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Department of the Treasury Internal Revenue Service

Short Form 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning , 2010, a	and ending		, 20		
В	Check if ap	oplicable C Name of organization		D Employer i	identification number		
	Address c	hange West Virginia Wine & Jazz Fest Inc		55-0725478			
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address)	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele				
	initial retu	1 0 004 405		304-296-1629			
片	Terminate	■ City of town, state of country, and zir + 4		F Group Exemption			
님	Amended Applicatio	Margantown NAV 26507 0495	Number	Number ▶			
		ting Method ✓ Cash Accrual Other (specify) ✓	Н	Check ▶ ✓	If the organization is not		
	Websit				ttach Schedule B		
		npt status (check only one) — ☐ 501(c)(3)		•	90-EZ, or 990-PF)		
_	Check ▶			normally not r	nore than \$50,000 A		
ĸ		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required	ed (see instruc	ctions) But if	the organization chooses		
_		return, be sure to file a complete return	•	,	-		
∃ ∃		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total assets	s (Part II,	· · · · · · · · · · · · · · · · · · ·		
- 11		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	▶ \$		
₹ .	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruction	ns for Part I.)		
⊋ L i	aiti	Check if the organization used Schedule O to respond to any question i	n this Part I				
				11	8770		
	1	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts		2	118958		
2)	2	•		3	110230		
<u>T</u>	3	Membership dues and assessments	• •	4	653		
É	4	Investment income		1 4	, 033		
	5a	Gross amount from sale of assets other than inventory			<u>i</u>		
3	b	Less. cost or other basis and sales expenses	(5-)		14 1		
n e	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	. 5c	3			
	6	Gaming and fundraising events	7				
đ	a	Gross income from gaming (attach Schedule G if greater than	i		8		
Ž		\$15,000)					
Revenue	b		contribution	ıs 🎁	.		
ď	:	from fundraising events reported on line 1) (attach Schedule G if the	1	يونون يونون	3		
		sum of such gross income and contributions exceeds \$15,000) 6b			*		
	С	Less direct expenses from gaming and jundraising events 6c					
	d	Net income of (loss) from gaming land jundraising events (add lines 6a and	s 66 and su		-		
		line 6c)		6d	<u> </u>		
	7a	Gross sales of invertory less returns and allowances 7a			\$		
	b	Less: cost of goods sold			-4		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 70			
	8	Other revenue (describe in Schedule O)		8			
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9			
	10	Grants and similar amounts paid (list in Schedule O)		. 10			
	11	Benefits paid to or for members		11			
ď	3 12	Salaries, other compensation, and employee benefits					
Fxnenses	<u></u> 13	Professional fees and other payments to independent contractors					
Š	14	Occupancy, rent, utilities, and maintenance					
ű	ì 15	Printing, publications, postage, and shipping					
	16	Other expenses (describe in Schedule O)					
	17	Total expenses. Add lines 10 through 16		. 🕨 17	149854		
u	, 18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18			
ţ,	វ្ត 19	Net assets or fund balances at beginning of year (from line 27, column (A)			`~`\		
δ	2	end-of-year figure reported on prior year's return)		. 19			
Net Accets	20	Other changes in net assets or fund balances (explain in Schedule O)		20)		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .		▶ 2			
F	or Paper		No 10642I		Form 990-EZ (2010)		

Cat No 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets. (see the instructions	s for Part II.)	ation in this [ant II		
	Check if the organization used Schedul	le O to respond to any que			· ·	· · []
	O-sh sayunga and myaatmanta		<u> </u>	A) Beginning of year	!	B) End of year
22 23	•Cash, savings, and investments Land and buildings	• • •	•	163564	23	142092
24	Other assets (describe in Schedule O)		· -		24	
25	Total assets		· -	163564	 	142092
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colum		<u> </u>	163564	27	142092
Pai	t III Statement of Program Service Accom					Expenses
	Check if the organization used Schedul		stion in this P	Part III		ured for section)(3) and 501(c)(4)
	at is the organization's primary exempt purpose? cribe what was achieved in carrying out the organizatio	Operation of Wine & Jazz Fest	and annual		organ	izations and section
	ervices provided, the number of persons benefited, and				4947(for ot	(a)(1) trusts, optional
28	Operation of Wine & Jazz Feet				101 01	neis)
20	Operation of white & Jazz rest					
	(Grants \$) If this amoun	it includes foreign grants, ch	neck here .	▶ □	28a	115284
29						
	(Grants \$) If this amoun	it includes foreign grants, ch	neck here .	<u> ▶ □</u>	29a	
30						
	(Grants \$) If this amoun	it includes foreign grants, ch	ank horo		200	
31	Other program services (describe in Schedule O)		leck fiere	<u>, , , , , , , , , , , , , , , , , , , </u>	30a	
0,		it includes foreign grants, ch	eck here	▶ □	31a	
32	Total program service expenses (add lines 28a				32	115284
Par	t IV List of Officers, Directors, Trustees, and Ke				instruc	tions for Part IV.)
	Check if the organization used Schedul				<u>.</u>	🗸
	(a) Name and address	(b) Title and average hours per week	(c) Compensa (If not paid			(e) Expense account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
266 :	Schedule					
			<u> </u>			
			 			
			-			
			 			
				_		
			Į.			1
					<u>.</u>	
						

Par	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u> </u>
			Yes	No
33	*Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	350	10°	th 2.5
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	97b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	5.4	**! ***
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	海滨		
39	Section 501(c)(7) organizations. Enter:	7.25		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶ , section 4915 ▶			
ь	section 4911 ▶, section 4912 ▶, section 4955 ▶			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			
е	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		7
41	List the states with which a copy of this return is filed. ► None			
42a	The organization's books are in care of ▶ Nancy M Bell Located at ▶ Morgantown, WV ZIP + 4 ▶	304-29 26	6-1629 507)
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		Yes	No
	account)?	42b	*********	√
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	100		
	and Financial Accounts.		7-14-5	
С	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	-32	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .			▶ □
• •	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	PLE.	\ \
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<i>₹</i>
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		\ \ \ \
				

Form 99	0-EZ (2010)				Page 4			
					Yes No			
45 a	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 ✓ Did the organization receive any payment from or engage in any transaction with a controlled entity within the							
a	meaning of section 512(b)(13)? If "Yes," Form 990-EZ (see instructions)				45a ✓			
46	Did the organization engage, directly or indirectly to candidates for public office? If "Yes," complete		tivities on behalf of	or in opposition	46			
Part		ection 4947(a)(1) none	exempt charitab	le trusts only. A	Il section			
	501(c)(3) organizations and section 494 and 52, and complete the tables for line	es 50 and 51.			ns 47–49b			
	Check if the organization used Schedule	O to respond to any que	stion in this Part V	<u> </u>	Yes No			
47	Did the organization engage in lobbying activities	? If "Yes," complete Sche	edule C, Part II .		47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a	Did the organization make any transfers to an exe	-	ed organization?.		49a			
50	If "Yes," was the related organization a section 5. Complete this table for the organization's five high		· · · · · · · ·		49b			
50	employees) who each received more than \$100,0							
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense			
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances			
f	Total number of other employees paid over \$100	,000 ▶	<u>-1</u>	<u></u>				
51	Complete this table for the organization's five h \$100,000 of compensation from the organization	nighest compensated inde in there is none, enter "N	ependent contracto	ors who each reco	eived more than			
	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) Typ	e of service	(c) Compensation			
		- ··						
								
d	Total number of other independent contractors ea	ach receiving over \$100,0	00	·				
52	Did the organization complete Schedule A? Note nonexempt charitable trusts must attach a complete schedule A?		anizations and 494	7(a)(1) ► □	Yes 🗌 No			
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								
	Nest Vierinia Wine & Jam Fretolic ba Naue Michell 5-0411							
Sign Here	Signature of officer Nancy M Bell, Treasurer	1	heasurer	Date				
	Type or print name and title							
Paid	Print/Type preparer's name	er's signature	Date	, Check if	PTIN			
Prep	l Dagar Hardésés 9 Assasisés	AC CRA'S	24 5-2-11	self-employed	P00007818			
Use (Only Firm's name Noger Hardesty & Associates Firm's address A20 Morgantown St. Kingwood				20-4992945 4-329-1351			
May th	ne IRS discuss this return with the preparer shown				Yes No			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection Employer identification number

West Virginia Wine & Jazz Fest Inc			55-0725478
Grants and Similar Amounts Paid - Page 1	, Line 10		
WVU Jazz Studies	1,000 00		
WVU Foundation	15,000 00		
Music in Schools	11,950 00		
Instrument Repair	5,000 00		
Agriculture Education Donation	1,500 00		
Other Donations	120 00		
Total	34,570 00		
Other Expenses - Page 1, Line 16			
16A Supplies	51,822 00		
16B Contract Services	15,770 00	•	
16C Advertising	7,447 00		
16D Security	5,180 00		
16E Volunteer Services	6,600.00		
16F Insurance	2,098 00		
16G Conferences & Meetings	3,578 00		
16H Licenses & Permits	380 00		
Total	92,875 00		
	·····		
			······································

Page 2 - Part IV, List of Officers, Directors, Trustees, and Key Employees

(b)Title and average hrs/wk	(c)Compensation	(d)Contributions	(e)Expense acct	/ allowances
President 1hr/wk	0	0		0
Vice President 1hr/wk	0	0		0
Treasurer 1hr/wk	0	0		0
Secretary 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
Director 1hr/wk	0	0		0
	President 1hr/wk Vice President 1hr/wk Treasurer 1hr/wk Secretary 1hr/wk Director 1hr/wk	President 1hr/wk 0 Vice President 1hr/wk 0 Treasurer 1hr/wk 0 Secretary 1hr/wk 0 Director 1hr/wk 0	President 1hr/wk 0 0 Vice President 1hr/wk 0 0 Treasurer 1hr/wk 0 0 Secretary 1hr/wk 0 0 Director 1hr/wk 0 0	President 1hr/wk 0 0 Vice President 1hr/wk 0 0 Treasurer 1hr/wk 0 0 Secretary 1hr/wk 0 0 Director 1hr/wk 0 0