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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization W VA TROPHY HUNTERS ASSOCIATION INC MICHAEL GREEN		D Employer identification number  55-0678213
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 5604 MACCORKLE AVE		E Telephone number
Name change				
Initial return		City or town, state or country, and ZIP + 4 SO CHARLESTON, WV 25309		F Group Exemption Number 
Terminated				
Amended return				
Application pending				





<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G Accounting method</b>    <input checked="" type="checkbox"/> Cash    <input type="checkbox"/> Accrual</p> <p>Other (specify) ▶</p>
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<b>I Website:</b> <input type="checkbox"/>		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	251,533
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	245,142
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	1,707
	<b>4</b>	Investment income . . . . .	<b>4</b>	3,024
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe   )	<b>8</b>	1,660
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	251,533

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	20,800
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	6,074
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe  _____)	16	179,037
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	17	205,911
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	45,622
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	539,059
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 	21	584,681

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	203,787	22 176,670
23	Land and buildings . . . . .	536,963	23 578,278
24	Other assets (describe _____)		24
25	<b>Total assets</b> . . . . .	740,750	25 754,948
26	<b>Total liabilities</b> (describe _____)	201,691	26 170,267
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	539,059	27 584,681

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? INCREASE KNOWLEDGE OF WILDLIFE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> PROVIDE SOCIAL ACTIVITIES TO PROMOTE FELLOWSHIP, MEMBER SAFETY, WILDLIFE CONSERVATION AND OFFICE SPA (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	1,714
<b>29</b> MAINTAINS AND IMPROVES 600 ACRE AREA BEING MANAGED FOR WILDLIFE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	1,714
<b>30</b> CONDUCT ANNUAL HUNT SHOW TO PROMOTE HUNTING AND RELATED ACTIVITIES (Grants \$ 20,800) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	130,568
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	133,996

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ MICHAEL GREEN Telephone no ▶ (304) 757-7240 2 APALOOSA LANE Located at ▶ SCOTT DEPOT, WV ZIP + 4 ▶ 25560		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-09-30 Date	
Paid Preparer's Use Only	MICHAEL GREEN, TREASURER Type or print name and title			
	Preparer's signature	RANDY LUCAS EA	Date	2011-01-24
	Check if self-employed			
	Firm's name (or yours if self-employed), address, and ZIP + 4		PADGETT BUSINESS SERVICES PO BOX 536 SCOTT DEPOT, WV 25560	
		Preparer's identifying number (See instructions)		EIN
		Phone no		(304) 757-7665
May the IRS discuss this return with the preparer shown above? See instructions . . . . .				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 55-0678213

**Name:** W VA TROPHY HUNTERS ASSOCIATION INC  
MICHAEL GREEN

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DARYL HAID 216 FOREST RD HURRICANE, WV 25526	PRESIDENT 20	0	0	0
MIKE GREEN 2 APALOOSA LANE SCOTT DEPOT, WV 25560	TREASURER 20	0	0	0
R D ESTEPP 519 RANGE RD BECKLEY, WV 25801	VICE PRES 2	0	0	0
KENNETH SUTTON 1515 COURT AVE S ST ALBANS, WV 25177	SECRETARY 2	0	0	0
ROBERT HULL 2521 LARWOOD DR CHARLESTON, WV 25302	DIRECTOR 0	0	0	0
GLEN JARRELL 671 GORDON DR CHARLESTON, WV 25314	DIRECTOR 0	0	0	0
HARRY MORAN 866 REUNION RD ELKVIEW, WV 25071	DIRECTOR 0	0	0	0
DALE SMITH 15 SENECA HILLS DR ELKVIEW, WV 25071	DIRECTOR 0	0	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule**

**Name:** W VA TROPHY HUNTERS ASSOCIATION INC  
MICHAEL GREEN

**EIN:** 55-0678213

**Software ID:** 09000205

<b>Item No.</b>	1
<b>Class of Activity</b>	OFFSET VENISON BUTCHERING COSTS
<b>Donee's Name</b>	WVDNR
<b>Donee's Address</b>	324 4TH AVE SOUTH CHARLESTON, WV 25303
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	2,000
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2010-06

<b>Item No.</b>	2
<b>Class of Activity</b>	BIRD EDUCATION
<b>Donee's Name</b>	WV RAPTOR CENTER
<b>Donee's Address</b>	PO BOX 333 MORGANTOWN, WV 26507
<b>Amount (FMV)</b>	2,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	2,500
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2010-06



Item No.	3
Class of Activity	HELP INCREASE NUMBER OF SPORTSMEN
Donee's Name	US SPORTSMAN ALLIANCE
Donee's Address	801 KINGS MILL PK COLUMBUS, OH 43229
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,500
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	4
Class of Activity	FUND YOUTH OUTDOOR ACTIVITIES
Donee's Name	PUT CO GUN CLUB
Donee's Address	5420 ALPINE DR CHARLESTON, WV 25313
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	500
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	5
Class of Activity	LIMING VARIOUS STREAMS
Donee's Name	KVC TROUT UNLIMITED
Donee's Address	2231 MCKINLEY AVE ST ALBANS, WV 25177
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,000
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	6
Class of Activity	EVENT PROMOTING CHILD FISHING ARCHERY SKEET
Donee's Name	BEYOND THE BACKYARD
Donee's Address	PO BOX 3327 CHARLESTON, WV 25333
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	1,000
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	7
Class of Activity	FISHING RODEO SEMINAR
Donee's Name	MERCER SPORTSMAN CONSERVATION CLUB
Donee's Address	48 QUAILWOOD DR PRINCETON, WV 24740
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	800
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	8
Class of Activity	PURCHASE CLAY PIGEONS SHELLS AND EQUIPMENT
Donee's Name	WIRT CO 4H
Donee's Address	PO BOX 700 ELIZABETH, WV 26143
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	1,000
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	9
Class of Activity	SUPPORT TO MANAGE KY ELK HERD
Donee's Name	ROCKY MTN ELK FOUNDATION
Donee's Address	5705 GRANT CRK RD MISSOULA, MT 59808
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,500
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	10
Class of Activity	SUPPORT ARCHERY IN SCHOOLS
Donee's Name	WV DNR
Donee's Address	324 4TH AVE SOUTH CHARLESTON, WV 25303
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,000
How BV Determined	
How FMV Determined	
Date of Gift	2010-06



Item No.	11
Class of Activity	TRAIN WOMEN IN OUTDOOR ACTIVITIES
Donee's Name	WV DNR
Donee's Address	324 4TH AVE SOUTH CHARLESTON, WV 25303
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,000
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	12
Class of Activity	SNOWSHOE HARE PROJECT
Donee's Name	WV DNR
Donee's Address	324 4TH AVE SOUTH CHARLESTON, WV 25303
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	2,000
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

**TY 2009 Other Expenses Schedule**

**Name:** W VA TROPHY HUNTERS ASSOCIATION INC  
MICHAEL GREEN

**EIN:** 55-0678213

**Software ID:** 09000205

Description	Amount
ACCOUNTING	3,155
ADV PROMOTION	530
OFFICE EXPENSES	1,905
INSURANCE	8,230
MEALS	3,428
REPAIRS	4,629
SUPPLIES	16,547
POSTAGE	614
LICENSE	75
DEPRECIATION	16,549
ADV PROMO SHOW	16,701
SHOW EXPENSES	79,520
TRAVEL	25,141
BANK FEE	2,013

TY 2009 Other Revenues Schedule

**Name:** W VA TROPHY HUNTERS ASSOCIATION INC  
MICHAEL GREEN

**EIN:** 55-0678213

**Software ID:** 09000205

Description	Amount
ROYALTIES	961
WHIP	699