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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.



A For t	ne 2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	
B Check applica	Please use IRS C Name of organization	D Employer identifi	cation number
Add	ess label or AJECT VIDCINIA FARM DIDEAU INC		
Nam	e type D	 55-0	371723
Initia	One Note that the state of the DO beautiful and the state of the state		
Term	IN- Specific ONE DED DOCK DOND	•	472-2080
	nded tions	G Gross receipts \$	1,849,708.
App	BUCKHANNON, WV ZUZUI	H(a) Is this a group re	
pend	F Name and address of principal officer STEVE BUTLER	for affiliates?	Yes X No
	1 RED ROCK ROAD, BUCKHANNON, WV 26201	H(b) Are all affiliates inc	luded? Yes No
I Tax-e	cempt status: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
J Webs	ite: ▶ WWW.WVFARM.ORG	H(c) Group exemption	n number 🕨
		ear of formation: 1939 N	State of legal domicile: WV
Part 1	Summary		
o 1	Briefly describe the organization's mission or most significant activities. TO PROVII	DE LEADERSHIP	
<u>ا</u> ۾	EDUCATION, INFORMATION, TRAINING AND OTHER S	SERVICES TO M	EMBERS.
Activities & Governance	Check this box	ore than 25% of its assets	S
<u>8</u> 3	Number of voting members of the governing body (Part VI, line 1a)	3	20
6 4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	20
8 5	Total number of employees (Part V, line 2a)	5	12
1 6	Total number of volunteers (estimate if necessary)	6	0
ું કું 7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u> </u>
- L	Net unrelated business taxable income from Form 990-T, Incis CEIVED	7b	0.
		Prior Year	Current Year
_ 😡	Contributions and grants (Part VIII, line 1h) Program senure revenue (Part VIII, line 2g) APR 2 7 2010 0	653,606.	722,335.
Sevenue 9 10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 70)	5,126.	5,145.
a 0 10		162,962.	<128,340.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, @ and fell UT	280,035.	328,531.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,101,729.	927,671.
13 14 15 16 a 17	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,675.	<u>5,397.</u>
14	Benefits paid to or for members (Part IX, column (A), line 4)		
ဖ္မ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	419,297.	468,369.
Expenses 15	Professional fundraising fees (Part IX, column (A), line 11e)		
Š t	Total fundraising expenses (Part IX, column (D), line 25)		
ш 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	630,866.	724,495.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,053,838.	<u>1,198,261.</u>
19	Revenue less expenses. Subtract line 18 from line 12	47,891.	<u> <270,590.</u>
Net Assets or Fund Balances 7 1 2 2	<u> </u>	Beginning of Year	End of Year
製製 20	Total assets (Part X, line 16)	3,408,655.	3,251,894.
월 21	Total liabilities (Part X, line 26)	165,786.	<u>129,893.</u>
	Net assets or fund balances Subtract line 21 from line 20	3,242,869.	3,122,001.
Part I	 		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledg ige	ge and belief, it is true, correct,
	I AAT	1 1/20	2010
Sign	Signature of officer		12010
Here		Date	
	STEVE BUTLER, EXECUTIVE SECRETARY Type or print name and title	 	
		Check if Prepare	r's identifying number
Paid	Treparer 3	self (see ins	tructions)
Preparer's	10 - 1 - 0 - 0		
Use Only	yours if TOOTHMAN RICE, P.L.L.C.	EIN ►	
•	self-employed), address, and PRINCEROPE TRIL 26330	Dt	2041624 5471
NAME AND THE	BRIDGEPORT, WV 26330	Pnone no. ► (304)624-5471
MAN the	RS discuss this return with the preparer shown above? (see instructions)		IXIVoc I INO

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

Form **990** (2008)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice		i	
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	1		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 38	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	ي عن		
U	pnor year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
21	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
	Sommond, or to a person related to sour an individual in 103, complete concedure L, i at in		000 /	

Form 990 (2008) WEST VIRGINIA FARM BUREAU, INC. Checklist of Required Schedules (continued)

	•		Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	14	17.4 2.5.8	
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35_	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37	1	X

Form **990** (2008)

Form 990 (2008) WEST VIRGINIA FARM BUREAU, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	٠,		£,
	U.S. Information Returns. Enter -0- if not applicable 1	8	10 mg	77 326
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		7
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- E		
	(gambling) winnings to prize winners?	1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	2 ` `		* 、^
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	f		ŀ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1	- 1	l
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	l		
	Tax Shelter Transaction?	5c		l
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	_
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	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	1_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-	= =	-
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
y h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>g</u> 7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		, 1	
	excess business holdings at any time during the year?	8	1	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-	r / 4	-
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			13- 15 21-5e
а	Initiation fees and capital contributions included on Part VIII, line 12	+2	742	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]]	45	漢 (人
11	Section 501(c)(12) organizations. Enter: N/A	1 4		
а	Gross income from members or shareholders		* 27	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4		
	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 N/A 12b			لـــا
		_	OOO /	

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the circumstances.	Г.	7.5	
	processes, or changes in Schedule O. See instructions.	· · · · · · · · · · · · · · · · · · ·			2 77
1a	Enter the number of voting members of the governing body	1a	20		
	Enter the number of voting members that are independent	1b	20		Andr Jr
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	L_:		1	不 款、
_	officer, director, trustee, or key employee?	o www. arry ourion	2	, ,,,	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			 -
Ū	of officers, directors or trustees, or key employees to a management company or other person?	c direct supervision	В	.	x
4	Did the organization make any significant changes to its organizational documents since the prior Fo	 rm 990 was filed?	. 4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset		5		X
_	Does the organization have members or stockholders?	3:	6		X
6	·	mhom of the	<u> </u>	<u> </u>	 ^
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	inders of the	_	_	
	governing body?		7		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per		71	2 1	┼^
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	ŀ	- []
	by the following:				1
а	The governing body?		8		\vdash
b	Each committee with authority to act on behalf of the governing body?		_8t		
9a	Does the organization have local chapters, branches, or affiliates?		98	9	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		9k)	—
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ganizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10) X	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		1_1	<u> </u>	X
Sec	tion B. Policies				,
			_	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise			
	to conflicts?		12	b	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe	l		
	ın Schedule O how this is done		12	c	<u> </u>
13	Does the organization have a written whistleblower policy?		13	3	X
14	Does the organization have a written document retention and destruction policy?	_	14	ı 📗	X
15	Did the process for determining compensation of the following persons include a review and approva	l by independent		y Files	z, t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	•			-
а	The organization's CEO, Executive Director, or top management official?		15	a X	
	Other officers or key employees of the organization?		15		
-	Describe the process in Schedule O. (see instructions)		1.5	3 7 3 4	<i>∮</i> = ,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	nent with a	-	1	
	taxable entity during the year?		16	a	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	Liate its narticination		-	
~	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	•		1	
	exempt status with respect to such arrangements?	in in Lation 6	16		
Sec	tion C. Disclosure	* * * * * * * * * * * * * * * * * * * *	10	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed NONE				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(a)(3)e aalul augi	lable for		
10	public inspection. Indicate how you make these available. Check all that apply.	(SO I(G)(S)S Office available	IADIO IUI		
40	Own website Another's website X Upon request		• -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest poli	cy, and fi	nancial	
	statements available to the public.			_	
20	State the name, physical address, and telephone number of the person who possesses the books an	d records of the orga	anization.	_	
	BRENDA SNYDER - 304-472-2080				
	ONE RED ROCK ROAD, BUCKHANNON, WV 26201	-			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not	compensate ar	ny of	ficer	, dır	ecto	or, tn	uste	e, or key employee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(C	(check all that apply)				ly)	compensation	compensation	amount of
	per week	흕		1				from the	from related organizations	other compensation
	Week	i i				亞		organization	(W-2/1099-MISC)	from the
		stee	truste		يو	pens		(W-2/1099-MISC)	(**	organization
	-	ualtr	donal		ploye	e to a				and related
		Individual trustee or director	institutional trustee	Officer	Key en	Highest compensated employee	Forme			organizations
BILL V PARKER	1								_	
DIRECTOR	1.00	X				ļ.,		1,050.	0.	0.
PARRISH J. PENDLEY										
DIRECTOR	1.00	X	<u> </u>				<u> </u>	0.	_0.	0.
FRANK NASH										_
DIRECTOR	1.00	X				-		1,400.	0.	0.
KENCEL MATHENY	1 00	l						1 650	•	•
DIRECTOR	1.00	X				-		1,650.	0.	0.
ALVIN ENGELKE	1 00							750		•
DIRECTOR	1.00	X		\vdash				750.	0.	0.
PHILIP W. HARMISON	1 00	7.5		,				1 200	•	•
DIRECTOR	1.00	X		Н		-	-	1,200.	0.	0.
MATTHEW B. HARPER	1.00	v						0.	0.	0.
DIRECTOR GEORGE LEATHERMAN, III	1.00	^	-	H	-	-	-	ļ		<u> </u>
DIRECTOR	1.00	v						800.	0.	0.
PHILIP L. GREGG	1.00	Λ						000.		
DIRECTOR	1.00	Y						0.	0.	0.
ERIC C. JACK	1.00	25							•	
DIRECTOR	1.00	x						1,500.	0.	0.
JOE CLAY	1 2000							1,5550	<u> </u>	
DIRECTOR	1.00	x						1,000.	0.	0.
JOHN PITSENBARGER										
DIRECTOR	1.00	х						0.	0.	0.
RALPH BLAIR										
DIRECTOR	1.00	X						950.	0.	0.
FRED GRAHAM										
DIRECTOR	1.00	X						0.	0.	0.
PAUL CUMMINGS										
DIRCTOR	1.00	X						450.	0.	0.
JOELLEN BLAIR										
DIRECTOR	1.00	X					<u> </u>	300.	0.	<u> </u>
CHARLES WILFONG										
PRESIDENT	2.00	X		X	L		L_	4,700.	0.	<u> </u>

Form 990 (2008) WEST VIR									55-0	<u> 371</u>	723	Page 8
Part Section A. Officers, Directors, Tru		mpl	oyee			Higt	<u>ies</u> t					
· (A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		 	(F)
Name and title	hours	· I					oly)	compensation	compensation		l	timated ount of
	per	\vdash				Τ		from	from related		l	other
	week	direc				喜		the organization	organization (W-2/1099-MIS			pensation om the
		l ste	truste		l s	Suedi		(W-2/1099-MISC)	(11 2 1000 1111	,	orga	anization
		ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee						l related nizations
		를	캺	Office.	Keye	돌	Ē				Orga	IIZAGOIIS
DENZIL HUFF		<u> </u>				ļ.—						
VICE PRESIDENT	2.00	X	_	X	<u> </u>	<u> </u>	ļ.,	3,900.		0.	<u></u>	0.
STEVEN COREY LAMBERT	1 00		}									0
DIRECTOR BILL INGRAM	1.00	X			┢─	┢		0.		0.		0.
EXEC. COMMITTEE	2.00	x	İ	x		ŀ		1,400.		0.		0.
STEPHEN P BUTLER												
EXECUTIVE SECRETARY	40.00		_	X		X	_	60,000.		0.	1	L,920.
· · · · · · · · · · · · · · · · · · ·		-	-	_	-				 			
						_		ļ				
							_					
		ı										
						-	-			-		
				L	L	Ļ	L	01 050		_		000
1b Total2 Total number of individuals (including those	un 1a) who re	COLV	od n	ore	thai	_ <u>►</u>	00.0	81,050.	· · · · · · · · · · · · · · · · · · ·	0.	1	.,920.
compensation from the organization		CCIV	eu II	1016	tria	Ψ.	00,	ood iii reportabic		•		0
											T,	Yes No
3 Did the organization list any former officer,			, ke	em/	ploy	yee,	or h	nighest compensated en	nployee on		$-\!\!\!\!+$	
line 1a? If "Yes," complete Schedule J for si		-			***		4 ~*!	har asmoonaation from t	he ergenization		3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									ne organization	İ	4	x
5 Did any person listed on line 1a receive or a									ces rendered to			
the organization? If "Yes," complete Schedu	ule J for such j	oers	on								5	Х
Section B. Independent Contractors												
Complete this table for your five highest count the organization. NONE	npensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than t	\$100,000 of com	pensa	ation fro	om
(A)							П	(B)			(C)	
Name and business	address							Description of s	ervices	C	ompen	
							_					
				_								
2 Total number of independent contractors (ii	ncluding those	ın '	1) wt	no re	eceiv	/ed i	mor	e than \$100,000 in com	pensation			
from the organization	0											:

Form 990 (2008)

832009 02-02-09 Parent Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must comp		not required to comp		nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			TO CHARLEST 1	心性性的性性
	organizations in the U.S. See Part IV, line 21	5,397.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			**************************************	and an arrangement of the second
5	Compensation of current officers, directors,				
	trustees, and key employees	81,050.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	287,532.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	68,342.			
10	Payroll taxes	31,445.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	33,261.			
С	Accounting	9,461.			
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion	3,320.			
13	Office expenses	120,949.			
14	Information technology .				
15	Royalties				
16	Occupancy	44,156.			
17	Travel	103,703.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,274.			
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	45,297.			
23	Insurance .	17,827.			· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled	第二次第二十	ے۔		高 公司
	miscellaneous may not exceed 5% of total				A STATE OF THE STA
	expenses shown on line 25 below.)			-31	
а	INFORMATION PROGRAM	124,457.			
b	AMERICAN FARM BUREAU DU	85,020.			
С	QUOTA DUES REFUND TO CO	65,388.		_	
d	COMMITTEE EXPENSES	34,789.		_	
е	MISCELLANEOUS	3,593.		_	
f	All other expenses	1 100 055			
25	Total functional expenses. Add lines 1 through 24f	1,198,261.			
26	Joint Costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2008)

		<u> </u>	1		
		•	(A) Beginning of year		(B) End of year
		One and the same	224,685.	1	114,390
		Cash - non-interest-bearing	1,807,291.	2	1,756,911
	2	Savings and temporary cash investments	1,007,291.		1,730,911
	3	Pledges and grants receivable, net	77 104	3	70 157
	4	Accounts receivable, net	77,194.	4	79,157
	5	Receivables from current and former officers, directors, trustees, key		_	1 22 220
		employees, or other related parties. Complete Part II of Schedule L		_5_	22,220
	6	Receivables from other disqualified persons (as defined under section	· 在 15 10 15 1	ng of Car	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	The state of the s	• • •	3
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	19,055.	7	
SS	8	Inventories for sale or use	5,078.	8	2,581
⋖	9	Prepaid expenses and deferred charges	1,507.	9	796
	10a	Land, buildings, and equipment: cost basis 10a 848,362.			
	b	Less: accumulated depreciation Complete	1 x 40 2.		1
		Part VI of Schedule D 10b 473,890.	385,925.	10c	374,472
	11	Investments - publicly traded securities	836,920.	11	850,367
	12	Investments - other securities. See Part IV, line 11	51,000.	12	51,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,408,655.	16	3,251,894
	17	Accounts payable and accrued expenses	78,072.	17	80,921.
	18	Grants payable		18	
	19	Deferred revenue	87,714.	19	48,972.
	20	Tax-exempt bond liabilities	0///14	20	20,312
		Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	21	·			
≣	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	~			23	
	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	165 706	25	120 002
	26	Total liabilities. Add lines 17 through 25	165,786.	26	129,893.
		Organizations that follow SFAS 117, check here X and complete	And the same of the same of	- 2	
Ses		lines 27 through 29, and lines 33 and 34.	2 102 224		2 055 252
a	27	Unrestricted net assets	3,183,224.	27	3,055,253.
Ba	28	Temporarily restricted net assets	59,645.	28	66,748.
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here	中心的意思的意思的	1	
ğ		complete lines 30 through 34.		F 1	to a to the trade of
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>क</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances		33	3,122,001.
	34	Total liabilities and net assets/fund balances	3,408,655.	34	<u>3,251,894.</u>
Par	t D	Financial Statements and Reporting			
			-		Yes No
1	Acco	unting method used to prepare the Form 990: L. Cash X Accrual L.	☐ Other		
2a	Were	2a X			
b	Were	the organization's financial statements audited by an independent accountant?			2b X
C	If "Ye	,			
	revie	w, or compilation of its financial statements and selection of an independent acco	untant?		2c
За	As a	result of a federal award, was the organization required to undergo an audit or au	dits as set forth in the Single	e Aud	lit
		nd OMB Circular A-133?	·		3a X
b	If "Ye	es," did the organization undergo the required audit or audits?			. 3b

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

To be completed by organizations described being the Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

_	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
	WEST VI	RGINIA FARM BUR	EAU, INC.		55-0371723
P	■ To be completed b	y all organizations exer	npt under section	501(c) and section 5	27 organizations.
	See the instructions for S	Schedule C for details			
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	s in Part IV	
	Political expenditures	•	,	▶ \$	
	Volunteer hours		• •	•	
•				•	
P	To be completed b	y all organizations exer	npt under section	501(c)(3).	
	See the instructions for S			(-)(-)	
1	Enter the amount of any excise tax	*	nder section 4955	▶ \$	
	Enter the amount of any excise tax				
	If the organization incurred a section		=		Yes No
	Was a correction made?	511 4000 tax, did it illo 1 01111 47 2	o for triio your .		Yes No
-	o If "Yes," describe in Part IV		•		
_		y all organizations exen	npt under section	501(c), except section	n 501(c)(3).
	See the instructions for S	· ·	•	, ,,	. , , ,
1	Enter the amount directly expende		ection 527 exempt fund	ction activities > \$	
	Enter the amount of the filing organ		·	•	-
_	exempt function activities	nation o fando donandatos to c	other organizations for	► \$	
3	Total of direct and indirect exempt	function expenditures. Add line	es 1 and 2 and enter he	•	
Ü	Form 1120-POL, line 17b	ranction experiatares. And line	3 Tana Zana Cinci no	► \$	
4	Did the filing organization file Form	1120-POL for this year?		ν Ψ	Yes No
	State the names, addresses and en	· · · · · · · · · · · · · · · · · · ·	FINN of all section 527 n	solitical organizations to which	
3	Enter the amount paid and indicate				
	promptly and directly delivered to a	-			
	If additional space is needed, provi		, coor, as a copulate so	grogatou rana or a political t	201.011 001111111100 (1710).
		 	(a) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					
	-	 	 	 	
		I	1	l .	I

LHA

Schedule C (Form 990 or 990-EZ) 2008	WEST VIRGI	NIA FARM BU	REAU, INC.	55-0	371723 Page 2		
To be completed by (election under sec				it illed Form 5700	•		
	tion belongs to an affi		ledule C for details	<u></u>			
. —	-	mated group. nd "limited control" pro	ovisions annly				
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)					
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)					
c Total lobbying expenditures (add li	Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditure	d Other exempt purpose expenditures .						
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)					
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bot	h columns.				
If the amount on line 1e, column (a) o	· ·	bying nontaxable am		a land the second			
Not over \$500,000	20% of	the amount on line 1e	,				
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$1,000,0	000					
g Grassroots nontaxable amount (en							
h Subtract line 1g from line 1a. Enter	-						
i Subtract line 1f from line 1c. Enter							
j If there is an amount other than zer		line 1i, did the organiz	ation file Form 4720	_			
reporting section 4911 tax for this				<u>_</u>	Yes No_		
•	ations that made a s	• •	Section 501(h) n do not have to comp through 2f of the ins				
	Lobbying Exper	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a Lobbying non-taxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))	<u> </u>						
c Total lobbying expenditures							
_							
d Grassroots non-taxable amount	- 4 1	and one make and the					
e Grassroots ceiling amount	一般の変勢に のかん 湯		MET WERE THE TOTAL THE STATE OF	American Company (1974)			
(150% of line 2d, column (e))							
f_Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 WEST VIRGINIA FARM BUREAU, INC. To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (a) (b) **Amount** Yes No 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part # A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes No X Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? X Did the organization agree to carryover lobbying and political expenditures from the prior year? To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 1 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

Employer identification number

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

55-0371723 WEST VIRGINIA FARM BUREAU, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part 1. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 2a 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIV, 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 Part Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

-	Organizations Maintaining Co									
3	Using the organization's accession and other	records, check an	y of the fo	llowing tha	at are a signi	ficant use	of its collect	ion items (che	ck al	i
	that apply):		_							
а	Public exhibition	•	ىالىي ھ	oan or exc	hange progr	rams				
b	Scholarly research	•	e 🗀 o	ther						
C	Preservation for future generations									
4	Provide a description of the organization's coll	lections and expla	an how the	y further t	he organizat	ion's exen	npt purpose	ın Part XIV		
5	During the year, did the organization solicit or	receive donations	of art, hist	orical trea	sures, or oth	ner sımılar	assets			
	to be sold to raise funds rather than to be mail	ntained as part of	the organi	zation's co	ollection?		•	Yes		□ No
Pie	Trust, Escrow and Custodial	Arrangements	S. Comple	te if organ	zation answ	ered "Yes	to Form 99	0, Part IV, line	9, 0	 r
	reported an amount on Form 990, Part			•						
1a	Is the organization an agent, trustee, custodia	n or other interme	diary for co	ontribution	ns or other as	ssets not i	ncluded		_	
	on Form 990, Part X?							Yes	Г	No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	ollowing ta	hle [.]			•		_	
_	ii 100, oxpiaii iio anangomenti attxit a	na complete the n	onownig to	.5.0.				Amour	nt	
С	Beginning balance						1c	7 471047		
ď	Additions during the year		•				1d			
_	Distributions during the year				•				_	
e	Ending balance				•		1e			
f O-	•	m 000 Part V line	. 010			•		Yes		No
2a	Did the organization include an amount on For	m 990, Part A, iirie	211					tes		NO
Pe	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if of	argonization analy	orod "Voo"	to Form (200 Part IV	line 10				
-			T .			ı	-A Three weers	hook 4-3 Fou		- book
		(a) Current year	(b) Prid	or year	(c) Two yea	IS DACK (d) Three years	back (e) Fou	ryear	S Dack
1a	Beginning of year balance			945	- 1638	(2) 可以 可以用		- 1-04	4. 1	
b	Contributions									(2) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
С	Investment earnings or losses					LIBY				
d	Grants or scholarships .				· 中国					7 F 10
е	Other expenditures for facilities				5.2					
	and programs .		4							建建
f	Administrative expenses			ت بر					1 de 1	
g	End of year balance								1.	Ē -
2	Provide the estimated percentage of the year e	end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment >%									
3 a	Are there endowment funds not in the possess	sion of the organiz	ation that	are held a	nd administe	ered for the	e organizatio	on		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations li	isted as required o	on Schedu	le R?				3b		
4	Describe in Part XIV the intended uses of the o	rganization's endo	owment fu	nds.	_		_			
Pa	Investments - Land, Buildings	, and Equipm	ent. See	Form 990,	, Part X, line	10.				
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) De	preciation	(d) Boo	k val	ue
	·	basis (investr	ment)	basis		, ,	•	1 ''		
1a	Land			7	7,348.	-		7	7,:	348.
	Buildings				2,350.	1	92,955			395.
	Leasehold improvements							<u> </u>		
	Equipment			37	8,664.	2.	80,935	. 9	7.	729.
	Other	-	7				<u> </u>	1		
	I. Add lines 1a 1e (Column (d) should equal For	n 990, Part X. colu	umn (B). Im	e 10(c).)				37	4.4	172.

Schedule D (Form 990) 2008

			•
		-	

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability

Federal income taxes

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	BOUIE D (FORM 990) 2008 WEST VIRGINIA FARM BUREAU,	INC				3/1/23	Page 4
1	Reconciliation of Change in Net Assets from Form 990 to	Finan	cial State	ment	<u> </u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		927,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2		1,198,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<270,	
4	Net unrealized gains (losses) on investments			4		149,	<u>722.</u>
5	Donated services and use of facilities			5			
6	Investment expenses .			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4-8			9_		149,	722.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		<120,8	868.
7	Reconciliation of Revenue per Audited Financial Statemen	nts Wi	ith Reven	ue pe	r Return	_	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a			\$#\$.\$		
b	Donated services and use of facilities	2b			100g) 4		
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		•	-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			÷.		
b	Other (Describe in Part XIV)	4b			9-2-		
_	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	•	•	-	5		
	Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	nses p			
1	Total expenses and losses per audited financial statements		•	•	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			\dashv		
c	Losses reported on Form 990, Part IX, line 25	2c			-		
d	Other (Describe in Part XIV)	2d	···		- 1		
e	Add lines 2a through 2d	20			2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•	•			
•	Investment expenses not included on Form 990, Part VIII, line 7b	4-					
a	Other (Describe in Part XIV)	4a 4b					
D		40			1		
_	Add lines 4a and 4b Table supersess. Add lines 2 and 4a. (This about discuss Forms 200, Double lines 10)				4c		
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Supplemental Information				5		
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	lines 1a	a and 4; Par	t IV, line	s 1b and 2b,	Part V, line 4;	Part
	···					-	
					· · ·		-
							
			 				

832054 12-23-08 Schedule D (Form 990) 2008

SCHEDULE I							OMB No 1545-0047	5-0047
Form 990)		Govern	Grants and Order Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations tuals in the U.S.	£		5008	
Department of the Treasury Internal Revenue Service	▲ Comb	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa m 990.	art IV, lines 21 or 22.			
Name of the organization WEST V	WEST VIRGINIA FARM	I BUREAU, INC.	C.			<u> </u>	Employer identification number 55 – 0 3 7 1 7 2 3	number 1723
Part General Information on Grants and Assistance	ants and Assistance	•						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	cords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	or assistance?	torna the use of areat	funds in the United	1 States			X Yes	2
E	ice to Governments an	d Organizations in the	United States.	omplete if the oras	inization answered "Y	es" on Form 990 Part IV	/ line 21 for any	
	than \$5,000. Check this	s box if no one recipien	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additional	space is needed	×
1 (a) Name and address of organization or government	ttion (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	(c)(3) and government or zations	ganizations						
HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Reduction Act Notice,	see the Instructions	for Form 990.	İ	:		Schedule I (Form 990) 2008	90) 2008

55-0371723

(Form 990) 2008 WEST VIRGINIA FARM BUREAU, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WEST VIRGINIA FARM BUREAU, INC. 55-0371723 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved by board or (g) Written (a) Name of interested (b) Loan to or from (e) In (c) Original principal (d) Balance due default? agreement? the organization? person and purpose amount cómmittee? From Yes No Yes No No To Yes 7,325 7,325 X WVFB FOUNDATION X X X WVFB SERVICE CORP X 14,895 14,895 X X X 22.220 **Total** Grants or Assistance Benefiting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type of assistance the organization **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (c) Amount of (d) Description of (b) Relationship between interested (a) Name of interested person organization's person and the organization transaction transaction

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

Schedule L (Form 990 or 990-EZ) 2008

revenues? No

Yes

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number 55-0371723

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCTS, AND DEVELOPMENT OF A HIGHER DEGREE OF EFFICIENCY IN THEIR
AGRICULTURAL PURSUITS.
FORM 990, PART VI, SECTION A, LINE 10: A DRAFT COPY OF THIS RETURN WAS
PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15: ALL EMPLOYEE SALARY AND WAGE
COMPENSATION IS PREAPPROVED BY THE BOARD'S OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19: WE HAVE MADE AVAILABLE AN EXTRA
COPY OF THIS YEARS ANNUAL RETURN, EXCLUDING CERTAIN FORMS AND SCHEDULES
WHICH ARE NOT REQUIRED TO BE MADE AVAILABLE FOR PUBLIC INSPECTION, IN
COMPLYING WITH THE PUBLIC INSPECTION REQUIREMENTS.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: WVFB FOUNDATION
(A) PURPOSE OF LOAN: WORKING CAPITAL ADVANCES
(A) NAME OF PERSON: WVFB SERVICE CORP
(A) PURPOSE OF LOAN: WORKING CAPITAL ADVANCES

SCHEDULE R Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

WEST VIRGINIA FARM BUREAU, INC.

2008

OMB No 1545-0047

Employer identification number 55-0371723

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Direct controlling Direct controlling WEST VIRGINIA FARM entity entity Œ 170(B)(1)(A)(VIBUREAU, INC. status (if section 501(c)(3)) End-of-year assets Public chanty Œ Total income Exempt Code section 0 9 501 C 3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) WEST VIRGINIA <u>O</u> Primary activity Primary activity 0 <u>@</u> EDUCATION Identification of Related Tax-Exempt Organizations WV FAMR BUREAU FOUNDATION - 55-0746749 Part | Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity BUCKHANNON, WV 26201 1 RED ROCK ROAD

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

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 WEST VIRGINIA FARM BUREAU, INC.

Part # Identification of Related Organizations Taxable as a Partnership

	5	eral or laging tner?	Yes No			_		_		<u> </u>	 	
-	_	, A Gen	i) Yes		 	-				 ├	_	
	€	Disproportion- Code V-UBI General or amount in box managing an allocations?	K-1 (Form 106									
ſ		artion- itions?	Š									
	IJ	Disproporte alloca	Yes	 						 -		-
	<u>(</u>	Share of end-of-year										
		Share of total income										
	<u>(i)</u>	Predominant income (related, investment, unrelated)	(
	<u>0</u>	Legal domicile Direct controlling (state or foreign										
	<u></u>	Legal domicile (state or foreign	country)									
	(<u>B</u>)	Primary activity										
	€	Name, address, and EIN of related organization										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
WV FARM BUREAU SERVICE CORP - 55-0488692 1 RED ROCK ROAD BUCKHANNON, WV 26201	DISCOUNT PURCHASING ARRANGEMENTS FOR MEMBERS	WV	WEST VIRGINIA FARM BUREAU	C CORP	0	0	100,008

Schedule R (Form 990) 2008

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Part V Transactions With Related Organizations

a. Complete line 1 if any entity is listed in Parts II, III, or IV	tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	7
Note. Complete line 1 if any er	 During the tax year, did th 	000 17

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Receipt of (i) interest
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- Gift, grant, or capital contribution to other organization(s)
- Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- 1 Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

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- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(B) (C)	Transaction Amount involved type (a-r)	
(A)	Name of other organization(s)	

(1) WEST VIRGINIA FARM BUREAU FOUNDATION INC	Ω	7,325.
(2) WV FARM BUREAU SERVICE CORP	Q	14,895.
(3) WV FARM BUREAU FOUNDATION	K	0.

0

5,000.

Ъ	
ORP	
SERVICE (
ARM BUREAU	
VIRGINIA FARM BUREAU SER	
(5) WEST	

(4) WEST VIRGINIA FARM BUREAU SERVICE CORP

Schedule R (Form 990) 2008 WEST VIRGINIA FARM BUREAU, INC.

Part W Unrelated Organizations Taxable as a Partnership

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.

(V)	(B)	٤	É	Ú	٤	3	1
			<u> </u>		<u>(</u>	<u>(5)</u>	
Name, address, and EIN of entity	Primary activity	ig g	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedide K-1	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	
							-
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				-			
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Schedule R (Form 990) 2008