2.00	X				├		680.	0.	0
(11) Michael Merinar	2.00	x		x				1,560.	0.	
Exec Committee (12) Michael Morris	1.00	Λ		Λ		-	_	1,500.	0.	
BOD		x					:	1,280.	0.	0 .
(13) Ralph Blair	1.00								<u> </u>	
BOD		X						640.	0.	0 .
(14) Lynwood Ireland	1.00									
BOD		X						800.	0.	0 ,
(15) Clyde Bailey	_1.00	1 1								
BOD_		Х						1,320.	0.	0.
(16) Bill Stewart	1.00								_	
BOD		Х						800.	0.	0.
(17) Paul L. Cummings	1.00							4 040		_
BOD 632007 11-11-16		Х			L	L		1,240.	0.	Form 990 (2016

632007 11-11-16

	3 - 44 Section A. Onicers, Directors, Trus	stees, Key Em	pio	662	<u>, an</u>	<u>и пі</u>	gne	<u> </u>	zompensateu Employe	es (continued)		
	(A) Name and title	(B) Average hours per	box	, unle	Pos heck ss pe	more rson	than is bot	h an	`.	(E) Reportable compensatio		(F) Estimated amount of
		week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	other compensation from the organization and related organizations
(18)	David R. Parker	1.00	<u> </u> -	_	J	<u> </u>						
BOD			X				<u> </u>		320.	_	0.	0.
(19)	Pamela Hessler	1.00	∤						500			•
	State WLC Chairperson	2 00	X	<u> </u>			├	-	720.		0.	0.
	Susan Wilkins	2.00	X						480.		0.	0.
	State YF Chairman Stephen P. Butler	40.00	┢		-	-			400.		0.	0.
	utive Secretary	40.00	1		X				76,500.		0.	9,627.
EXEC	dcive Secretary								70,300.			3,02,0
												-
1b	Sub-total Sub-total	•			•			▶	96,780.		0.	9,627.
С	Total from continuation sheets to Part V	II, Section A						▶	0.		0.	0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	96,780.		0.	9,627.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 of reportabl	е	•
	compensation from the organization											Yes No
3	Did the organization list any former officer line 1a? If "Yes." complete Schedule J for s			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		3 X
4	For any individual listed on line 1a, is the si	um of reportab	le co						•	the organization		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-						dual for services		4 X
•	rendered to the organization? If "Yes," con	•				•		Ciai	ica organization of indivi	ddai 101 001 11000		5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest complete this table for your five highest compensation for										pens	ation from
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C) ompensation
							,					
											_	
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot li	mıte	d to		se lis	stec	d above) who received m	ore than		
						<u> </u>						

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			X
		-	•	,	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>'0 0</u>		F-dt-d			_	Tevenue	Tevenue	312-314
it al	1 a		1a	770,886.				İ
ဇ် ဋိ	, t	•	1b	770,000.	:			İ
I Y	•		1c	 	:			}
<u> </u>	0	Government grants (contribut		44,818.				1
Sign	•	All other contributions, gifts, gran		44,010.				
들힐	'	similar amounts not included abo		17,932.				,
	g			17,352.		1		į
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	. Ia-II		833,636.]
				Business Code				
يو	2 a	Advertising		541800	51,203.			51,203.
ا کج	b		renue	110000	10,000.	10,000.		
S Š	c	Health insurance		524298	1,940.	1,940.		
Program Service Revenue	c	Reward sign pro		900099	192.	192.		
P. G.	e	•						
٦	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<u> </u>	63,335.			
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		>	63,059.			63,059.
	4	Income from investment of ta	x-exempt bond p	proceeds >				
	5	Royalties		<u> </u>	264,500.			264,500.
			(ı) Real	(II) Personal				ļ
	-	Gross rents						[
		Less rental expenses						1
		Rental income or (loss)		1		· 		
		Net rental income or (loss)		<u>P</u>				<u> </u>
	7 a	Gross amount from sales of	(i) Securities 329,912.	(II) Other				ļ
		assets other than inventory	349,914.					}
1	D.	Less cost or other basis	337,604.					}
İ	_	and sales expenses Gain or (loss)	-7,692.					
İ		Net gain or (loss)	1,052.		-7,692.			-7,692.
_ [Gross income from fundraisin	a events (not		7,052.			7,052.
nge	0.0	including \$	of					
š		contributions reported on line	1c) See		•			1
Other Rever		Part IV, line 18	а					1
t te	b	Less. direct expenses	b					1
0	c	: Net income or (loss) from fund	draising events					
		Gross income from gaming ac	=					<u> </u>
		Part IV, line 19	а					į
	b	Less direct expenses	b					
	c	: Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					1
		and allowances	а					
	b	Less cost of goods sold	b					
- 1	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu		Business Code				
		Vendor rebates		900099	11,308.	11,308.	2 225	
	b	Partnership K-1	Loss	111000	-3,898.		-3,898.	
	C				 			
	d				77 44 0			1
	e	Total. Add lines 11a-11d			7,410.	22 440	2 000	271 070
	12	Total revenue See instructions.		_	1,224,248.	23,440.	-3,898.	<u>371,070.</u>

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
<u> </u>	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,900.			
2	Grants and other assistance to domestic	1 205		•	
	individuals See Part IV, line 22	1,025.		·	·
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,	06 700			
	trustees, and key employees	96,780.	· - · ·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	244 526			
7	Other salaries and wages	344,536.			
8	Pension plan accruals and contributions (include	27 022			
^	section 401(k) and 403(b) employer contributions)	27,032. 55,459.			
9	Other employee benefits Payroll taxes	37,560.			
10	Fees for services (non-employees)	37,300.			
11	, , , ,				
a	Management	15,015.			
b	Legal Accounting	5,775.			
d		3,773.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,870.			
g	Other (If line 11g amount exceeds 10% of line 25,	2370701			
. 9	column (A) amount, list line 11g expenses on Sch O.)	11,262.			
12	Advertising and promotion	27,319.			
13	Office expenses	25,254.			
14	Information technology				
15	Royalties				
16	Occupancy	15,048.			
17	Travel	119,247.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,744.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,131.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Information program/adv	186,409.			
b	American Farm Bureau du	82,516.			
c	Membership supplies	33,112.			- "
d	Womens committee expens	24,017.			
е	All other expenses	123,371.			
25	Total functional expenses Add lines 1 through 24e	1,305,382.			
26	Joint costs. Complete this line only if the organization	<u> </u>			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

3,474,960. Form 990 (2016)

3,278,477.

Total net assets or fund balances

Total liabilities and net assets/fund balances

3,293,307.

3,477,144.

33

orm	1990 (2016) West Virginia Farm Bureau, Inc.	55-03	371723	Pag	_{je} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,224	, 2	<u>48.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,305	, 3	<u>82.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-81</u>	, 1	<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,293	, 3	<u>07.</u>
5	Net unrealized gains (losses) on investments	5	66	, 3	04.
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	3,278	, 4	<u>77.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			`	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		. 1
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		ŀ	.
	separate basis, consolidated basis, or both			١.	. [
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			. 1
	consolidated basis, or both_				
	Separate basis Consolidated basis Both consolidated and separate basis		'	-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	dule O		T	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or guides, explain why in Schedule O and describe any steps taken to undergo such guides		36		

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.

2016
Open to Public 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

• Contrar 501(a)(4) (5) as (6) assess	tions Complete Dest III				
 Section 501(c)(4), (5), or (6) organi Name of organization 	zations Complete Part III		E	molo	yer identification number
•	dinginia Raym Bura	Tm <i>a</i>		iiipio	55-0371723
Part I-A Complete if the o	<u>'irginia Farm Bure</u> organization is exempt und	er section 501/c	c) or is a section 52	7 or	 nanization
Turt A complete ii tile e	agamzation is exempt and		of or is a section of	, 01	<u> </u>
4. Drawda a dagawatian af the assa			D+ N/		
1 Provide a description of the orga		ai campaign activitie			0.
2 Political campaign activity expen			•	- • -	0.
3 Volunteer hours for political camp	paign activities		• •	-	
Part I-B Complete if the o	rganization is exempt und	er section 501(c	:)(3).		
1 Enter the amount of any excise to	ax incurred by the organization und	er section 4955	•	> \$_	
2 Enter the amount of any excise to	ax incurred by organization manage	ers under section 495		> \$_	
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720	for this year?			Yes No
4a Was a correction made?					Yes No
b If "Yes," describe in Part IV					
Part I-C Complete if the o	rganization is exempt und	er section 501(c	c), except section 50	01(c)(3).
1 Enter the amount directly expend	ded by the filing organization for sec	ction 527 exempt fun	ction activities	▶ \$ _	0.
2 Enter the amount of the filing org	anization's funds contributed to oth	ner organizations for	section 527		
exempt function activities			•	> \$_	0.
3 Total exempt function expenditure	res Add lines 1 and 2 Enter here a	nd on Form 1120-PC	DL,		
line 17b			•	▶\$_	0.
4 Did the filing organization file For	m 1120-POL for this year?				Yes X No
5 Enter the names, addresses and	employer identification number (EII	N) of all section 527 p	political organizations to w	vhich	the filing organization
made payments. For each organi	zation listed, enter the amount paid	from the filing organ	nization's funds. Also ente	er the	amount of political
contributions received that were	promptly and directly delivered to a	a separate political oi	rganization, such as a sep	oarate	segregated fund or a
political action committee (PAC)	If additional space is needed, prov	ide information in Pa	rt IV		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m	(e) Amount of political
			filing organization's		contributions received and
			funds If none, enter	-0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
	Buckhannon, WV				
WV Farm Bureau PAC	26201			0.	22,439.
		i			
-				Ì	

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

Schedule C (Form 990 or 990-EZ) 2016

WVFARMB2

LHA

See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org section 501(h)).	<u>West</u> janizatio	Virgir on is exe	nia Farm But mpt under section	reau, Inc. on 501(c)(3) and file	55- ed Form 5768 (6	0371723 Page 2 election under
A Check ▶ ☐ If the filing organiza	tion belong	as to an aff	iliated group (and list	ın Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and shar	3		•		· ,	
B Check ▶ ☐ if the filing organiza	tion check	ed box A a	nd "limited control" pi	rovisions apply		
		ying Expe eans amo	nditures unts paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	noinigo oi	(grass roots lobbying)			
b Total lobbying expenditures to influ		-				
c Total lobbying expenditures (add li	•	•	, , , , , ,			
d Other exempt purpose expenditure		, , , ,			·-	
e Total exempt purpose expenditure		s 1c and 1c	d)			
f Lobbying nontaxable amount Enter	-		•	th columns		
If the amount on line 1e, column (a) o			bying nontaxable an			
Not over \$500,000	. (5) 10.		the amount on line 1			
Over \$500,000 but not over \$1,000	2.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc	****		
Over \$17,000,000	,000,000	\$1,000,		σσσ σνοι ψ1,500,000		
<u> </u>		Ψ1,000,	000			
g Grassroots nontaxable amount (en	ter 25% of	fine 1f)				-
h Subtract line 1g from line 1a If zero		,		•		
i Subtract line 1f from line 1c. If zero				•		
j If there is an amount other than zer			line 1; did the organi	zation file Form 4720		<u> </u>
reporting section 4911 tax for this		1 11110 111101	into 11, did the organi	Edition file 1 Offin 47 20		Yes No
(Some organizations th	nat made a	section 5	eraging Period Unde 01(h) election do not ate instructions for I	t have to complete all o	of the five columns	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 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)).

For ϵ	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(t	<u>) </u>
of th	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С					
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Description of the second of t				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection	
	501(c)(6).		, (-), -· -·		
		·-·		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year			X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	a "No," Oi	K (b) Par	τ III-A, IIr	ie 3, is
	Dues, assessments and similar amounts from members			Ι	
1	•	I	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	iicai			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
С			2c_		_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	ıp list), Part II	I-A, lines 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information				
<u>Par</u>	ct I-A, Line 1:				
			_		
<u>We</u>	receive PAC contributions from our members on beh	alf of	the W	V Farn	ì
_					
Bui	reau PAC and promptly forward them to the PAC.				
D = -	t T-C Continuation.	·····			
<u>ral</u>	t I-C Continuation:				
<u>wv</u>	Farm Bureau PAC				

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 West Virginia Farm Bureau, Inc. Part IV Supplemental Information (continued)	55-0371723 Page 4
Part IV Supplemental Information (continued)	
62 Farm Bureau Road Buckhannon, WV 26201	1
Col (d) Amount: 0. Col (e) Amount: 22439.	
,	
	.

	· <u>-</u>

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

Employer identification number

OMB No 1545-0047

Name of the organization

Inspection

WVFARMB2

	West Virginia Fari		55-0371723
Pa	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I	line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· T	•
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 ii	n writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization		Yes No
6	Did the organization inform all grantees, donors, and donor	_	sed only
	for charitable purposes and not for the benefit of the donor	5 5	•
	impermissible private benefit?	, , ,	Yes No
Pa		organization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organiza		***************************************
	Preservation of land for public use (e.g., recreation or	· —'' · ''	ically important land area
	Protection of natural habitat	Preservation of a certific	* *
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	ulified conservation contribution in the form of	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
С	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the o	<u> </u>
-	year >	,g,	
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conse	rvation easements during the year
	>	-	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h))(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	· · · · · · · · · · · · · · · · · · ·	
	historical treasures, or other similar assets held for public ea	xhibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publi	c service, provide the following amounts
	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 tr	easures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		▶ \$
	For Panerwork Reduction Act Notice, see the Instruction	no for Form 000	Schodulo D (Form 990) 2016

632051 08-29-16

_	dule D (Form 990) 2016 West Vi	rginia Far				or Othe		55-03 ar Asse			<u>age 2</u>
3	Using the organization's acquisition, access	_									is
Ŭ,	(check all that apply)	ion, and our or room	uo, ooo			a. a. o a o.,	g		0000		•
а	Public exhibition		d 🗆	Loan or exc	hange progr	ams					
b	Scholarly research			Other							
c	Preservation for future generations	·									
4	Provide a description of the organization's c	ollections and expla	ın how ti	hev further t	he organizat	ion's exen	not purpo	se in Par	t XIII		
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be m				· ·				Yes		No
Pa	reported an amount on Form 990, Pa	igements. Compl				"Yes" on	Form 990	, Part IV,	line 9, oi		
1a	Is the organization an agent, trustee, custod	·	diary for	contribution	ns or other as	ssets not	ncluded				
	on Form 990, Part X?		<i></i>						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table							
-	or too, orpinal are all all gollies are all trains	and complete the re	5.10 Wg	(db)(Amoun		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili			Yes		No
	If "Yes," explain the arrangement in Part XIII						-,				j
Pai							0				
		(a) Current year	i	rior year	(c) Two yea		d) Three y	ears back	(e) Four	r vears	back
1a	Beginning of year balance										
b	Contributions					Î					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as	-					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for th	e organız	ation	_		
	by.								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Par	t VI _ Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990), Part X, I	ine 10				
	Description of property	(a) Cost or o		1 ''	or other	7	cumulate	d	(d) Bool	k value	Э
		basis (investi	nent)		(other)	aep	reciation		_		40
	Land				7,348.		F			7,34	
	Buildings	<u> </u>		58	7,923.	3	<u>55,28</u>	59.	23	2,6	<u> 54.</u>
	Leasehold improvements	-	-	2.4	0 (0)		25 27	_			
	Equipment	-		24	8,603.	2	<u>35,08</u>	59.	1.	<u>3,5:</u>	<u>14.</u>
	Other	15: 222 5 ::		(2) (20		
<u>ı otal</u>	. Add lines 1a through 1e (Column (d) must e	quai ⊦orm 990, Part	X, colur	nn (B), line 1	UC)				32	3,4 <u>9</u>	<u> </u>

Schedule D (Form 990) 2016

632053 08-29-16

Schedule D (Form 990) 2016

	<u>dule D (Form 990) 2016 West Virginia Farm Bureau</u>		55-0371723 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
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	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	-	P
1	Total expenses and losses per audited financial statements	<u>-u</u>	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	00	
a 	Prior year adjustments	2a	
		2b	
C	Other losses	2c	- · · -
ď	Other (Describe in Part XIII.)	_2d	
_	Add lines 2a through 2d		<u>2e</u>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	A		
b	Other (Describe in Part XIII)	4b	
b c	Add lines 4a and 4b	<u>4b</u> .	4c
b c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> 4b </u>	4c 5
b c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	•	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5
b c 5 Par	Add lines 4a and 4b <u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</u> t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b;	5

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

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

Inspection

Name of the organization **Employer identification number** West Virginia Farm Bureau, Inc. 55-0371723 990, Part 1, Lines 8 and 11 AMENDED RETURN EXPLANATIONS Line 8 Contributions increased by \$200 from original return to \$833,436. Line 11 Loss from K-1 of investment partnership Vandalia Growers LLC 81-1264273 was not received by filing date of original return. Loss of \$3,898 reported on amended return. Form 990, Part III, Line 1, Description of Organization Mission: products, and development of a higher degree of efficiency in their agricultural pursuits. Form 990 Part IV, Question 37 Explanation for Amended Return Question 37 has been corrected to indicate yes that over 5% of activities was conducted through a partnership. Form 990, Part VI, Section B, line 11b: A draft copy of this return has been provided to the Board of Directors for review, prior to filing.

Form 990 Part V, Question 1c Explanation for Amended Return

Box 1c has been checked yes to indicate compliance with backup

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization West Virginia Farm Bureau, Inc.	Employer identification number 55-0371723
withholding rules for reportable payments.	
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 of	ffice, 62 Farm
Bureau Rd., Buckhannon, WV 26201, M-F during normal busin	ness hours.
990, Part VIII, Lines 1F AND 11B AMENDED RETURN EXPLANATION	ONS
Line 1f Contributions increased by \$200 over original re	eturn to total
of \$62,750.	
·	
Line 11b Loss from investment in Partnership - Vandalia	Growers, LLC
81-1264273 not reflected on original return \$3,898.	
Form 990, Part X, Lines 12 and 27 AMENDED RETURN EXPLANAT	TIONS
Line 12 Other Investments	
Other Investments have been decreased by \$3,698 from loss	from
partnership \$3,898 and \$200 contribution to partnership Va	andalia
Growers, LLC.	
Line 27 Unrestricted Fund Balance.	

632212 08-25-16

(c) Legal Domicile - West Virginia

(d) Predominant purpose - Investment

Name of the organization West Virginia Farm Bureau, Inc.	Employer identification number 55-0371723
(e) All Partners_501(c)(3)? - No	
(f) Share of Income - 0	
(g) Share of Assets - \$197,625	
(h) Disproportionate - No	
(i) Code V - \$ 0 - first k-1 issued 12-31-2017, after the this 2016 return.	ne year-end of
(j) Gen/Mg Ptr - No	
(k) Partnership percent - 6.4%	
Form 990 Part VIII, Lines 1e and 1f Explanation for Amend	
Return is being amended to separate government grants to amount of \$ 44,818	line 1e in the
Line 1f has been reduced by 44,818 for the above government the correct amount of other contributions of \$17,932.	ent grant to
Form 990 Schedule B - Explanation for Amended Return Part 1 Contributors	
The name of the reported contributor has been changed to States Department of Agriculture.	the United

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 55-0371723 West Virginia Farm Bureau, Inc.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) The End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete	tions. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 b	ecause it had one	or more related tax-exer	прt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?

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

Schedule R (Form 990) 2016

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170(B)(1)(A) Farm Bureau, Inc.

501(c)(3)

West Virginia

Education

55-0746749, 62 Farm Bureau Road, Buckhannon West Virginia Farm Bureau Foundation, Inc.

26201

West Virginia

55-0371723 Schedule R (Form 990) 2016 West Virginia Farm Bureau, Inc.

Page 2

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

hip	İ		
(j) (k) Ceneral or Percentage managing ownership partner/ Yes No			
(j) neral or naging urtner?			
Gen Gen			
(i) (j) Code V-UBI General or Pe amount in box 20 of Schedule Pariner? K-1 (Form 1065) Yes No			
intronate nons?			
(h) Disproportionate allocations?		 	
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(C) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

| 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 part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

מיים כיום פיים ביים ביים ביים ביים ביים ביים ביי	מיווים נוס נמי אכם								
(a)	(q)	(2)	(p)	(e)	(£)	(b)	(£)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Share of total income	of /ear	age hip	Section 512(b)(13) controlled entity?	., eg (13) (13)
		country)		OI II OI		dssets		Yes	2
WV Farm Bureau Service Corp - 55-0488692	Various vendor								
62 Farm Bureau Road	discount purchasing		West Va Farm						
Buckhannon, WV 26201	arrangements for	WV	Bureau, Inc.	C CORP	7.282.	8,186,	1008	×	
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Schedule R (Form 990) 2016

632162 09-06-16

Yes

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Schedule R (Form 990) 2016 West Virginia Farm Bureau, Inc.

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
- c 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)

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- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s) Ε
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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(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.	1	5,000.	5,000.Agreed terms
(3) WV Farm Bureau Service Corp	ı	5,000.	5,000.Agreed terms
(4) West Virginia Farm Bureau Foundation, Inc.	0	17,250.	17,250.Costs incurred
(6) West Virginia Farm Bureau Foundation, Inc.	В	900.	900. Cash Contribution
(9)			

Schedule R (Form 990) 2016

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.

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			Vandalia Growers USA	38-4024189, 600 Quarrier St	Charleston								Ì														
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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 West Virginia Farm Bureau, Inc. 55-03/1/23 Page 5
Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions •
Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name, Address, and EIN of Related Organization:
WV Farm Bureau Service Corp
EIN: 55-0488692
62 Farm Bureau Road
Buckhannon, WV 26201
Primary Activity: Various vendor discount purchasing arrangements for
members.
Part VI, Unrelated Organizations Taxable as a Partnership:
Name of Unrelated Organization:
Vandalia Growers USA, LLC
Primary Activity: To build and operate a hydroponics tomato vegetable
business.