DLN: 93493281006598 **Return of Organization Exempt From Income Tax** Form **990** 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

 $\square$  Yes  $\square$  No

Form **990** (2017)

Cat No 11282Y

-	ment of the Treasu l Revenue Service		t Form 990 and its instructions is at <u>ww</u>	iay be made <u>w IRS gov/</u>		0	pen to Public Inspection
A F	or the <b>2017</b> c	alendar year, or tax year begin	ning 01-01-2017 ,and ending 12-	31-2017			
☐ Ad	ck if applicable dress change me change	C Name of organization VIRGINIA FARM BUREAU FEDERATIO	N		<b>D Employe</b> 54-0419		cation number
☐ Ini	tial return	Doing business as					
☐ Am	al return/terminated nended return plication pending	Number and street (or P O box if many P O BOX 27552	ail is not delivered to street address) Room/s	uite	E Telephone (804) 29		
	,	City or town, state or province, cour RICHMOND, VA 232617552	itry, and ZIP or foreign postal code				
		·	l - 65	T	<b>G</b> Gross rec		,761,402
		F Name and address of principa DAVID A PRIDDY P O BOX 27552	i omicer	sı	this a group retuilibordinates? Te all subordinate		□Yes ☑No
Tax	x-exempt status	RICHMOND, VA 232617552  ☐ 501(c)(3) ☑ 501(c) (5) ◀	(insert no ) 4947(a)(1) or 527	<b>⊣</b> `´։ո	cluded? "No," attach a lis		Yes No
J W	ebsite:► WW		1317(4)(1) 61 227	1	roup exemption r		•
<b>K</b> Forn	n of organization	✓ Corporation ☐ Trust ☐ Asso	ciation  Other	L Year of f	ormation 1926	<b>M</b> State o	f legal domicile VA
Pa	rt II Sum	mary					
	1 Briefly des	cribe the organization's mission of					
Ce	<u>ENHANCIN</u>	IG THE AGRICULTURAL INTEREST:	S OF MEMBERS THROUGH ECONOMIC,	POLITICAL 8	& SOCIAL PROGR	AMS	
igi E							
Governance							
(O.5)			continued its operations or disposed of g body (Part VI, line 1a)			sets 3	18
		-	the governing body (Part VI, line 1b)			4	17
Activities &		· · ·	lendar year 2017 (Part V, line 2a)			5	189
₹	<b>6</b> Total nur	nber of volunteers (estimate if nec	essary)			6	0
Ac	<b>7a</b> Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	763,024
	<b>b</b> Net unrel	ated business taxable income fron	n Form 990-T, line 34			7b	280,989
					Prior Year		Current Year
<u>Qı</u>	8 Contribut	ions and grants (Part VIII, line 1h	)			0	C
Rəvenue	<b>9</b> Program	service revenue (Part VIII, line 2g	)		2,515,3	29	2,554,052
Rÿ	<b>10</b> Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d )		4,278,9	06	7,795,676
		enue (Part VIII, column (A), lines			3,098,43		4,077,053
			st equal Part VIII, column (A), line 12)		9,892,6		14,426,781
		nd similar amounts paid (Part IX, o	,		173,69		162,728
			olumn (A), line 4)		6 207 2	0	( 402.100
Expenses		, , , , ,	nefits (Part IX, column (A), lines 5–10)		6,307,3	0	6,403,109
æ		nal fundraising fees (Part IX, colui aising expenses (Part IX, column (D), li	, ,,			4	
滋			· ———			93	2,379,566
	l '	penses (Part IX column (A) lines	11a-11d 11f-24e)		2 705 79		8,945,403
	I <b>lo</b> Iulaiexu	oenses (Part IX, column (A), lines enses  Add lines 13–17 (must egu	,		2,705,79 9,186,79	_	
		enses Add lines 13-17 (must equ	al Part IX, column (A), line 25)		2,705,79 9,186,79 705,8	97	5,481,378
ें हें ठ		enses Add lines 13-17 (must equ	,	Beginn	9,186,79	97 73	
sets or slances	19 Revenue	enses Add lines 13–17 (must equ less expenses Subtract line 18 fro	al Part IX, column (A), line 25)	Beginn	9,186,79 705,8 ning of Current Ye	97 73 <b>ar</b>	5,481,378 End of Year
Assets or d Balances	19 Revenue 20 Total ass	enses Add lines 13-17 (must equiless expenses Subtract line 18 from	al Part IX, column (A), line 25)	Beginr	9,186,79 705,81 ning of Current Ye 46,178,2	97 73 <b>ar</b> 55	5,481,378 End of Year 50,203,758
Net Assets or Fund Balances	19 Revenue 20 Total ass 21 Total liab	enses Add lines 13-17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	Beginn	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70	97 73 <b>ar</b> 55	5,481,378 End of Year  50,203,758 13,687,750
Net Assets or Fund Balances	20 Total ass 21 Total liab 22 Net asset	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	Beginn	9,186,79 705,81 ning of Current Ye 46,178,2	97 73 <b>ar</b> 55	5,481,378 End of Year 50,203,758
<b>Par</b> Under knowl	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of pedge and belie	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70 29,925,59 and statements,	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
<b>Par</b> Under knowl	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70 29,925,59 and statements,ed on all information	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
Par Under knowl any k	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p edge and belie nowledge	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,79 29,925,59 and statements,	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
Par Under knowl any k	20 Total ass 21 Total liab 22 Net asset 11 Sign penalties of p edge and belie nowledge	enses Add lines 13–17 (must equiless expenses Subtract line 18 from lets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,89 11ng of Current Ye 46,178,29 16,252,70 29,925,59 and statements, ed on all informations	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
Par Under knowl any k	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p edge and belie nowledge	enses Add lines 13–17 (must equiless expenses Subtract line 18 from lets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,89 11ng of Current Ye 46,178,29 16,252,70 29,925,59 and statements, ed on all informations	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
<b>Par</b> Under knowl	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of pedge and belie nowledge  DAVID Type o	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70 29,925,59 and statements,ed on all information	97 73 <b>ar</b> 55 03 52	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
Par Under knowl any k Sign Here	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p edge and belie nowledge  DAVID Type o	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules icer) is base	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70 29,925,59 and statements, ed on all informations 2018-10-02 Date	97 73 <b>ar</b> 55 03 52 and to t	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my
Par Under knowl any k Sign Here	20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p edge and belie nowledge  DAVID Type o	enses Add lines 13–17 (must equiless expenses Subtract line 18 from the sets (Part X, line 16)	al Part IX, column (A), line 25) om line 12	g schedules icer) is base	9,186,79 705,8 ning of Current Ye 46,178,29 16,252,70 29,925,59 and statements,ed on all informations 2018-10-02 Date  Check	97 73 <b>ar</b> 55 03 52 and to t	5,481,378  End of Year  50,203,758  13,687,750  36,516,008  the best of my

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)				Page <b>2</b>
Par	t IIII Statement	of Program Service Ac	complishments		
	Check If Sche	dule O contains a response o	r note to any line in this Part III .		🗹
1	Briefly describe the o	organization's mission	·		
WE V	VILL ENHANCE, PRIMA	RILY THROUGH ADVOCACY,	EDUCATION AND COMMUNICATION,	THE AGRICULTURAL INTEREST	S OF FARM BUREAU
MEM	BERS THROUGH ECON	OMIC, POLITICAL AND SOCI	AL PROGRAMS		
	Did the organization	undertake any significant pro	ogram services during the year whic	n were not listed on	
	<del>-</del>	, -			☐ Yes ☑ No
	•	ese new services on Schedule			
3	•		ignificant changes in how it conduct:	s, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) an		mplishments for each of its three lar e required to report the amount of g service reported		
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				· 
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
	See Additional Data	Table			
4d		ces (Describe in Schedule O			
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program serv	vice expenses >			

or X as applicable

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Page 3

7

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Nο

Nο

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Form **990** (2017)

Yes

Yes

Yes

Yes

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Νo

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Νo

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Yes

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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32

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35a

35h

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37

Yes

Yes

Form 990 (2017)

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Par	Checklist of Required Schedules (continued)		
		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		No

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes," 

orm '	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 121			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b		No
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		110
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for filling requirements for fillicent form 114, Neport of Foreign bank and Filliancial Accounts (FbAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			orm QQ	0 (201

OHIII	1 990 (2017)			Page <b>c</b>
Par	rt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	nse to li	nes
				<b>✓</b>
So	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	
36	ection 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 la	18	103	-110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	er <b>2</b>		No
3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person?	ision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore <b>7a</b>	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t form?	he <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise tooflicts?	.o <b>12b</b>	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exenstatus with respect to such arrangements?	npt		
		16b		
	List the States with which a convert this Form 200 is required to be filed.			
17 10	List the States with which a copy of this Form 990 is required to be filed.  Section 6104 requires an expansion to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)/3)s or	alv)		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o available for public inspection. Indicate how you made these available. Check all that apply	ш <b>у</b> )		
10	Own website Another's website Upon request Other (explain in Schedule O)	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID PRIDDY 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 (804) 290-1000			

orm 990 (2	017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

·								-	<del> </del>	<u> </u>
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	(	ne bo	ox, u n off or/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	employee  Key employee  Officer  Institutional Trustee  Individual trustee  or director		Highest compensated employee	Former			related organizations		
See Additional Data Table										
1b Sub-Total			<del></del>			<b>&gt;</b>	•			
d Total (add lines 1b and 1c)	•					<b>&gt;</b>		1,363,140	0	244,041

compensation from the organization  $\blacktriangleright$  1

	Total (add lines 15 and 16)	٠		211,011
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 7			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

	or repersuate compensation mentioned and enganization re-			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	Individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization Report compensation for the calendar year ending with or within the organization's tax year	mpensa	ition	

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J				
	ındıvıdual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^{7}$ If "Yes," complete Schedule J for such person		5		No
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensat	ion	
	(A)	(B)		(C	·

	ındıvıdual		4 Yes			
5	services rendered to the organization? If "Yes," complete Schedule I for such person					
Se						
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		npensa	ition		
	(A)	(B)		(C	)	
	Name and business address	Description of services		Comper	isation	
ASHMAN BROTHERS FARMING LLC HAULING					142,533	

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
	(A)	(B)	(c)						
	Name and business address	Description of services	Compensation						
ASH	MAN BROTHERS FARMING LLC	HAULING	142,533						
1264	I N LODORE RD								

from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					
ASHMAN BROTHERS FARMING LLC	HAULING	142,53					
12641 N LODORE RD AMELIA, VA 23002							

Form **990** (2017)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 9  Part		(2017)  Statement of	Revenue								Page <b>9</b>
				a respo	onse or note to any						🗆
						( <b>A</b> Total re		( <b>B</b> ) Related exem functi reven	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	<b>1</b> a	a Federated campaig	ns	1a				reven	ue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership dues		<b>1</b> b							
6E.	(	<b>c</b> Fundraising events		1c							
ifts, ar A	•	<b>d</b> Related organizatio	ns	1d							
m ii.		e Government grants (co	•	1e							
ions	1	<ul> <li>All other contributions, and similar amounts no</li> </ul>	, gıfts, grants, ot ıncluded	1f							
but the	١.	above  g Noncash contribution	one included								
a di	3	in lines 1a-1f \$	ons included								
<u>چ</u> ک	_ h	<b>Total.</b> Add lines 1a-1	.f		· · •						
ще					Business						
Program Service Revenue	2a	MEMBERSHIP DUES				110000	2,55	54,052	2,554,05	2	
ر ۳	b										
er vi	c d										
S LU	e	,		_							
ogra	f	All other program se	rvice revenue	<u>:</u>	2.5	 54,052					
Δ	g.	Total.Add lines 2a-2f	f		<b>&gt;</b>	J+,UJZ		1			
	<b>3</b> ]	Investment income (ii similar amounts)  •	ncluding divid	lends, ı •	interest, and other	ļ	7,392,189				7,392,189
		Income from investme			ond proceeds <b>&gt;</b>						
	5	Royalties					3,001,665				3,001,665
	(i) Real (ii) Person  6a Gross rents  946,714  b Less rental expenses  210,850			(II) Personal							
	b	Less rental expenses	•	210,850							
	c Rental income or (loss) 735,864										
	d	Net rental income o	r (loss)		· · · •		735,864			735,864	
			(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of	1,!	523,965							
		assets other than inventory									
	b	Less cost or other basis and	1 .	120,478							
		sales expenses		103,487							
		Gain or (loss)  Net gain or (loss)		•	<u> </u>	 	403,487				403,487
		Gross income from f	undraising ev	ents							
ηue		(not including \$ contributions reporte		of							
e e		See Part IV, line 18									
ŗ		Less direct expense: Net income or (loss)		<b>b</b> sing ev	ents						
Other Revenue		Gross income from g	amıng actıvıt	_	ents •						
0		See Part IV, line 19		а	}						
	b	Less direct expense	s	b							
		: Net income or (loss)		activit	ies <b>&gt;</b>	,					
	10a	Gross sales of invent returns and allowand									
				а							
		Less cost of goods s		Ь			3,979				3,979
	С	Net income or (loss) Miscellaneous		invent	Business Code		3,373				3,373
	11	-aMISCELLANEOUS			110000		308,385				308,385
	b	ADVERTISING INCO	ME		541800		27,160			27,160	
	С										
	ام	All other revenue .									
		Total. Add lines 11a			🕨						
	12	<b>! Total revenue.</b> See	Instructions				335,545				
						<u> </u>	14,426,781		2,554,052	763,024	11,109,705

Part IX	Statement of Funct	tional Expenses
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Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	162,728			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	759,777			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,538,177			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	148,522			
9 Other employee benefits	700,335			
<b>10</b> Payroll taxes	256,298			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	550			
c Accounting	12,058			
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	165,974			
13 Office expenses	296,107			
14 Information technology	248,214			
<b>15</b> Royalties				
<b>16</b> Occupancy	429,896			
17 Travel	309,195			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	961			
19 Conferences, conventions, and meetings	302,535			
<b>20</b> Interest	21,555			
<b>21</b> Payments to affiliates	510,836			
<b>22</b> Depreciation, depletion, and amortization	9,301			
23 Insurance	24,189			
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)				
a STATE & FEDERAL INCOME	85,973			
b PROPERTY & OTHER TAXES	56,994			
c RADIO AND RECORDING	28,926			
d DUES AND SUBSCRIPTIONS	18,310			
e All other expenses	-142,008			
25 Total functional expenses. Add lines 1 through 24e	8,945,403			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

15

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

30.807.079

50.203,758

2.970,558

1,287,311

4.672.776

4.757.105

13,687,750

20,187,865

16.296.039

36,516,008

50.203.758

Form **990** (2017)

32,104

End of year

Page **11** 

Check if Schedule (	) contains a	response	or note	to ar	ny line i	n this	Part	ΙX

		gg ,		
1	Cash-non-interest-bearing	2,737,750	1	1,050,807
2	Savings and temporary cash investments	289,373	2	2,284,292
3	Pledges and grants receivable, net		3	
4	Accounts recovable not	366 650		300 814

Beginning of year

29.352.281

46,178,255

1,557,975

1,289,235

8.907.984

4.497.509

16,252,703

14,425,358

15.468.257

29,925,552

46.178.255

31,937

15

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17

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34

366,659 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . . . . 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 26.925 8 23.852

84.295 9 83.656 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 1,707,175 basis Complete Part VI of Schedule D 1,613,920 116.355 10c 93,255 b Less accumulated depreciation 10b

12.172.421 14.554.262 11 Investments—publicly traded securities . 11 1.032.196 906.741 Investments—other securities See Part IV, line 11 . 12 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . .

# Check if Schedule O contains a response or note to any line in this Part XII . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

~ Yes No

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Νo

Nο

No

Form 990 (2017)

#### Additional Data

Software ID:

Software Version:

**EIN:** 54-0419002

Name: VIRGINIA FARM BUREAU FEDERATION

Form 990 (2017)

Form 990, Part III, Line 4a: A MAGAZINE FOR PRODUCER MEMBERS, FARM BUREAU NEWS, IS PUBLISHED FOUR TIMES A YEAR A MAGAZINE FOR ASSOCIATE MEMBERS, CULTIVATE, IS PUBLISHED

FOUR TIMES A YEAR THE PURPOSE OF THE FARM BUREAU NEWS IS TO KEEP PRODUCER MEMBERS (FARMERS) ABREAST AND AWARE OF AGRICULTURAL ISSUES AND PROVIDE THEM WITH EDUCATIONAL MATERIALS THE PURPOSE OF CULTIVATE IS TO PROMOTE THE IMPORTANCE OF AGRICULTURE TO OUR ASSOCIATE (NON-FARMER) MEMBERS A WEEKLY TELEVISION PROGRAM, REAL VIRGINIA, IS PRODUCED AND AIRS WEEKLY ON 46 LOCAL ACCESS, GOVERNMENT ACCESS, NETWORK AFFILIATE STATIONS AND THE DISH AND DIRECT TV SATELLITE NETWORKS. THE PURPOSE IS TO PROMOTE THE IMPORTANCE OF AGRICULTURE

#### Form 990, Part III, Line 4b: PROMOTIONAL SUPPORT IS PROVIDED TO COUNTY FARM BUREAUS THROUGH THE COUNTY NEWSLETTER PROGRAM, AS WELL AS THE DESIGN AND WRITING OF BROCHURES, PRINT ADS AND RADIO ADS THE FEDERATION ALSO PROVIDES MEDIA RELATIONS TRAINING AND SUPPORT TO COUNTY FARM BUREAUS

Form 990, Part III, Line 4c: A SPECIALLY TRAINED STAFF PROMOTES THE ORGANIZATION'S INTERESTS IN THE STATE AND FEDERAL LEGISLATIVE PROCESS THROUGH MEDIA RELATIONS AND PROMOTIONAL TECHNIQUES SUCH AS WEB SITES AND PUBLIC RELATIONS EVENTS

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

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

WOMEN & YOUNG FARMERS PROGRAMS

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

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

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

GROOF FUNCHASING				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)

PROGRAM DEVELOPMENT

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

(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

MARKETING SERVICES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

14,457

17,349

9,638

13,707

18,977

21,637

5,639

2,711

22,801

10,566

4,959

86

0

0

0

0

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

							,	(11)	(11/ 2/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	lo-	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WAYNE F PRYOR PRESIDENT	40 00	×		×				325,656	0	26,336	
SCOTT E SINK VICE PRESIDENT	2 00	х		х				22,027	0	172	
EMILY F EDMONDSON DIRECTOR	2 00	х						5,374	0	15,110	

SCOTT E SINK VICE PRESIDENT	2 00	×	x		22,027	
EMILY F EDMONDSON DIRECTOR	2 00	х			5,374	
MARVIN L EVERETT JR DIRECTOR	2 00	x			0	

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and Independent Contractors

THOMAS E GRAVES JR

JORDAN M JENKINS JR

GORDON R METZ JR

ROBERT J MILLS JR

RICHARD L SUTHERLAND

DAVID L HICKMAN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

......

......

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the compensation from related any hours and a director/trustee) from the organization organizations

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

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SECRETARY

**TREASURER** 

DAVID A PRIDDY

A FAYE HUNDLEY

MINDY L MCCROSKEY

BRUCE N STANGER

JONATHAN S SHOUSE

	any nours	and	a air	ecto	or/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHAPMAN LEIGH H PEMBERTON DIRECTOR	2 00	х						18,581	0	901
PETER A TRUBAN DIRECTOR	2 00	x						7,216	0	13,516
WILLIAM E WALTON	2 00									

DIRECTOR						
PETER A TRUBAN	2 00	×			7,216	
DIRECTOR					,,210	
WILLIAM E WALTON	2 00	×			9,513	
DIRECTOR		^			3,313	
WILLIAM F OSL JR	2 00	l			17,885	
DIRECTOR		_ ^			17,885	
BUIDOSELL I WATER TO TO	2.00					, and the second

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DIRECTOR							,,		
WILLIAM E WALTON	2 00	l 🗸					9,513	0	
DIRECTOR		^					9,513	o o	-
WILLIAM F OSL JR	2 00	<b> </b>					17,885	0	
DIRECTOR		_ ^					17,003		
RUSSELL L WILLIAMS II	2 00	.,					10.027		
	1	X	I	i I		I	19,027	l o	1

10,383

1,327

86

172

172

10,698

18,490

0

0

18,677

18,677

8,810

139,909

0

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation m the

and Independent Contractors

**DENNIS JONES** 

HIGHLY COMPENSATED EMPLOYE

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

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARC FOLLMER	4 00			x				0	0	0
ASSISTANT SECRETARY				^`						v
CLAY FRANCIS	40 00					×		157,596	0	20,228

		,,			éd				
4 00			Х				0	0	
								3	
40 00					x		157 596	0	
							137,330	3	
40 00					x		141,740	0	
	40 00	40 00	40 00	40 00 X	40 00 X	4 00 X X 40 00 X	4 00 X X 40 00 X	4 00 X 0 X 157,596	4 00 X 0 0 0 40 00 X 157,596 0

ASSISTANT SECRETARY							
CLAY FRANCIS HIGHLY COMPENSATED EMPLOYE	40 00			х	157,596	0	20,228
MARTHA MOORE	40 00			×	141,740	0	23,663
HIGHLY COMPENSATED EMPLOYE				^	141,740	3	23,003
	40.00						

HIGHLY COMPENSATED EMPLOYE							
MARTHA MOORE	40 00			×	141,740	0	
HIGHLY COMPENSATED EMPLOYE				^	111,710		
GREG HICKS	40 00						

MARTHA MOORE HIGHLY COMPENSATED EMPLOYE	40 00			х	141,740	0	
GREG HICKS	40 00			Х	160,812	0	

HIGHLY COMPENSATED EMPLOYE	•••••			×	141,740	0	
GREG HICKS	40 00			v	160,812	0	
HIGHLY COMPENSATED EMPLOYE				^	100,012		

GREG HICKS	40 00			v	160,812	0	
HIGHLY COMPENSATED EMPLOYE				^	100,012	0	
VILMER N STONEMAN III	40 00						

12,425

11,994

9,969

104,495

HIGHLY COMPENSATED EMPLOYE				Х	160,812	U	
WILMER N STONEMAN III	40 00			Х	113,017	0	
HIGHLY COMPENSATED EMPLOYE				^`	115,017	Ŭ	ĺ

40 00

ILMER N STONEMAN III	40 00						
				l x l	113,017	0	
IGHLY COMPENSATED EMPLOYE							

SCHEDULE C

(Form 990 or 990-

EZ)

5

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

DLN: 93493281006598

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service www.irs.gov/form990.

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 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization **Employer identification number** VIRGINIA FARM BUREAU FEDERATION

54-0419002

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1

2 Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

3 Was a correction made?

☐ Yes □ No If "Yes," describe in Part IV

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

5 organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

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

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

Volunteers?

1

b

(b)

Amount

(a)

No

Yes

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? 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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **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.

DLN: 93493281006598 OMB No 1545-0047

(Form 990)

▶ Attach to Form 990.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** VIRGINIA FARM BUREAU FEDERATION 54-0419002 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	eası	ıres, or	Other	Similar	Assets (	continue	d)
3	_	the organization's acqu (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcar	nt use of it	s collectio	on
a	Public exhibition d Loan or exch						ange prog	ırams						
Ь		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No											No			
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			" on Fori	m 990	, Part	IV, lı	ne 9, or	reporte	ed an am			
1a											No			
ь	If "Y∈	es," explain the arrange	ment in Part XIII	and comple	ete the fol	lowing	table					Amount		
С		ining balance		·		_			l	1c				
d	_	ions during the year							l	1d				
е	Dıstrı	butions during the year								1e				
f	Endın	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	orm 990, Par	t X, line 2	21, for	escrow	or cu	Istodial a	ccount lia	ability?		-	No
b	If "Ye	s," explain the arranger	ment in Part XIII	Check here	e if the ex	planatı	on has	been	provided	d in Part :	XIII		_	
Pa	ırt V	Endowment Fund	<b>is.</b> Complete ıf	the organ	ızatıon a	nswer	ed "Ye	es" oı	n Form	990, Pai	t IV, line	e 10.		
				(a)Curren	t year	<b>(b)</b> Pr	rior yea	r	(c)Two ye	ears back	(d)Three	years back	(e)Four y	years back
	_	ing of year balance .												
		outions												
		restment earnings, gain	s, and losses					_						
		or scholarships	•					_						
	and pro	expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2 a		de the estimated percer d designated or quasi-er	•	ent year end	balance	(line 1g	g, colui	mn (a	)) held a	s				
b		anent endowment 🕨												
c	Temp	orarily restricted endow	vment ►											
·		•		ıld equal 100	)%									
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by									Ye	s No				
	(i) ur	related organizations										3	a(i)	
(ii) related organizations								a(ii) 3b						
4	Descr	ribe in Part XIII the inte	nded uses of the	organizatio	n's endow	ment f	unds					_	1	
Pa	rt VI	Land, Buildings, a	and Equipme	nt.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value														
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (d	other)	(c) Acc	umulated o	lepreciation		(d) Book v	alue .
1a	Land													
b	Buildin	gs												
С	Leaseh	old improvements												
d	Equipm	nent												
е	Other			276,653			1,43	30,522			1,613,92	.0		93,255
Tota	ıl. Add	lines 1a through 1e <i>(Co</i>	lumn (d) must e	qual Form 9	90, Part >	(, colun	nn (B),	line .	10(c)) .		<b>&gt;</b>			93,255

		·	IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
A)			
В)			
C)			
D)			
E)			
F)			
(G)			
(H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment (b)	Book value	(c) Method of valu Cost or end-of-year m	
(1)		Cost of end-of-year in	arket value
2)			
(3)			
(4)			
(5)			
(6)			
77)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. Complete if the organization answered 'Yes' on F  (a) Description	orm 990, Pa	rt IV, line 11d See Form 990, Part	t X, line 15
1) DEFERRED LOAN COSTS			<b>(b)</b> Book value 11,161
DEFERRED LOAN COSTS     NET INVESTMENT IN DIRECT FINANCING LEASE			<b>(b)</b> Book value 11,161 10,972,550
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES			<b>(b)</b> Book value 11,161 10,972,550
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4)			<b>(b)</b> Book value 11,161 10,972,550
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5)			<b>(b)</b> Book value 11,161 10,972,550
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5)			<b>(b)</b> Book value 11,161 10,972,550
(1) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE (3) DUE FROM AFFILIATES (4) (5) (6)			<b>(b)</b> Book value 11,161 10,972,550
(1) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE (3) DUE FROM AFFILIATES (4) (5) (6) (7)			<b>(b)</b> Book value 11,161 10,972,550
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 77) 8)			(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) (7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)			(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability	'Yes' on Fo		(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes	'Yes' on Fo	rm 990, Part IV, line 11e or 1:	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  1. (a) Description of liability 1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE	'Yes' on Fo	rm 990, Part IV, line 11e or 1:	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE 4)	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE 4) 5)	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
1) DEFERRED LOAN COSTS 2) NET INVESTMENT IN DIRECT FINANCING LEASE 3) DUE FROM AFFILIATES 4) 5) 66 77  (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE (4) (5) (6)	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
(2) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE (3) DUE FROM AFFILIATES (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
1) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE (3) DUE FROM AFFILIATES (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE (4) (5) (6) (7)	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value
(1) DEFERRED LOAN COSTS (2) NET INVESTMENT IN DIRECT FINANCING LEASE (3) DUE FROM AFFILIATES (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability (1) Federal income taxes ACCRUED POST RETIREMENT BENEFITS DEFERRED COMPENSATION PAYABLE DUES PAYABLE (4) (5) (6) (7) (8)	'Yes' on Fo	rm 990, Part IV, line 11e or 1: ook value 3,049,892 1,444,757	(b) Book value

Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Part	IV, li	ne 12a.		
1	Total revenue, gains, and other si	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	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 <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	art VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Returi	n.
		zation answered 'Yes' on Form 990, Part	IV, I	ne 12a.		
1	Total expenses and losses per aud				1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25	ı	1		
а	Donated services and use of facili	ties	2a		_	
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .	3				
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18	) .		5	
Par	t XIIII Supplemental Info	rmation				
Prov XI,	vide the descriptions required for Pa lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Pari any a	t IV, lines 1b and 2b, Part idditional information	: V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Page 4

Page <b>5</b>		Schedule D (Form 990) 2017		
	ormation <i>(continued)</i>	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

### Additional Data

## Software Version:

EIN: 54-0419002

Name: VIRGINIA FARM BUREAU FEDERATION

Supplemental Information

Return Reference

Explanation

Software ID:

THE COMPANY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) AUTHORITATIVE GUIDAN CE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2009 THE COMPANY ANALYZ ED FILING POSITIONS IN ALL OF THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS THE PERIODS SUBJECT TO EXAMINATION FOR THE COMPANY'S FEDERAL AND STATE RETURNS ARE THE 2014, 2015, 20 16 AND 2017 TAX YEARS THE COMPANY DID NOT HAVE ANY UNCERTAIN TAX BENEFITS AND THERE WAS NOTE OF FECT ON THE COMPANY'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS AS A RESULT OF IMPLEMENTING THE AUTHORITATIVE GUIDANCE IT IS THE COMPANY'S POLICY TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE AS OF THE DATE OF ADOPTION OF THE FASB'S AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAIN TAX YOSITIONS AND AS OF DECEMBER 31, 2017 THE COMPANY DID NOT HAVE ACCRUED INTEREST OR PENALTIES ASSOCIATED WITH ANY UNCERTAIN TAX BENEFITS, NOR WAS ANY INTEREST EXPENSE RECOGNIZED DURING THE YEAR ENDED DECEMBER 31. 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493281006598 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** VIRGINIA FARM BUREAU FEDERATION 54-0419002 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(6)

(7)

**Explanation** 

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19328	1006	598		
Schedule J (Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.					OMB No 1545-0047  2017  Open to Public			
	me of the organiza GINIA FARM BUREAL				Employer identificat	ion nu	ımber			
VIII	GINIA FARM BOREAG	FEDERATION			54-0419002					
Pa	rt I Questi	ons Regarding Compensa	ition							
1a				the following to or for a person liste y relevant information regarding the			Yes	No		
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use					
	☐ Travel for	companions		Payments for business use of perso	nal residence					
	Tax idemi	nification and gross-up payment	ts 📙	Health or social club dues or initiati						
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chau	ffeur, chef)					
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	e 1a <sup>7</sup>					
3	organization's C	EO/Executive Director Check a	II that apply Dor	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	☑ Compens	ation committee		Written employment contract						
	☐ Independe	ent compensation consultant	$\checkmark$	Compensation survey or study						
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-cor	itrol payment?			4a		No		
b		r receive payment from, a supp		ıfıed retırement plan?		4b	Yes			
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Par	t III					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.						
5	For persons liste		on A, line 1a, did	the organization pay or accrue any						
а	The organization	n?				5a				
b	Any related orga					5b				
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any						
а	The organization	n?				<b>6</b> a				
b	Any related orga					6b				
	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7				
8		Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III								
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9				
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2017		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred column (B) reported benefits (B)(i)-(D)(ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 WAYNE F PRYOR 259,184 (i) 60.481 5,991 18,020 8.316 351.992 PRESIDENT 0 0 0 0 0 (ii) 2 JONATHAN S SHOUSE 117,014 (i) 12,474 10,421 8,422 10,068 158,399 Ω SECRETARY 0 0 0 0 0 0 0 (ii) 3 CLAY FRANCIS 139,244 (i) 14,718 3,634 9,512 10,716 177,824 0 HIGHLY COMPENSATED EMPLOYE 0 0 0 0 0 0 0 (ii) 4 MARTHA MOORE 124,429 (i) 13,607 3,704 9,475 14,188 165,403 0 HIGHLY COMPENSATED EMPLOYE 0 0 0 0 0 0 0 (ii) 5 GREG HICKS 127,780 (i) 27,806 5,226 9,749 2,676 173,237 0 HIGHLY COMPENSATED EMPLOYE 0 0 0 0 0 0 0 (ii)

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I, LINE 3 THE OFFICE OF PRESIDENT OF THE VIRGINIA FARM BUREAU FEDERATION IS AN ELECTED POSITION PERIODICALLY, HUMAN RESOURCES SENDS THE BUDGET AND AUDIT COMMITTEE THE PRESIDENT'S CURRENT SALARY, THE SALARY RANGE OF THE POSITION, AND THE AVERAGE SUGGESTED INCREASE PERCENTAGE FOR EXECUTIVES BASED ON SALARY SURVEY DATA THE SALARY IS REVIEWED AND THE INCREASE IS RECOMMENDED BY THE COMPANY'S BUDGET AND AUDIT

Page 3

Schedule J (Form 990) 2017

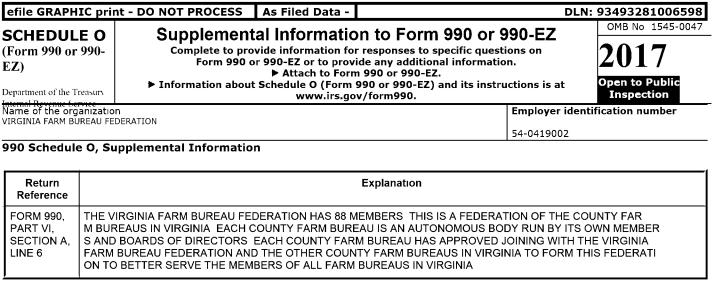
Schedule J (Form 990) 2017

COMMITTEE WHICH IS MADE UP OF FIVE OF THE EIGHTEEN BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RECOMMENDATION OF THE BUDGET AND AUDIT COMMITTEE. THIS PROCESS IS REVIEWED DURING THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS. ITHE SECRETARY OF THE COMPANY HAS RECORDED MINUTES OF THE SALARY APPROVAL. THIS IS AN ANNUAL PROCESS WHICH OCCURS DURING THE FIRST IOUARTER OF THE YEAR FOLLOWING AND THE SALARY IS EFFECTIVE JANUARY 1 OF THE FOLLOWING YEAR

WAYNE F PRYOR \$17,992 EMILY F EDMONDSON \$13,903 MARVIN L EVERETT, JR \$19,277 THOMAS E GRAVES, JR \$4,819 DAVID L HICKMAN \$1,928 JORDAN M

PART I, LINE 4B JENKINS, JR \$19,027 GORDON R METZ, JR \$9,638 ROBERT MILLS, JR \$4,569 WILLIAM F OSL, JR \$1,142 LEIGH H PEMBERTON \$696 BRUCE STANGER \$10.467

PETER TRUBAN \$11.811 WILLIAM E WALTON \$9.513 MARTHA MOORE \$13.000 GREG HICKS \$20.660



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

Return Explanation
Reference

FORM 990, PART VI, ROVAL OF THE MEMBERS ARE THOSE TO CHANGE THE BYLAWS OF THE FEDERATION THE BOARD OF DIRECT ORS CAN AMEND THE BYLAWS BUT ANY AMENDMENT IS SUBJECT TO RATIFICATION BY THE MEMBERS LINE 7B

990 Schedule O, Supplemental Information

Return

Reference

FORM 990,	THERE ARE NO COMMITTEES OF THE BOARD WITH AUTHORITY TO ACT IN THE PLACE OF THE BOARD ALL
PART VI,	STANDING COMMITTEES ARE ADVISORY TO THE BOARD AND ARE NOT CHARGED WITH AUTHORITY TO ACT M
SECTION A,	INUTES OF MEETINGS OF ADVISORY COMMITTEES OF THE BOARD OF DIRECTORS ARE RECORDED CONTEMPOR
LINE 8B	ANEOUSLY AND PRESENTED TO THE NEXT COMMITTEE MEETING WITH ANY COMMITTEE RECOMMENDATIONS RE
	PORTED TO THE BOARD OF DIRECTORS

Explanation

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

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

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

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

Return Explanation

11010101100	
FORM 990,	THE BUDGET AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FI
PART XII,	NANCIAL STATEMENTS AND RECOMMENDS THE SELECTED AUDITOR TO THE FULL BOARD OF DIRECTORS FOR
LINE 2C	APPROVAL AND APPOINTMENT

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	281006	598
SCHEDULE R (Form 990) Related Org  Complete if the organization of the organization o				swered "Yes ▶ Attach to	2017									
Department of the Treasury Internal Revenue Service	•	Information about S	chedule I	R (Form 990)	) and its in	structions	s is at <u>www</u>	.irs.gov/f	orm990	<u>2</u> .		Open to	o Public ection	C
Name of the organization VIRGINIA FARM BUREAU FEDERATIC	N N									loyer identif	icatior	n number		
Part I Identification	of Disregarded F	ntities Complete If t	he organ	ization answ	ered "Yes	" on Form	990 Part	IV line 3		419002				
	(a) EIN (if applicable) of disre	·	e organ	(b) Primary a		( Legal dom	c) nicile (state nicountry)	(d)		<b>(e)</b> End-of-year as	sets	<b>(f</b> Direct co ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations di		<b>s</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
Name, address, an	(a) Name, address, and EIN of related organization		Prim	<b>(b)</b> Primary activity		(c) al domicile (state foreign country)		de section   Publi		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> rect controlling entity	Section (13) cor enti	512(b) ntrolled
													les	
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Ca	t No 5013	 B5Y				Schr	edule R (Form	990) 20	117

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan Income(relate unrelated, excluded froi tax under sections 512	d, total incom	(g) Share of e end-of-year assets	Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or iging ner?	<b>(k)</b> Percent owners
								Yes	No		Yes	No	
Identification of Related Organize because it had one or more related or						nization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	(c) Legal omicile or foreign ountry)			(e) /pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) of end-o year assets	of-Percei owne	ntage	(13	(i) ction ! 3) con entit
nal Data Table		<u> </u> 		1	i	1		Ì		<del>_</del>		<u></u>	<u> </u>
													$\top$
													+
													_

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 orgranization 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	1a	Yes								
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No							
c Gift, grant, or capital contribution from related organization(s)	1c		No							
d Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)	1e		No							
f Dividends from related organization(s)	1f		No							
g Sale of assets to related organization(s)	<b>1</b> g		No							
h Purchase of assets from related organization(s)	1h		No							
i Exchange of assets with related organization(s)	<b>1</b> i		No							
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No							
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No							
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No							
o Sharing of paid employees with related organization(s)	10		No							

Page 3

Schedule R (Form 990) 2017

k Lease of facilities, equipment, or other assets from related organization(s)		1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)		11	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	No
o Sharing of paid employees with related organization(s)		10	No
p Reimbursement paid to related organization(s) for expenses		1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses		1q	No
	,		

1r No 1s No 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 See Additional Data Table (a) Name of related organization (d) Method of determining amount involved (b) (c) Transaction Amount involved type (a-s)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	Disproprtionate		(j) General or managing partner? e		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017				

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

RICHMOND, VA 23238 54-2015926

RICHMOND, VA 23238

RICHMOND, VA 23238

RICHMOND, VA 23238

RICHMOND, VA 23238

03-0382095

41-2071427

37-1694672

45-5587952

ASSOCIATION

54-0700947

CUSTOM HEALTH CARE INC

12580 WEST CREEK PARKWAY

12580 WEST CREEK PARKWAY

BENEFIT DESIGN GROUP INC

12580 WEST CREEK PARKWAY

12580 WEST CREEK PARKWAY

12580 WEST CREEK PARKWAY RICHMOND, VA 23238

ORGANIZATIONAL MANAGEMENT INC

COMMONWEALTH FAIRS & EVENTS INC

VIRGINIA FARM BUREAU MARKETING

Software ID:

Software Version:

**EIN:** 54-0419002

VA

VA

VA

VA

VA

Name: VIRGINIA FARM BUREAU FEDERATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e)

Permany activity | Legal | Direct controlling | Type of entity (f)

related organization	Timely delivey	domicile (state or foreign country)	entity	(C corp, S corp, or trust)	income	assets	ownership	(b)(13) controlled entity?	
								Yes	No
VIRGINIA FARM BUREAU HOLDING CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0929947	HOLDING COMPANY	VA		С	1,315,981	4,285,175	100 000 %		No
VIRGINIA FARM BUREAU SERVICE CORPORATION 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0796340	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	863,613	5,838,895			No
VIRGINIA FARM BUREAU INSURANCE AGENCY INC 12580 WEST CREEK PARKWAY RICHMOND, VA 23238 54-0929948	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	С	138,911	2,028,782			No
EMPLOYEE BENEFIT CORPORATION OF AMERICA 12580 WEST CREEK PARKWAY	INSURANCE BROKER	VA	VIRGINIA FARM BUREAU HOLDING CORPORATION	c	4,364,959	9,922,650			No

VIRGINIA FARM

CORPORATION

VIRGINIA FARM

CORPORATION

VIRGINIA FARM

CORPORATION

VIRGINIA FARM

CORPORATION

BUREAU HOLDING

BUREAU HOLDING

BUREAU HOLDING

BUREAU HOLDING

(g)

545,835

148,153

5,986,760

12,476,503

100 000 %

Share of total Share of end-of-year Percentage

206,304

22,140

262,006

-1.410.453

-8,554

(h)

Section 512

No

No

No

No

Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type or el
related organization		domicile	entity	(C corp, S
		(state or foreign		or trust
		country)		

INSURANCE BROKER

MARKETING SERVICE

INSURANCE BROKER

AGRICULTURAL SERVICE

FAIRS & EVENTS

(a) (b) (c) Name of related organization Amount Involved (d) Transaction type(a-s) Method of determining amount involved VIRGINIA FARM BUREAU HOLDING CORPORATION 39,303 VIRGINIA FARM BUREAU SERVICE CORPORATION -16,544 VIRGINIA FARM BUREAU INSURANCE AGENCY INC 12,361 EMPLOYEE BENEFITS CORPORATION OF AMERICA Α

Form 990, Schedule R, Part V - Transactions With Related Organizations

COMMONWEALTH FAIRS & EVENTS INC

VIRGINIA FARM BUREAU MARKETING ASSOCIATION

CUSTOM HEALTH CARE INC	l A	-4,181	
		.,	
ORGANIZATIONAL MANAGEMENT INC	A		
DENIETT DEGLEN CROUPING			
BENEFIT DESIGN GROUP INC	I A		

167,400

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