



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0047

2009**A** For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**WEST VIRGINIA FARM BUREAU, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

ONE RED ROCK ROAD

City or town, state or country, and ZIP + 4

BUCKHANNON, WV 26201**F** Name and address of principal officer **STEVE BUTLER****1 RED ROCK ROAD, BUCKHANNON, WV 26201****I** Tax-exempt status: ☒ 501(c) (**5**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.WVFARM.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1939** **M** State of legal domicile: **WV****Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities: **TO PROVIDE LEADERSHIP, EDUCATION, INFORMATION, TRAINING AND ECONOMIC SERVICES TO MEMBERS****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **20****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **20****5** Total number of employees (Part V, line 2a)**5** **12****6** Total number of volunteers (estimate if necessary)**6** **0****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.****Revenue****8** Contributions and grants (Part VIII, line 1h)**Prior Year****Current Year****722,335.** **791,795.****9** Program service revenue (Part VIII, line 2g)**5,145.** **5,170.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**<128,340.>** **73,901.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**328,531.** **305,698.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**927,671.** **1,176,564.****Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 3-2)**5,397.** **2,610.****14** Benefits paid to or for members (Part IX, column (A), line 4)**468,369.** **528,444.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**724,495.** **752,203.****1,198,261.** **1,283,257.****<270,590.>** **<106,693.>****Net Assets or Fund Balances****20** Total assets (Part X, line 16)**Beginning of Current Year****End of Year****3,251,894.** **3,221,849.****21** Total liabilities (Part X, line 26)**129,893.** **177,416.****22** Net assets or fund balances. Subtract line 21 from line 20**3,122,001.** **3,044,433.****Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer**1/13/2011****STEVE BUTLER**
Type or print name and title**Administrator Secretary/Treasurer****Preparer's Use Only****Preparer's signature**

Firm's name (or yours if self-employed), address, and ZIP + 4

TOOTHMAN RICE, P.L.L.C.**P.O. BOX 908****BRIDGEPORT, WV 26330****Date****12/21/10****Check if self-employed****Preparer's identifying number (see instructions)****EIN ▶****Phone no. ▶ (304) 624-5471**

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

☒ **Yes** ☐ **No**

Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION TO PROVIDE LEADERSHIP, EDUCATION, INFORMATION, TRAINING AND ECONOMIC SERVICES TO MEMBERS AND COUNTY FARM BUREAUS TO ENHANCE THE QUALITY OF FARMING IN WVA THROUGH THE BETTERMENT OF CONDITIONS OF THOSE ENGAGED IN AGRICULTURAL PURSUITS, THE IMPROVEMENT OF THE GRADE OF THEIR**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

ORGANIZED GOALS AND IDEALS OF WEST VIRGINIA FARMERS. WE PROVIDED SERVICES TO 23073 MEMBERS IN FY-9-30-2010. EDUCATIONAL AND INFORMATIONAL MATERIALS WERE ALSO PROVIDED TO FARMERS AND LEGISLATORS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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 U.S. Information Returns. Enter -0- if not applicable	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12	
b	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 this return (see instructions)	2b	X
3a	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 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 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	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?	6a	X
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).		
a	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	7d	0
e	Did the organization, during the year, 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	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	20	
b Enter the number of voting members that are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL V PARKER DIRECTOR	2.00	X						1,050.	0.	0.
PARRISH J. PENDLEY DIRECTOR	1.00	X						0.	0.	0.
FRANK NASH DIRECTOR	1.00	X						1,100.	0.	0.
KENCEL MATHENY DIRECTOR	1.00	X						1,050.	0.	0.
ALVIN ENGELKE DIRECTOR	1.00	X						900.	0.	0.
PHILIP W. HARMISON DIRECTOR	1.00	X						850.	0.	0.
MATTHEW B. HARPER DIRECTOR	1.00	X						1,200.	0.	0.
GEORGE LEATHERMAN, III DIRECTOR	1.00	X						600.	0.	0.
PHILIP L. GREGG DIRECTOR	1.00	X						400.	0.	0.
MICHAEL MERINAR DIRECTOR	1.00	X						600.	0.	0.
JOE CLAY DIRECTOR	1.00	X						900.	0.	0.
JOHN PITSENBARGER DIRECTOR	1.00	X						1,650.	0.	0.
RALPH BLAIR DIRECTOR	1.00	X						500.	0.	0.
FRED GRAHAM DIRECTOR	1.00	X						900.	0.	0.
PAUL CUMMINGS DIRECTOR	1.00	X						950.	0.	0.
DENZIL HUFF VICE PRESIDENT	2.00	X		X				2,000.	0.	0.
CHARLES WILFONG PRESIDENT	2.00	X		X				3,050.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL INGRAM EXEC. COMMITTEE	2.00	X		X				1,500.	0.	0.
STEVEN COREY LAMBERT STATE YF CHAIRMAN	2.00	X						1,350.	0.	0.
JOELLEN BLAIR DIRECTOR	1.00	X						800.	0.	0.
STEPHEN P BUTLER EXECUTIVE SECRETARY	40.00			X	X			65,000.	0.	6,470.
1b Total								86,350.	0.	6,470.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 777,332.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 14,463.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		791,795.			
Program Service Revenue	2 a <u>SERVICE FEES</u>	Business Code 110000	5,000.	5,000.		
	b <u>REWARD SIGN INCOME</u>	900099	170.	170.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,170.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,221.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			259,000.			259,000.
6 a Gross Rents		(i) Real 2,742.				
b Less: rental expenses						
c Rental income or (loss)		2,742.				
d Net rental income or (loss)			2,742.			2,742.
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other 0.				
b Less: cost or other basis and sales expenses			9,320.			
c Gain or (loss)		<9,320.>				
d Net gain or (loss)			<9,320.>			<9,320.>
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>ADVERTISING INCOME</u>	541800	34,016.			34,016.	
b <u>MISCELLANEOUS INCOME</u>	900099	6,700.	6,700.			
c <u>HEALTH INSURANCE FEES</u>	524298	3,240.	3,240.			
d All other revenue						
e Total. Add lines 11a-11d		43,956.				
12 Total revenue. See instructions.		1176564.	15,110.	0.	369,659.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,610.			
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				
5 Compensation of current officers, directors, trustees, and key employees	117,600.			
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	275,242.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,789.			
9 Other employee benefits	80,782.			
10 Payroll taxes	34,031.			
11 Fees for services (non-employees):				
a Management				
b Legal	14,413.			
c Accounting	7,460.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	174.			
13 Office expenses	109,684.			
14 Information technology				
15 Royalties				
16 Occupancy	41,209.			
17 Travel	104,682.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,144.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,265.			
23 Insurance	19,153.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>INFORMATION PROGRAM</u>	183,095.			
b <u>AMER FARM BUREAU DUES</u>	92,472.			
c <u>DUES REFUND TO COUNTIES</u>	74,990.			
d <u>COMMITTEE EXPENSES</u>	32,978.			
e <u>MISCELLANEOUS</u>	1,484.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,283,257.			
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	114,390.	1	91,231.
	2 Savings and temporary cash investments	1,756,911.	2	1,728,412.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	79,157.	4	71,867.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	22,220.	5	14,895.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,581.	8	5,902.
	9 Prepaid expenses and deferred charges	796.	9	557.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 858,306.		
	b Less: accumulated depreciation	10b 503,275.	10c 374,472.	355,031.
	11 Investments - publicly traded securities	850,367.	11	902,954.
	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)	3,251,894.	16	3,221,849.	
Liabilities	17 Accounts payable and accrued expenses	80,921.	17	82,411.
	18 Grants payable		18	
	19 Deferred revenue	48,972.	19	95,005.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	129,893.	26	177,416.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,055,253.	27	2,971,264.
	28 Temporarily restricted net assets	66,748.	28	73,169.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,122,001.	33	3,044,433.	
34 Total liabilities and net assets/fund balances	3,251,894.	34	3,221,849.	

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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

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

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

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?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2009

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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) organizations: Complete Part III.

Name of organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number

55-0371723

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 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 function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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.

SEE PART IV FOR CONTINUATION

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
WV FARM BUREAU PAC	BUCKHANNON, WV 26201		0.	24,164.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ☐ if the filing organization belongs to an affiliated group.B Check ☐ if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part III-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
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 III-C Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-D Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part III-E 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 1. Also, complete this part for any additional information.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

WV FARM BUREAU PAC

1 RED ROCK ROAD BUCKHANNON, WV 26201

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number

55-0371723

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)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor 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

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 a certified historic structure
☐ Preservation of open space	

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 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)? ☐ Yes ☐ No

9 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.

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	▶ \$

2 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	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part VII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 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

Part VIII Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part IX Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

- 1a** Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part X Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,348.		77,348.
b Buildings		402,294.	195,587.	206,707.
c Leasehold improvements				
d Equipment		378,664.	307,688.	70,976.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				355,031.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. 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.

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer Identification number
55-0371723

General Information on Grants 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 criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

131

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |
- LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING BY THE ORGANIZATION.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number

55-0371723

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
WVFB FOUNDATION -		X	7,325.	0.		X	X			X
WVFB SERVICE CORP		X	14,895.	14,895.		X	X			X

Total ▶ \$ **14,895.**

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WVFB SERVICE CORP	WHOLLY OWNED SUBSID	5,000.	SERVICE FEE		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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 B, LINE 11: 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. IN ADDITION, GOVERNING
DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION.**

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: WVFB FOUNDATION

(A) PURPOSE OF LOAN:

WORKING CAPITAL ADVANCES - WERE REPAID DURING FYE 9/30/2010

(A) NAME OF PERSON: WVFB SERVICE CORP

(A) PURPOSE OF LOAN: WORKING CAPITAL ADVANCES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WVFB SERVICE CORP

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number

55-0371723

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WHOLLY OWNED SUBSIDIARY

(D) DESCRIPTION OF TRANSACTION: SERVICE FEES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST VIRGINIA FARM BUREAU, INC.

Employer identification number
55-0371723

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WV FAMR BUREAU FOUNDATION - 55-0746749 1 RED ROCK ROAD BUCKHANNON, WV 26201	EDUCATION	WEST VIRGINIA	501 C 3	170(B)(1)(A)(V)	WEST VIRGINIA FARM BUREAU, INC.

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (iii) annuities or (iv) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c 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)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h 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)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p 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.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) WEST VIRGINIA FARM BUREAU FOUNDATION INC	D	7,325.
(2) WV FARM BUREAU SERVICE CORP	D	14,895.
(3) WV FARM BUREAU FOUNDATION	K	0.
(4) WEST VIRGINIA FARM BUREAU SERVICE CORP	K	5,000.
(5) WEST VIRGINIA FARM BUREAU SERVICE CORP	P	5,000.
(6)		

10/15/2010
05/20/2010
Sorted: General - category

WEST VIRGINIA FARM BUREAU INC. (WV FARM)
Depreciation Expense

10/15/2010 05/20/2010

System No.	Description	Quantity	Unit Cost	Original Cost	Current Depreciation	Accumulated Depreciation	Current Depreciation
31	MAKING MAC	1/1/1978	SL / N/A	100.0000	0.00	0.00	0.00
32	EXCUTTING ST	1/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
33	WOOD BOOKC	9/30/1978	SL / N/A	100.0000	0.00	0.00	0.00
34	WOODEN ARES	9/30/1978	SL / N/A	100.0000	0.00	0.00	0.00
35	MAKING MAG	9/30/1978	SL / N/A	100.0000	0.00	0.00	0.00
36	EM SELECTR	1/1/1972	SL / N/A	100.0000	0.00	0.00	0.00
37	MAGAZINE MA	9/30/1978	SL / N/A	100.0000	0.00	0.00	0.00
38	PAYMASTERIC	1/1/1973	SL / N/A	100.0000	0.00	0.00	0.00
39	STORAGE CAB	9/1/1973	SL / N/A	100.0000	0.00	0.00	0.00
40	WALNUT TABL	12/1/1973	SL / N/A	100.0000	0.00	0.00	0.00
41	JOGGER	12/1/1978	SL / N/A	100.0000	0.00	0.00	0.00
42	PAPER CUTTER	1/1/1977	SL / N/A	100.0000	0.00	0.00	0.00
43	FOUNDING MAG	2/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
44	DIFFERENTIAL	10/1/1978	SL / N/A	100.0000	0.00	0.00	0.00
45	NEOSUL ANGIO	10/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
46	EM PC COMPL	9/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
47	FARIDISPLAY	9/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
48	TV AND VCR	4/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
49	TV AND VCR-S	9/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
50	PRINTER	1/1/1987	SL / N/A	100.0000	0.00	0.00	0.00
51	TELEPHONE S	3/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
52	PANASONIC HO	3/27/1980	SL / N/A	100.0000	0.00	0.00	0.00
53	VERTICAL M/L	3/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
54	CONFERENCE	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
55	STACKING OH	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
56	CHQUE SENS	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
57	LATURAL FLUSE	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
58	COMPUTATION	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
59	BOOKCASE HU	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
60	LOCKER FILE	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
61	PRINTER STAN	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
62	PHONE SYSTEM	3/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
63	LATERAL FILE	9/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
64	BULLETIN BOA	9/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
65	2 COLOR TV'S	9/28/1980	SL / N/A	100.0000	0.00	0.00	0.00
66	AUDIO VISUAL	10/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
67	SATELLITE PA	10/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
68	SVCS	10/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
69	EM COMPUTE	1/1/1980	SL / N/A	100.0000	0.00	0.00	0.00
70	TABLES	7/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
71	QUEST CHAIRS	12/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
72	COORIAL TAB	12/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
73	END TABLES	12/1/1980	ADS / HY	100.0000	0.00	0.00	0.00
74	QUEST CHAIR	1/28/1981	ADS / HY	100.0000	0.00	0.00	0.00
75	MAKING MAC	1/28/1981	ADS / HY	100.0000	0.00	0.00	0.00
76							

Page 2 of 6

WEST VIRGINIA FARM BUREAU INC. (NWVFARM)

Depreciation Expense

10/01/2000 - 09/30/2000
Sorted: General - category

10/01/2000 - 09/30/2000

System No.	SI	Description	Qty	Unit	Cost/Unit	Bus/Inv %	Sec. 179 Benefit	Salvage/Estab Adj	Depreciation Method	Depreciation Rate	Depreciation Year
77		2000 COMP	1	EA	1010000	100.0000	0.00	0.00	0.00	0.00	1010000
78		OVERHEAD PR	1	EA	468.00	100.0000	0.00	0.00	0.00	0.00	468.00
79		210 AMP	1	EA	128.14	100.0000	0.00	0.00	0.00	0.00	128.14
80		EXECUTIVE CH	1	EA	448.38	100.0000	0.00	0.00	0.00	0.00	448.38
81		COMPUTER	1	EA	2890.00	100.0000	0.00	0.00	0.00	0.00	2890.00
82		LASERJET PR	1	EA	2333.42	100.0000	0.00	0.00	0.00	0.00	2333.42
83		COLLATOR	1	EA	2150.00	100.0000	0.00	0.00	0.00	0.00	2150.00
84		CHAIRS	1	EA	300.00	100.0000	0.00	0.00	0.00	0.00	300.00
85		COMPUTER SV	1	EA	1041075	100.0000	0.00	0.00	0.00	0.00	1041075
86		DISPLAY	1	EA	4284.12	100.0000	0.00	0.00	0.00	0.00	4284.12
87		FILE CABINET	1	EA	641.50	100.0000	0.00	0.00	0.00	0.00	641.50
88		SET OF ALUMIN	1	EA	2318.22	100.0000	0.00	0.00	0.00	0.00	2318.22
89		COMPUTER	1	EA	3788.00	100.0000	0.00	0.00	0.00	0.00	3788.00
90		MAGNETIC	1	EA	2250.00	100.0000	0.00	0.00	0.00	0.00	2250.00
91		2 CHAIRS	1	EA	388.82	100.0000	0.00	0.00	0.00	0.00	388.82
92		(2) FOLDING OC	1	EA	388.82	100.0000	0.00	0.00	0.00	0.00	388.82
93		CHAIR MAT	1	EA	61.00	100.0000	0.00	0.00	0.00	0.00	61.00
94		(2) 2 DOOR LET	1	EA	300.00	100.0000	0.00	0.00	0.00	0.00	300.00
95		PRINTER STAN	1	EA	88.00	100.0000	0.00	0.00	0.00	0.00	88.00
96		2 DOOR WOOD	1	EA	302.00	100.0000	0.00	0.00	0.00	0.00	302.00
97		VOICE MESSAGE	1	EA	4800.00	100.0000	0.00	0.00	0.00	0.00	4800.00
98		PHONE FINDER	1	EA	700.00	100.0000	0.00	0.00	0.00	0.00	700.00
99		COMPUTER PR	1	EA	240.00	100.0000	0.00	0.00	0.00	0.00	240.00
100		COPY DUPLIC	1	EA	3825.00	100.0000	0.00	0.00	0.00	0.00	3825.00
101		ELECTRIC MALL	1	EA	448.00	100.0000	0.00	0.00	0.00	0.00	448.00
102		MINI PC	1	EA	1110.00	100.0000	0.00	0.00	0.00	0.00	1110.00
103		ANSWER SYST	1	EA	788.50	100.0000	0.00	0.00	0.00	0.00	788.50
104		COMPUTER SV	1	EA	22822.84	100.0000	0.00	0.00	0.00	0.00	22822.84
105		COMPAG COMP	1	EA	1314.35	100.0000	0.00	0.00	0.00	0.00	1314.35
106		12 PORT HUB	1	EA	482.50	100.0000	0.00	0.00	0.00	0.00	482.50
107		(2) BULE JET 1	1	EA	301.47	100.0000	0.00	0.00	0.00	0.00	301.47
108		COMPAG LAPT	1	EA	1884.08	100.0000	0.00	0.00	0.00	0.00	1884.08
109		DESK	1	EA	300.00	100.0000	0.00	0.00	0.00	0.00	300.00
110		4 DRAWER FLU	1	EA	189.00	100.0000	0.00	0.00	0.00	0.00	189.00
111		DESK & MISC	1	EA	800.00	100.0000	0.00	0.00	0.00	0.00	800.00
112		2 BOOKCASES	1	EA	487.56	100.0000	0.00	0.00	0.00	0.00	487.56
113		DESK PED CDC	1	EA	307.40	100.0000	0.00	0.00	0.00	0.00	307.40
114		24 DRAWER FI	1	EA	301.04	100.0000	0.00	0.00	0.00	0.00	301.04
115		FILE CABINET	1	EA	188.85	100.0000	0.00	0.00	0.00	0.00	188.85
116		LATERAL FILE	1	EA	384.25	100.0000	0.00	0.00	0.00	0.00	384.25
117		EXECUTIVE CH	1	EA	471.70	100.0000	0.00	0.00	0.00	0.00	471.70
118		10' TABLE	1	EA	445.20	100.0000	0.00	0.00	0.00	0.00	445.20
119		PERSONAL OO	1	EA	114.46	100.0000	0.00	0.00	0.00	0.00	114.46
120		SGN	1	EA	428.24	100.0000	0.00	0.00	0.00	0.00	428.24
121		ELECTRIC STAF	1	EA	388.82	100.0000	0.00	0.00	0.00	0.00	388.82
122		DEHUMIDIFIER	1	EA	211.50	100.0000	0.00	0.00	0.00	0.00	211.50

50-00000
10/1/2006 - 09/30/2010
Sorted: General - category

WEST VIRGINIA FARM BUREAU, INC. (WVFBARI)
Depreciation Expense

10/01/2006 - 09/30/2010

System No.	Description	Acq. In Service	Method/Conv	Life	Cost/Other Assets	Salvage Value	Dep. Account	Current Depreciation	Total Depreciation
123	DELL MONITOR	9/3/2006 SL/N/A		5,000	233.19	0.00	233.19	0.00	233.19
124	XEROX WORK	7/7/2006 SL/N/A		5,000	14,115.74	0.00	14,115.74	0.00	14,115.74
125	DELL COMPUTER	11/7/2006 SL/N/A		5,000	13,100.00	0.00	13,100.00	219.48	13,319.48
126	SHARP FOS16C	10/24/2006 SL/N/A		5,000	477.00	0.00	477.00	71.55	548.55
127	LAPTOP COMP	9/23/2006 SL/N/A		5,000	4,041.00	0.00	4,041.00	928.33	4,969.33
134		5/8/2006 SL/N/A		5,000	2,215.00	0.00	2,215.00	1,513.59	3,728.59
135		5/7/2006 SL/N/A		5,000	1,142.02	0.00	1,142.02	94.87	1,236.89
136	10 AUTOMATIC	11/7/2006 SL/N/A		7,000	5,724.00	0.00	5,724.00	3,202.70	8,926.70
137	FOUNDER, TABU	1/16/2006 SL/N/A		7,000	3,223.00	0.00	3,223.00	1,731.98	4,954.98
140	Flosh Copier	9/14/2006 M/HY		5,000	4,224.70	0.00	4,224.70	3,402.94	7,627.64
141	power shredder	10/5/2006 M/HY		5,000	600.70	0.00	600.70	448.08	1,048.78
142	Fireproof Safe	4/4/2007 M/HY		7,000	900.00	0.00	900.00	261.34	1,161.34
143	Phone system	6/29/2007 M/HY		5,000	4,188.58	0.00	4,188.58	2,957.96	7,146.54
144	Black leather ar	7/3/2007 M/HY		7,000	2,481.16	0.00	2,481.16	1,401.20	3,882.36
145	File storage	7/6/2007 M/HY		7,000	1,421.03	0.00	1,421.03	79.92	1,500.95
146	chair, manager	7/1/2007 M/HY		7,000	1,671.00	0.00	1,671.00	105.25	1,776.25
147	Black leather ml	7/1/2007 M/HY		7,000	2,49.18	0.00	2,49.18	31.13	280.31
148	Digital camera	7/1/2007 M/HY		5,000	4,421.04	0.00	4,421.04	62.08	4,483.12
149	Camera/Flash	7/1/2007 M/HY		5,000	1,661.96	0.00	1,661.96	113.17	1,775.13
150	Stapler	7/1/2007 M/HY		5,000	218.01	0.00	218.01	25.12	243.13
151	Linear Jet and D	7/18/2007 M/HY		5,000	792.81	0.00	792.81	81.33	874.14
152	Medium Oak De	9/5/2007 M/HY		7,000	2,087.79	0.00	2,087.79	168.11	2,255.90
153	Commercial Sta	9/6/2007 M/HY		7,000	2,001.95	0.00	2,001.95	37.08	2,039.03
154	Office/740 To	1/7/2008 M/HY		5,000	1,736.82	0.00	1,736.82	26.11	1,762.93
155	Telephone	9/10/2007 M/HY		5,000	270.30	0.00	270.30	31.14	301.44
156	Displays to Go	10/2/2007 M/HY		5,000	813.08	0.00	813.08	182.46	995.54
157	Scanner	10/1/2007 M/HY		5,000	819.35	0.00	819.35	422.51	1,241.86
158	HP Designjet	10/1/2007 M/HY		5,000	1,921.88	0.00	1,921.88	428.08	2,349.96
159	MS Office Pro S	10/1/2007 AGS/HY		3,000	500.66	0.00	500.66	100.30	600.96
160	Dell Laptop	10/1/2007 M/HY		5,000	1,553.49	0.00	1,553.49	253.53	1,807.02
161	Chair	10/1/2007 M/HY		7,000	1,671.00	0.00	1,671.00	313.02	1,984.02
162	Mon/Desk and S	10/1/2007 M/HY		7,000	751.32	0.00	751.32	72.63	823.95
163	Dell Tower	3/1/2008 M/HY		5,000	1,913.33	0.00	1,913.33	201.11	2,114.44
164	ONT Installed D	10/1/2007 M/HY		5,000	3,858.09	0.00	3,858.09	638.93	4,497.02
165	Tick Tock	12/1/2007 M/HY		7,000	759.09	0.00	759.09	1,964.77	2,723.86
166	Software	3/1/2008 M/HY		5,000	1,584.70	0.00	1,584.70	254.65	1,839.35
167	Bar/Sign	10/1/2008 M/HY		5,000	2,164.00	0.00	2,164.00	304.25	2,468.25
168	File cabinet	11/1/2008 M/HY		7,000	450.00	0.00	450.00	450.00	900.00
169	Label printer	10/20/2008 M/HY		5,000	3,461.75	0.00	3,461.75	66.71	3,528.46
170	Filing cabinet	10/20/2008 M/HY		7,000	653.66	0.00	653.66	112.65	766.31
171	Dell precision	10/1/2008 M/HY		5,000	3,269.02	0.00	3,269.02	111.83	3,380.85
172	Dell Athlon com	10/1/2008 M/HY		5,000	1,348.21	0.00	1,348.21	160.08	1,508.29
173	3 dell laptop co	7/10/2009 M/HY		5,000	6,308.82	0.00	6,308.82	1,046.03	7,354.85
177	Subtotal: Furniture				226,834.54	0.00	226,834.54	430.79	227,265.33
	Less dispositions and exchanges				0.00	0.00	0.00	2,034.39	2,034.39
								12,100.00	12,100.00
								0.00	0.00

10/3/2010
10/3/2010 - 09/30/2009
Subject: General: category

WEST VIRGINIA FARM BUREAU, INC. (WV FARM) Depreciation Expense

10/3/2010
10/3/2010 - 09/30/2009

System No.	Description	Acquired/Service	Cost/Other	Bus/Inv No	Dep/Inv No	Salvage/Trade In	Current Depreciation	Total Depreciation
128	LANDSCAPING	10/1/1999 AOS/MN	10,000.00	100,0000	0.00	0.00	477.50	10,477.50
129	PARKING LOT	10/1/1999 AOS/MN	10,000.00	100,0000	0.00	0.00	222.50	10,222.50
130	PAVING	10/1/1999 AOS/MN	31,000.00	100,0000	0.00	0.00	702.00	31,702.00
131	SHRUBS	7/1/1994 AOS/MN	11,700.50	100,0000	0.00	0.00	43.28	11,743.78
132	PAVE/PARKING	7/28/2000 SLU/NAT	10,350.00	100,0000	0.00	0.00	517.50	10,867.50
133	Paving/curb	7/24/2007/M/IRY	1,908.00	100,0000	0.00	0.00	239.40	2,147.40
Subtotal: Land Improvements			73,258.50		0.00	0.00	2,331.18	75,589.68
Less: disposals and exchanges			0.00		0.00	0.00	0.00	0.00
Net for Land Improvements			73,258.50		0.00	0.00	2,331.18	75,589.68

WTB

total current
depreciation
expense
39,265.21

SUM 1 = \$ 503,275.30 WTB