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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)

OMB No 1545-0047

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

Open to Public Inspection

| A | For th | e 2011 calendar year, or tax year beginning OCT 1, 2011 and ending | SEP 30, 2012 | |
|-----------------------------------|-------------------|---|---------------------------------------|--------------------------------|
| В | Check if | C Name of organization | D Employer identif | ication number |
| | applicab | le | | |
| | Addre | | | |
| | Name Chan | | 55-0 | 371723 |
| | Initial return | | uite E Telephone numbe | er |
| | Term | · · · · · · · · · · · · · · · · · · · | 304- | 472-2080 |
| | Amer | ded Character and ZID 4 | G Gross receipts \$ | 2,340,535. |
| | Appli | Buckhannon, WV 26201 | H(a) Is this a group r | eturn |
| | pend | F Name and address of principal officer Charles Wilfong | for affiliates? | Yes X No |
| | | same as C above | H(b) Are all affiliates in | cluded? Yes No |
| 1 | Tax-ex | empt status 501(c)(3) _X 501(c)(_0 5) ◀ (insert no.) 4947(a)(1) or | 527 If "No," attach a | list. (see instructions) |
| | | te: ▶ www.wvfarm.org | H(c) Group exemption | on number |
| | | forganization: X Corporation Trust Association Other ► L Y | <u>ear of formation: 1939 i</u> | M State of legal domicile: WV |
| P | art [] | Summary | | |
| Φ | 1 | Briefly describe the organization's mission or most significant activities To provi | | |
| ் ∠ப≀ூ Activities & Governance | | education, information, training and economi | <u>c services to</u> | members. |
| Ĕ | 2 | Check this box if the organization discontinued its operations or disposed of n | nore than 25% of its net a | 1 |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 |
| ୍ଷ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| الر jes | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | . 5 | 12 |
| 73 <u>i</u> ğ | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| © © ∠UI∃ Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | <u>7a</u> | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| MAR Je | | | Prior Year | Current Year |
| , ≥ 9 | 8 | Contributions and grants (Part VIII, line 1h) | 829,726. | 954,557. |
| ZED Z Revenue | 9 | Program service revenue (Part VIII, line 2g) | 55,743. | 64,417. |
| ₩ & | 10 | Investment income (Part VIII, column A), lines 3, 4, and 7d) | 65,673. | 201,404. |
| Z | 11 | Other revenue (Part VIII, column (A); lines 5,6d, 8c, 9c, 10c, and 11e) | 210,964. | 269,250. |
| SCANNED Revenu | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,162,106. | 1,489,628. |
| Ø | 13 | Grants and similar amounts baid (Partix, column (A)3 ines 1-3) | 2,160. | 8,261. |
| | 14 | Benefits paid to or for members (Part IX, column (A), une 4) | 473,086. | 503,535. |
| ses | 15 | Salaries, other compensation employee-benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX) column (A), line 11e) | 473,080. | 0. |
| Expenses | loa | | 0. | 0. |
| Ä | 170 | Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) | 748,441. | 740,372. |
| | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,223,687 | 1,252,168. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -61,581. | |
| | | Trevende less expenses. Subtract inte 10 nom inte 12 | Beginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | 3,169,344. | |
| ASS | 21 | Total liabilities (Part X, line 26) | 220,090. | |
| Set | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,949,254. | |
| | art II | Signature Block | | |
| Und | ier pena | alties of perjury, I declare that I have examined this return, including accompanying schedules and sta | atements, and to the best of n | ny knowledge and belief, it is |
| true | , согге | ct, and complete. Declaration of preparer fother than officer) is based on all information of which prep | parer has any knowledge. | |
| | | Stephen ! Their | 2/14/40 | 13 |
| Sig | חו | Signature of officer | Date | |
| He | re | Stephen P. Butler, Executive Secretary | · · · · · · · · · · · · · · · · · · · | |
| | | Type or print name and title | | |
| | | Print/Type preparer's name Preparer's signature | 1 / / - 18 | X PTIN |
| Pai | d | Harry D. Kemmner, CPA Tay Opensmy Ch. | 4 2/12/13 self-emplo | |
| | parer | Firm's name Harry D. Kemmner, CPA | Firm's EIN | 45-4014496 |
| Use | Only | Firm's address Rt. 2, Box 207 | | |
| | | Lost Creek, WV 26385 | Phone no. 3 | 304-623-9504 |
| Ma | y the I | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No |
| 132 | 001 01-2 | 23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | Form 990 (2011) |

| | n 990 (2011) West Virginia Farm Bureau, Inc. 55-03/1/23 Pac Irt III Statement of Program Service Accomplishments | qe Z | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|
| | | X | | | | | | | | |
| _ | | لم | | | | | | | | |
| 1 | Briefly describe the organization's mission The provide leadership education information training and economic | | | | | | | | | |
| | To provide leadership, education, information, training and economic | | | | | | | | | |
| | services to members and county farm bureaus to enhance the quality of | | | | | | | | | |
| | farming in West Virginia through the betterment of conditions of those | <u>;</u> | | | | | | | | |
| | engaged in agriculture, the improvement of the grade of their | | | | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | | | | | | | | |
| | the prior Form 990 or 990-EZ? | 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? | No | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | | | | | | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations 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 \$ | <u> </u> | | | | | | | | |
| 74 | We organized the goals and ideals of West Virginia farmers. We | — ′ | | | | | | | | |
| | provided services to 23,759 members in FY 9-30-2012. Educational and | ····· | | | | | | | | |
| | informational materials were also provided to farmers and legislators. | | | | | | | | | |
| | | | | | | | | | | |
| | Annual meeting served 299 attendees with educational sessions and | | | | | | | | | |
| | member sharing of ideas benefiting farmers in their farming activities | <u>. </u> | | | | | | | | |
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| 4b | (Code) (Expenses \$ | | | | | | | | | |
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| 4c | (Code) (Expenses \$ |) | | | | | | | | |
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| | | | | | | | | | | |
| 4d | Other program services (Describe in Schedule O.) | | | | | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | |
| 4e | Total program service expenses | | | | | | | | | |
| | Form 990 (20 | 011) | | | | | | | | |
| 13200 | 2 | - • • • • | | | | | | | | |

| | | | Yes | No |
|-----|---|------------|--------------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2_ | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | _3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | x | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7_ | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI . | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | <u>11e</u> | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | | ₩. |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| Đ | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 140 | | |
| J | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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, Parts II and IV | 15 | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19_ | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | L |
| | | Form | 990 (| 2011) |

Form 990 (2011) West Virginia Farm Bureau, Inc.

Part IV | Checklist of Required Schedules (continued)

| | | 1 | Yes | No |
|-----|--|------|-------------|--------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | <u> </u> |
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | 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 | | | |
| | 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 | | |
| 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? If "Yes," complete Schedule L, Part I | 25a_ | | _ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 051 | | |
| | 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 | 000 | | x |
| ~= | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | _26 | | _^_ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | ŀ |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| _ | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | _ |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X | - |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | ├ |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | ,, | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| ^- | 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 | | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O | 38 | x | |
| | 140(c), full offit ood file of required to complete our reduie o | | | (2011) |
| | | . 5 | 1 | / |

Form 990 (2011) West Virginia Farm Bureau, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | Check if Schedule O contains a response to any question in this Part V | | | |
|---|----------|---|-------|----------|-----------|
| tale fitter the number reported in Box 3 of Form 1096. Enter -0" in not applicable 1.0 0 b. Enter the number of Form WSQ anotable in line in a Enter of -1" and applicable 1.0 0 c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining digambling) with many services of the complex of t | | | | Yes | No |
| b Enter the number of Forms W20 included in line 1a. Enter 0-if not applicable C Did the organization comply with backpu withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If I aleast one in reported on line 2a, did the organization file all required federal employment fax returns? 8 If I wes, "not the time and 2 is greater than 250, you may be required to e-five dee instructions) 9 If I wes, "not the organization have unrelated business gross income of \$1,000 or more during the year? 9 A X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-five dee instructions) 9 If I wes, "not the organization have unrelated business gross income of \$1,000 or more during the year? 9 A X 9 If I wes, "not the calendar year, dot 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? 9 If wes, "not the the name of the foreign country I wes, provide an interest in, or a signature or other authority over, a financial Accounts. 9 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any tixesbe party norify the organization that it was or as a party to a prohibited tax shelter transaction? 9 If wes, "to like organization in the organization file form 888517? 9 Did were not its deductible? 9 If "ves," odd the organization include with every solicitation an express statement that such contributions or grifts were not its deductible? 10 If the organization steel and applied to the property of which it was required to file form 8282? 10 If the organization steel, excluded conduction of the value of the goods or services provided? 11 I wes," of the organization relat | 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamhining) with own without by such such sites of the complex of | ь | | | | |
| gambling) winnings to prize winners? 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 b If a least one is reported on line 22, did the organization file all required federal employment ax returns? 2b IX Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Larry time during the celendar year, did the organization in average and 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 accounts? 5b If Yes, "enter the name of the foreign country № 5ce instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes," enter the name of the foreign country № 5ce in Yes, "to line \$\frac{1}{2}\$ or \$\frac{1}{2} | С | | | | |
| 2a Elefer the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, led for the calendary ware and may with or within the year covered by this return 1 field for the calendary are and may with or within the year covered by this return Note. If the sum of lines it and 2 as greater than 200, you may be required to e-five (see instructions) 3 Did the organization have unrealized business gross income of \$1,000 or more dumpt by ear? 3 A X X X X If "Yes," has it field a Form 960-T for this year? If "No," provide an explanation in Schedule O 3 A Early time during the celendary 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)? 4 A Early time the name of the foreign country 5 B Was the organization party to a prohibitod tax whether transaction at any time during the tax year? 5 B Was the organization have for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5 B Was the organization have a must gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-17? 8 Did it is organization explanation in the firm 8886-17? 9 Organizations that may receive deductible contributions under section 170(c). 10 If the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 10 Organizations that may receive deductible contributions under section 170(c). 10 If we organization receive a payment in excess of S75 made partly sa a contribution and partly for goods and services provided to the payor? 10 If the organization receive a contribution of qualified intelectual property, for which it was a financial for the payor organization organization received a contribution of a contribution of a contribution of a contributi | | | 1c | х | |
| Filed for the calendary year ending with or within the year covered by this return 2a 12 2 3 3 3 3 3 3 3 3 | 2a | | | | |
| b If a 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-fite (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A 1 any time unrelated organization have unrelated business gross income of \$1,000 or more during the year? 3 A 1 any time unforting the calendary year, did the organization have an inferest 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)? 4 A 1 any time the man end the foreign country Society Societ | | | | | |
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| b If "Yes," has it filed a Form 990-T for this year? If *No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country ≥ 5ee instructions for 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? 5b ID daily at suable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b IZ See instructions for 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? 5b ID daily atsiable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b IZ See in IT Yes, "I do 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? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "I did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of qualified intellectual property, did the organizations Did the supporting organizations maintaining donor advised funds and section 50 (e) | За | | 3a | | X |
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| d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 5 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11c 11d 11d 11d 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed | С | | _ | | |
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| organization is licensed to issue qualified health plans | | | | | |
| c Enter the amount of reserves on hand | b | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | 77 |
| | | | | | <u> X</u> |
| | <u> </u> | it res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 000 | 0044 |

132005 01-23-12

Form 990 (2011) West Virginia Farm Bureau, Inc. 55-0371723 Page Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|----------|---|------------------|------|----------|
| Sec | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 21 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 21 | | | |
| 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? | 2 | | X |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No_ |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | <u> </u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | <u> </u> |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | <u>X</u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | <u>X</u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | 37 |
| L | taxable entity during the year? | 16a | | <u> </u> |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| Sect | exempt status with respect to such arrangements? tion C. Disclosure | 16b | ļ | |
| 17 | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | volst | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | validu | U | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | l fina- | oial | |
| | statements available to the public during the tax year. | . ເຫາ a ກ | ual | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | ıor. 🕨 | | |
| -0 | Brenda Snyder - 304-472-2080 | ion. | | |
| | 1 Red Rock Road, Buckhannon, WV 26201 | | | |
| 32006 | | Form | 990/ | 20111 |

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

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

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

| (A) | (B) | | | _ ((| | | | (D) | (E) | (F) |
|----------------------------|-------------------|---------------------|-----------------------|-------------------|---------------|------------------------------|----------|----------------------|------------------------------|-----------------------|
| Name and Title | Average | | not c | | more than one | | | Reportable | Reportable | Estimated |
| | hours per week | | | ss per id a di | | | | compensation from | compensation from related | amount of other |
| | (describe | ğ | | | | | | the | organizations | compensation |
| | hours for | al e | | | | 8 | | 1 | (W-2/1099-MISC) | from the |
| | related | trustee or director | ustee | | | ensat | ŀ | (W-2/1099-MISC) | | organization |
| | organizations | a E | nal tr | | loyee | E 8 | ŀ | | | and related |
| | in Schedule O) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) Charles Wilfong | | | | | | | | | | _ |
| President | 2.00 | X | | Х | - | <u> </u> | <u> </u> | 3,840. | 0. | 0. |
| (2) Steve Hannah | | | | | | | | | _ | |
| Vice President | 2.00 | X | | X | | _ | <u> </u> | 2,080. | 0. | 0. |
| (3) Joe Clay | | | | | | | | 1 | | • |
| Exec Committee | 2.00 | X | | X | | <u> </u> | | 1,080. | 0. | 0. |
| (4) H. Stephen Conrad | | | | | | | | | | |
| BOD | 1.00 | X. | | | | <u> </u> | _ | 320. | 0. | 0. |
| (5) David W. Ash | 4 00 | | | | ļ | 1 | | • | 0 | _ |
| BOD | 1.00 | X | - | | <u> </u> | ├ | | 0. | 0. | 0. |
| (6) Doug Stolipher | 1 00 | | | | | | | | _ | _ |
| BOD | 1.00 | X | | | _ | - | | 0. | 0. | 0. |
| (7) George Leatherman, III | 1 00 | | | | | | | 960. | 0. | 0. |
| BOD | 1.00 | ^ | | | _ | | | 300. | 0. | |
| (8) John Pitsenbarger | 1.00 | v | | | | | | 320. | 0. | 0. |
| BOD (9) Philip L. Gregg | 1.00 | A | | | | \vdash | | 520. | 0. | |
| BOD Entity L. Gregg | 1.00 | x | | | | | | 160. | 0. | 0. |
| (10) Beverly Rosier | 1,00 | | | | | | | | | |
| BOD | 1.00 | x | | | ĺ | | | 1,080. | 0. | 0. |
| (11) Michael Merinar | | | | | | | | | | |
| BOD | 1.00 | X | | | | | | 1,160. | 0. | 0. |
| (12) Michael Morris | | | | | | | | | | |
| BOD | 1.00 | X | | | | | | 1,280. | 0. | 0. |
| (13) Ralph Blair | | | | | | | | | | |
| BOD | 1.00 | X | | | | | | 800. | 0. | 0. |
| (14) Alvin Engelke | | | | | | | | | | |
| BOD | 1.00 | X | | | | | | 1,480. | 0. | 0. |
| (15) Parrish J Pendley | | | 1 | | | | | | | |
| BOD | 1.00 | X | ļ | | _ | $oxed{oxed}$ | <u> </u> | 0. | 0. | 0. |
| (16) John Bill Perry | | | | | 1 | | | | | |
| BOD | 1.00 | X | <u> </u> | | <u> </u> | | <u> </u> | 800. | 0. | 0 |
| (17) Paul L. Cummings | | 1 | | | | | | | _ | |
| BOD | 1.00 | X | <u> </u> | L | L | <u></u> | L., | 800. | 0. | Form 990 (2011 |

| (A) Name and business address | NONE | (B) Description of services | (C) Compensation |
|--|---------------------------|------------------------------------|---------------------|
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| Total number of independent contractors (including but | t not limited to those li | sted above) who received more than | |

Form **990** (2011)

0

\$100,000 of compensation from the organization

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 1 a Federated campaigns 915,834. 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 38.723. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 954,557 h Total. Add lines 1a-1f **Business Code** 51,347. 51,347. 541800 2 a Advertising 10,000. 10,000. ь Service fee Revenue 110000 2,823. c Health insurance fees 524298 2,823. 247 247 d Reward sign program 900099 f All other program service revenue 64,417. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 56,623. 56,623. other similar amounts) Income from investment of tax-exempt bond proceeds 266,000. 266,000. 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 995,688 b Less cost or other basis 850,907 and sales expenses 144,781. c Gain or (loss) 144,781. 144,781 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 3,250 11 a Miscellaneous 900099 3,250. d All other revenue 3,250 Total, Add lines 11a-11d 0. 196,128. 489,628. 338,943 Total revenue. See instructions. 132009 01-23-12 Form **990** (2011) 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).

| | Check if Schedule O contains a respon | se to any question in this | s Part IX . | | X |
|-------------|--|----------------------------|------------------------------|-------------------------------------|--------------------------------|
| | 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 | | | | |
| | organizations in the United States. See Part IV, line 21 | 8,261. | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees . | 87,000. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | <u> </u> |
| 7 | Other salaries and wages | 304,810. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | 25,903. | | | |
| 9 | Other employee benefits | 53,287. | | | |
| 10 | Payroll taxes | 32,535. | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management . | | | | · |
| b | Legal | 7 (70 | | | |
| С. | Accounting | 7,670. | | | |
| d | Lobbying . | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 10,360. | | | |
| g 40 | Other | 10,300. | | | |
| 12 13 | Advertising and promotion Office expenses | 26,735. | | | |
| 14 | Information technology | 20,733. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 14,780. | | | |
| 17 | Travel | 112,047. | | | |
| 18 | Payments of travel or entertainment expenses | 212/01/0 | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 13,451. | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 39,668. | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | · | |
| | amount, list line 24e expenses on Schedule O.) | | | | |
| а | Information program/adv | 173,823. | | | |
| b | American Farm Bureau du | 94,796. | | | |
| C | Membership supplies | 40,040. | | | |
| d | | 39,980. | | | |
| е | All other expenses <u>See Sch O</u> | 167,022. | | | |
| <u>25</u> _ | | 1,252,168. | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | L | |
| 13201 | 0 01-23-12 | | | | Form 990 (2011) |

Form **990** (2011)

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|---------|---|--|--------------------------|---------------------------------------|----------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 99,783. | 1 | 185,503 |
| | 2 | Savings and temporary cash investments | · [| 1,700,163. | 2 | 1,700,216 |
| | 3 | Pledges and grants receivable, net | . [| | 3 | |
| | 4 | Accounts receivable, net | • | 29,294. | 4 | 35,011 |
| | 5 | Receivables from current and former officers, directors, trustees, key | - | | | |
| | | employees, and highest compensated employees Complete Part II | | | | |
| | | of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | n | | | • |
| | • | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi | I | | : | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntai | I | | | |
| | | employees' beneficiary organizations (see instructions) | , | | 6 | |
| ţ | 7 | Notes and loans receivable, net | . - | 12,895. | 7 | 12,895 |
| Assets | 8 | Inventories for sale or use | - | 5,178. | 8 | 4,394 |
| ⋖ | 9 | Prepaid expenses and deferred charges | - | 439. | 9 | 662 |
| | ł - | Land, buildings, and equipment: cost or other | | 437. | - | |
| | 104 | | 9,204. | | | |
| | ь | | 7,006. | 369,718. | 10c | 352,198 |
| | 11 | Investments - publicly traded securities | 7,000. | 900,874. | 11 | 1,019,371 |
| | 12 | Investments - publicly traded securities Investments - other securities See Part IV, line 11 | | 51,000. | 12 | 51,000 |
| | 13 | Investments - program-related. See Part IV, line 11 | • | 31,000. | 13 | JI,000 |
| | 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) | | 3,169,344. | 16 | 3,361,250 |
| | 17 | Accounts payable and accrued expenses | | 92,341. | 17 | 95,278 |
| | 18 | Grants payable | } | 72,341. | 18 | 33,210 |
| | 19 | Deferred revenue | • | 127,749. | 19 | 121,229 |
| | 20 | Tax-exempt bond liabilities | • | 141,147. | 20 | 141,447 |
| , | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | - | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key empl | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 21 | |
| | 22 | highest compensated employees, and disqualified persons Complet | - 1 | | | |
| ן פ | | of Schedule L | 5 Fait II | | 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 (including federal income tax, payables to related third | , - | | 24 | |
| | 20 | parties, and other liabilities not included on lines 17-24). Complete Pa | | | | |
| | | Schedule D | III X OI | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | - | 220,090. | 26 | 216,507 |
| | 20 | Organizations that follow SFAS 117, check here X and co | molete | 220,030. | 20 | 210,307 |
| s | | lines 27 through 29, and lines 33 and 34. | mpiete | | | |
| ဦ | 27 | Unrestricted net assets | | 2,882,954. | 27 | 3,075,165 |
| | 28 | Temporarily restricted net assets | | 66,300. | 28 | 69,578 |
| n D | 29 | Permanently restricted net assets | Ì | 00/5001 | 29 | 05/3/0 |
| Š | | Organizations that do not follow SFAS 117, check here | and | | | |
| - | | complete lines 30 through 34. | and | | | |
| 13 | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Net Assets or Fund Balances | 31 | Paid in or capital surplus, or land, building, or equipment fund | • | | 31 | <u></u> |
| ا کا | 32 | Retained earnings, endowment, accumulated income, or other funds | · · · · · } | | 32 | |
| ğ | 33 | Total net assets or fund balances | _ · · · · · [| 2,949,254. | 33 | 3,144,743 |
| | 34 | Total liabilities and net assets/fund balances | • • } | 3,169,344. | 34_ | 3,361,250 |
| | <u></u> | TOTAL HADINIDS AND HEL ASSETS/IUND DAIMINES | | J,1UJ,J44. | <u> </u> | <u> </u> |

Form **990** (2011)

| Forn | 1990 (2011) West Virginia Farm Bureau, Inc. | 55-03 | 71723 | Pa | ge 12 |
|------|---|------------|---------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | - |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,489 | 9,6 | 28. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,252 | 2,1 | 68. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 23 | 7,4 | 60. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,949 | 7,2 | <u>54.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -41 | <u>L,9</u> | <u>71.</u> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 3,144 | 1,7 | <u>43.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | <u></u> | · | |
| | <u> </u> | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | <u>X</u> |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audıt, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schi | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | |
| | separate basis, consolidated basis, or both | | | | İ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | Į |
| | Act and OMB Circular A-133? | | 3a | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | | | l |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | L |
| | | | Form § | 990 (| 2011) |

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

2011

Department of the Treasury Internal Revenue Service .

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

Open to Public Inspection

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

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

If the organization answered "Yes" 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| Section 501(c)(4), (5), or (6) org | anizations: Complete Part III | | | |
|--|---|-------------------------|--|---|
| Name of organization | | | Empl | oyer identification number |
| West | Virginia Farm Bure | au, Inc. | | 55-0371723 |
| Part I-A Complete if the | e organization is exempt und | er section 501(c |) or is a section 527 o | rganization. |
| Provide a description of the or Political expenditures Volunteer hours | rganization's direct and indirect politic | al campaign activities | | |
| Part I-B Complete if the | e organization is exempt und | er section 501(c | 3)(3). | — <u> </u> |
| | e tax incurred by the organization und | | ▶\$ | |
| 2 Enter the amount of any excis | e tax incurred by organization manage | ers under section 495 | 5 5 ▶ \$ | |
| 3 If the organization incurred a s | 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. | | | | |
| Part I-C Complete if the | e organization is exempt und | er section 501(c |), except section 501(| c)(3). |
| 1 Enter the amount directly expe | ended by the filing organization for sec | ction 527 exempt fun | ction activities > \$ | |
| 2 Enter the amount of the filing | organization's funds contributed to oth | ner organizations for | section 527 | |
| exempt function activities | | | . ▶\$ | |
| 3 Total exempt function expend | litures Add lines 1 and 2. Enter here a | nd on Form 1120-PO | L, | |
| line 17b | | | ▶\$ | |
| made payments. For each org | and employer identification number (Ell janization listed, enter the amount paid | d from the filing organ | nization's funds Also enter th | ne amount of political |
| | ere promptly and directly delivered to a C) If additional space is needed, prov | , , | • | ite segregated fund or a |
| (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 PA | Buckhannon, WV C 26201 | | 0. | 20,612. |
| | | | | |
| | | | | 1 |

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

See Part IV for Continuation

| Sche | : edule C (Form 990 or 990 EZ) 2011 We rt II-A│ Complete if the organ | st Virgi | nia Farm Bu | reau, Inc. | | 0371723 Page 2 |
|------|---|----------------------------------|---------------------------|--|--|--------------------------------|
| - 4 | (election under section | | mpt under section | on so i(c)(o) and in | | |
| A C | heck if the filing organization expenses, and share of | belongs to an at | - · · · · · | ın Part IV each affiliated | group member's na | me, address, EIN, |
| B C | neck 🕨 🔛 if the filing organization | checked box A | and "limited control" pi | ovisions apply. | <u> </u> | |
| | Limits o (The term "expenditu | n Lobbying Exp res" means amo | | l.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence | e public opinion | (grass roots lobbying) | | | |
| b | Total lobbying expenditures to influence | • | | • | | |
| - | Total lobbying expenditures (add lines | - | , (,g) | | | |
| d | <u> </u> | 144.14 | •• | Ì | <u> </u> | |
| • | Total exempt purpose expenditures (a | dd lines 1c and 1 | η) | Ì | | + |
| • | Lobbying nontaxable amount Enter th | | • | th columns | | |
| • | If the amount on line 1e, column (a) or (b) | | | | | |
| | Not over \$500,000 | | bbying nontaxable an | | | |
| | Over \$500,000 but not over \$1,000,00 | | f the amount on line 16 | | | |
| | | | 00 plus 15% of the ex | | | |
| | Over \$1,000,000 but not over \$1,500,0 | cess over \$1,000,000 | | | | |
| | Over \$1,500,000 but not over \$17,000 | | 00 plus 5% of the exc | ess over \$1,500,000. | | |
| 1 | Over \$17,000,000 | \$1,000 | ,000 | | | |
| | | | ***** | | | |
| g | Grassroots nontaxable amount (enter | - | • | | | |
| h | Subtract line 1g from line 1a If zero or | • | | } | | - |
| i | Subtract line 1f from line 1c. If zero or | • | | Į | <u> </u> | |
| j | If there is an amount other than zero o | | r line 1i, did the organi | zation file Form 4720 | | |
| | reporting section 4911 tax for this year | ? | <u>.</u> | <u></u> | · | Yes No |
| | | ns that made a | | r Section 501(h) in do not have to comp es 2a through 2f on pa | | |
| | | Lobbying Expe | enditures During 4-Ye | ar Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount | | | | | |
| | (150% of line 2a, column(e)) | | | | | |
| | | | | | | |
| С | Total lobbying expenditures | | | | | |
| | | | - | | | |
| d | Grassroots nontaxable amount | | | | | |
| | Grassroots ceiling amount | | | | | |
| | (150% of line 2d, column (e)) | | | | | |
| | | | | | | |
| f | Grassroots lobbying expenditures | | <u> </u> | | | |

Schedule C (Form 990 or 990-EZ) 2011

(election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | (a |) | (t |) |
|---|--|----------------------------------|---------------------|----------|
| of the lobbying activity. | Yes | No | Amo | ount |
| 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 | 1 1 | | | |
| 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? | | | | |
| J Total. Add lines 1c through 1: | | | | |
| 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-A Complete if the organization is exempt under section 501(c)(4), sec | ion 501(c)(| (5), or se | ction | |
| 501(c)(6). | | | | |
| | | | Yes | No |
| More substantially all (000) as a solution of the substantial states and the substantial states are a | | 1 1 | X | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | <u> </u> | | |
| 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? | | 2 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere | | 2 3 (5), or se | ction | <u> </u> |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | d "No" OR | 2 3 (5), or se | ction | } |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | d "No" OR | 2 3 (5), or se (b) Part | ction | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | d "No" OR | 2 3 (5), or se (b) Part | ction | <u> </u> |
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Schedule C (Form 990 or 990-EZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

| D- | west virginia farm | | | | 55-03/1/2 | <u> </u> |
|-----|--|-----------------|-----------------------------|--|-------------------------------|-------------|
| Pa | | | or Other Similar Ful | nas or Ac | counts. Complete if the | |
| | organization answered "Yes" to Form 990, Part IV, lin | 1 | | | | |
| | | (a) D | onor advised funds | (b) | Funds and other accounts | <u> </u> |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | <u></u> | |
| 3 | Aggregate grants from (during year) | <u> </u> | | | <u></u> | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that th | ne assets held in donor a | dvised funds | 3 | _ |
| | are the organization's property, subject to the organization's | exclusive leg | al control? | | . L Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in wr | iting that grant funds car | n be used on | ly | |
| | for charitable purposes and not for the benefit of the donor of | or donor advis | sor, or for any other purp | ose conferrir | ng | _ |
| | impermissible private benefit? | | | | Yes | No_ |
| Pa | t II Conservation Easements. Complete if the org | ganization an | swered "Yes" to Form 99 | 0, Part IV, Iir | ne 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all | that apply). | | | |
| | Preservation of land for public use (e.g., recreation or e | education) | Preservation of ar | n historically | important land area | |
| | Protection of natural habitat | | Preservation of a | certified hist | oric structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conserva | tion contribution in the fo | orm of a cons | servation easement on the | last |
| | day of the tax year | | | _ | | |
| | | | | L | Held at the End of the T | ax Year |
| а | Total number of conservation easements | • | | <u> </u> | 2a | |
| b | Total acreage restricted by conservation easements | | | . <u>L</u> | 2b | |
| С | Number of conservation easements on a certified historic str | ructure includ | ed ın (a) | | 2c | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06 | , and not on a historic str | ructure | | |
| | listed in the National Register | • | • | L | 2d | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinç | guished, or terminated by | the organiz | ation during the tax | |
| | year ▶ | | | | | |
| 4 | Number of states where property subject to conservation ea | sement is loc | ated ▶ | | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoi | ring, inspection, handling | of | | |
| | violations, and enforcement of the conservation easements i | it holds? | | | └── Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcin | g conservation easemen | ts during the | year 🕨 | _ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing cor | nservation easements du | ring the year | • \$ | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the | requirements of section | 170(h)(4)(B)(ı |) | |
| | and section 170(h)(4)(B)(ii)? | | | | L Yes | i No |
| 9 | In Part XIV, describe how the organization reports conservati | | - | | | d |
| | include, if applicable, the text of the footnote to the organization | tion's financia | al statements that descri | bes the orga | nization's accounting for | |
| D-: | conservation easements | 6 A-A 11:-A | Torresson - | - Oth C | | |
| Pai | t III Organizations Maintaining Collections o | | | r Other Si | milar Assets. | |
| | Complete if the organization answered "Yes" to Form | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | | | | |
| | historical treasures, or other similar assets held for public ext | • | , | nerance of pi | ublic service, provide, in Pa | art XIV, |
| _ | the text of the footnote to its financial statements that descri | | | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | • | • | | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or r | esearch in furtherance of | f public servi | ce, provide the following a | mounts |
| | relating to these items. | | | | . . | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | • • • | | | 5 | |
| _ | | | | | * | |
| 2 | If the organization received or held works of art, historical tre | | | ncial gain, pr | ovide | |
| _ | the following amounts required to be reported under SFAS 1 | | • | | . . | |
| | Assets solvided in Ferm COO. But V | | | | 5 | |
| D | Assets included in Form 990, Part X | | | | > \$ | |
| | | | | | | |

| _ | edule D (Form 990) 2011 West Vi | rginia Far | | | | | | -037172 | | |
|-----|--|------------------------|---------------|---------------|----------------|------------|-----------------|------------------|-------------|-------------|
| 3 | Using the organization's acquisition, accessi | | | | | | | | | |
| 3 | (check all that apply): | ion, and other recon | us, criech | carry or tite | TOTIOWING CITA | ii aic a s | igninoant use c | i its concerio | 11110111 | , |
| а | Public exhibition | • | a 🗀 ı | oan or exc | hange progra | ame | | | | |
| _ | Scholarly research | | | | mange progra | | | | | |
| b | | • | # L | Jillel | | | | | | |
| C | Preservation for future generations | alloations and avalo | ba tb | a. f. wha a s | ha araanizati | an'a ava | mat auracco ir | Dort VIV | | |
| 4 | Provide a description of the organization's co | • | | - | | | | i Fait Aiv. | | |
| 5 | During the year, did the organization solicit of | | | | | er simila | assets | Yes | | No |
| Dai | to be sold to raise funds rather than to be m rt IV Escrow and Custodial Arran | | | | | "Vaa" ta | Form 000 Por | | | 1 140 |
| l a | reported an amount on Form 990, Pa | | iete ii trie | organizado | ni aliswereu | Tes to | 10/111 990, Fai | t iv, iiie 5, oi | | |
| | | | | | | | unalisada d | | | |
| та | Is the organization an agent, trustee, custod | ian or other interme | diary for o | contribution | is or other as | sets not | included | | r | 1 |
| | on Form 990, Part X? | | | | | • | | └── Yes | L | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the to | ollowing t | able. | | | | | | |
| | _ | | | | | | - | Amoun | t | |
| C | Beginning balance | | | | • | | 1c | | | |
| d | Additions during the year | | | • | | | . 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | | | | 1 |
| | Did the organization include an amount on F | | € 21? | | | | | Yes | L. | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Pai | t V Endowment Funds. Complete | if the organization ai | nswered ' | "Yes" to Fo | 1 | | | | | |
| | | (a) Current year | (b) Pi | rior year | (c) Two year | s back | (d) Three years | back (e) Fou | r years | <u>back</u> |
| 1a | Beginning of year balance | | ļ | | | | | | | |
| b | Contributions . | | ļ | | ļ | | | | | |
| С | Net investment earnings, gains, and losses | | ļ | | | | | | | |
| d | Grants or scholarships . | | | | | | | | | |
| е | Other expenditures for facilities | | } | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses . | | <u> </u> | | | | | | | |
| g | End of year balance . | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur- | rent year end baland | ce (line 1g | g, column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporanly restricted endowment ▶ | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | uld equal 100% | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation tha | t are held a | and administe | red for t | he organization | 1 | | |
| | by: | | | | | | | , | Yes | No |
| | (i) unrelated organizations | • | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | . 3a(ii) | | |
| b | if "Yes" to 3a(ii), are the related organizations | s listed as required o | on Sched | lule R? | • | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. See Form 99 | 0, Part X, | line 10 | | | | | | |
| | Description of property | (a) Cost or o | other | (b) Cost | t or other | (c) A | ccumulated | (d) Boo | k valu | Э |
| | | basis (invest | | | (other) | de | preciation | | | |
| 1a | Land . | | | 7 | 7,348. | | | 7 | 7,3 | 48. |
| b | Buildings | | | | 4,794. | | 223,118. | | | 76. |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 29 | 7,062. | | 233,888 | . 6 | 3,1 | 74. |
| е | Other . | | | | | | | | | |
| | Add lines 1a through 1e (Column (d) must e | qual Form 990 Par | t X colum | nn (R) line | 10(c)) | | — | 35 | 2.1 | 98. |

Schedule D (Form 990) 2011

132053 01-23-12

Schedule D (Form 990) 2011

| _ | edule D (Form 990) 2011 West Virginia Farm Bureau, Inc. | | | 71723 Page 4 |
|---------|---|----------|------------------|--------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar | cial Sta | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1 | L,489,628. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1 | L,252,168. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | 237,460. |
| 4 | Net unrealized gains (losses) on investments | 4 | | |
| 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 through 8 | 9 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | 237,460. |
| Pa | t XII Reconciliation of Revenue per Audited Financial Statements With Reve | nue per | 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 | | _ | |
| С | Recoveries of prior year grants . 2c | | _ | |
| d | Other (Describe in Part XIV.) | | [| |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIV.) | | _ | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statements With Expe | enses p | er Return | |
| 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 | | | |
| а | Donated services and use of facilities | | _ | |
| þ | Prior year adjustments . 2b | | | |
| С | Other losses . 2c | | _ | |
| d | Other (Describe in Part XIV.) | | ⊣ | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | _ | |
| | Other (Describe in Part XIV.) | | | |
| _ | Add lines 4a and 4b | | 4c | |
| 5 Da | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| | t XIV Supplemental Information | | | |
| | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | | | |
| X, line | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro | vide any | additional infoi | mation |
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011

Open to Public

2 Employer identification number 55-0371723 Inspection (h) Purpose of grant or assistance X Yes 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 traceived more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization

(b) ElN

(c) IRC section

(d) Amount of (e) Amount of cash grant non-cash assistance or government or government assistance or government or government assistance or government or gove 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table West Virginia Farm Bureau, Inc Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Part Part II

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information monitoring by the organization due to the small amounts given during the Schedule I, Part I, Line 2: Grants were provided without follow-up (d) Amount of non-cash assistance 21 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12 year.

Page 2

55-0371723

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

West Virginia Farm Bureau,

Schedule I (Form 990) (2011)

Part III | Grants and Other

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Internal Revenue Service 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 has been 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 pre-approved by officers of the Board of Directors. |
| Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, exemption documents and annual 990 filings available for inspection at its home office, 1 Red Rock Road, Buckhannon, WV 26201, |
| M-F during normal business hours. |
| Form 990, Part IX, Line 24e, All Other Functional Expenses: Womens committee expenses: |
| Total expenses 24,871. |
| Legal defense of farmers: |
| Total expenses 22,197. |
| Voting delegates refunds: |
| Total expenses 20,500. |
| Office equipment repairs: |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

| Name of the organization West Virginia Farm Bureau, Inc. | Employer identification number 55-0371723 |
|---|---|
| Total expenses | 10.067 |
| Total expenses | 15,501 |
| Postage and freight: | |
| Total expenses | 18,756 |
| Telephone: | |
| Total expenses | 15,300. |
| Young farmers meeting expenses: | |
| Total expenses | 13,357. |
| Other dues and subscriptions: | |
| Total expenses | 7,923. |
| Investment managment expenses: | |
| Total expenses | 6,573. |
| Property taxes: | |
| Total expenses | 5,490. |
| Health Insurance refunds: | |
| Total expenses | 2,823. |
| Legislative: | |
| Total expenses | 2,469. |
| Building Insurance: | |
| Total expenses | 2,186. |

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

۰.

Employer identification number 55-0371723 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. See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) West Virginia Farm Bureau, Inc. Name of the organization

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile (state or | (d) Total income | (e) End-of-year assets | | (f) Direct controlling | |
|--|---|---|---------------------|--------------------------------------|---------------------------|-----------------------------------|---------------|
| of disregarded entrty | | foreign country) | ! | | ъ́ | entity | |
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| 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) | ations (Complete if the organization ar | nswered "Yes" to Form 990 | Part IV, line 34 be | cause it had one | or more related tax-exer | mpt | |
| (a) | (9) | (0) | (p) | (e) | () | (6) | (|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section | Direct controlling entity | section 512(5) controlled entity? | 12(5)(13) |
| | | | | 501(c)(3)) | • | Yes | g |
| West Virginia Farm Bureau Foundation, Inc | | | | | | | |
| 55-0746749, One Red Rock Road, Buckhannon, | | | | | West Virginia | | |
| WV 26201 | Education | West Virginia | 501(c)(3) | 170(B)(1)(A) | Farm Bureau, Inc. | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

55-0371723

Page 2

Schedule R (Form 990) 2011 West Virginia Farm Bureau, Inc.

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

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Code V-UBI amount in box 20 of Schedule ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income $\boldsymbol{arepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) | Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u> Part IV

| organizations treated as a corporation of trust during the tax year.) | year.) | | | | | | |
|---|--|---|-------------------------------|-----------------------------|---------------------------------|--|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling 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 arrangement for members. | WV | West Va Farm Bureau, Inc, | CORP | 6.691. | 7 183. | 1008 |
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Schedule R (Form 990) 2011

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132162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

| | | | | | | l |
|--|----------------------------|--|---|--------------|----------|----------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | * | Yes No | ٥ |
| 1 During the tax year, did the organization engage in any of the following transactions | s with one or more re | transactions with one or more related organizations listed in Parts II-IV? | in Parts II-1V? | | | |
| a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity | | | | 1 a | × | اب |
| b Gift, grant, or capital contribution to related organization(s) | | | | \$ | × | M |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1 | × | ا ا |
| | | | | ╀ | > | |
| | | | | + | ╁ | 1. |
| e Loans or loan guarantees by related organization(s) | | | | 1 | × | ال |
| | | | | | - | |
| Sale of assets to related organization(s) | | : | | = | × | J |
| g Purchase of assets from related organization(s) | | | | 10 | × | |
| | | • | | ŧ | × | ا. |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | ¥ | × | ا۔ |
| | • | | | : | 1 | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | F | × | u |
| k Performance of services or membership or fundraising solicitations for related organization(s) | ınızatıon(s) | | | ⊢ | × | |
| 1 Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | ⊢ | × | ا |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | (s)uo | | | Ē | × | |
| n Sharing of paid employees with related organization(s) | | | | 두 | × | |
| | | • | | | | |
| Reimbursement paid to related organization(s) for expenses | | | | 6 | | |
| | | | • | Ę | × | |
| | | | | 2 | | |
| o Other transfer of cash or property to related organization(s) | | | | | <u>×</u> | |
| | • | | | <u>-</u> | : × | |
| 9 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 | tho must complete the | is line including covered | relationships and transaction thresholds | | | |
| 1 | יווס ווומפר כסוווסופרפ מ | nei mie, meioding covered | death and transaction and an order | | | İ |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | | |
| (1) WV Farm Bureau Service Corp | D | 12,895. | .895.Agreed terms | | | |
| t Virginia Farm Bure | K | 5,000. | ,000.Agreed terms | | | |
| arm Bureau Service Corp | X | 5.000 | 5.000. Agreed terms | | | |
| | | | 1 | | | |
| | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | 1 |
| 132163 01-23-12 | 27 | | Schedule R (Form 990) 2011 | R (Form 9 | 90) 20 | Ξ |

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Schedule R (Form 990) 2011 West Virginia Farm Bureau, Inc.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) | 9 | (3) | (5) | | - | [5] | 3 | 9 | , | 3 |
|----------------------------------|------------------|----------|---|----------------|-------|----------------------|------------------|---|------------------------|--------------------------|
| Name, address, and EIN of entity | Primary activity | 를 를 | Predominant income partners se (related, unrelated, 901(s)(3) exclined from tax | Share of total | al of | Share of end-of-year | Disproportionate | Dispropor- Code V-UBI General or Percentage World amount in box 20 managing ownership | General or managing | (K) Percentage ownership |
| | | country) | under section 512-514) Yes | No Income | ше | | Yes No | (Form 1065) | Yes No | |
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Schedule R (Form 990) 2011

| Schedule R | (Form 990) 2011 | West | Virginia | Farm | Bureau. | Inc. | 55-0371723 Page 5 |
|------------|---------------------------------------|----------------|--------------------|----------|-------------------|----------------------------|---------------------------------------|
| Part VII | (Form 990) 2011 Supplemental Info | rmation | | | <u> Durour</u> | 22201 | 33 0371723 Tage 3 |
| | | | nal information fo | | | on Cahadula D (ana matau) | -4 |
| • | Complete this part to pri | ovide addition | mai information to | response | es to questions c | on Schedule R (see instruc | ctions) |
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