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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

WEST VIRGINIA NURSERYMENS ASSOC

As Filed Data -

DLN: 93492133003481

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

B Check if applicable

Address change

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

and ending 12-31-2010

Open to Public Inspection

Name change Initial return Terminated Amended return Application pending		-	1201 1202 1200 1200 1200 1200 1200 1200		55-6019020		
		-	Number and street (or P O box, if mail is not delivered to street address) Ro 1601 5TH ST ROAD	om/suite	E Telephone num	ıber	
			1001 3111 31 KOND		(304) !	523-8491	
			City or town, state or country, and ZIP + 4		F Group Exempte	on	
			Huntington, WV 25701		Number 🟲		
		-	Cash Accrual Other (specify) ►		_		
	bsit e				I Check ► ✓ required to at		rganization is not
J Tax	-Exemp	pt status(check	only one)— $501(c)(3)$ $501(c)(5)$ $4(insert no)$ 4947(a)(1) or 52	.7	(Form 990, 99		
\$5	0,000	A Form 990-	nization is not a section 509(a)(3) supporting organization and its EZ or Form 990 return is not required though Form 990-N (e-pos o file a return, be sure to file a complete return				
L Add	lines 5	b, 6c, and 7b, to	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total assets	s (Part II, line 25, co	lumn (B)	
more,		Form 990 instead		l	▶ \$		186,608
Pa	rt I		, Expenses, and Changes in Net Assets or Fund Ba organization used Schedule O to respond to any question in this		(See the instruct	tions fo	· · · ·
	1	Contributions	, gifts, grants, and similar amounts received			1	
	2	Program serv	ice revenue including government fees and contracts			2	180,000
	3	Membership	dues and assessments			3	3,725
	4	Investmentı	ncome			4	2,883
	5a	Gross amoun	t from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost or	other basis and sales expenses	5b		1	
Revenue	С	Gain or (loss)) from sale of assets other than inventory (Subtract line 5b from li	ine 5a)		5c	
õ	6	Gaming and f	undraising events				
	а	Gross income fro	om gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	b	Gross income reported on li \$15,000)					
	С	Less direct e	expenses from gaming and fundraising events	6с		1	
	d	Net income o	r (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	tract line 6c)	6d	
	7a	Gross sales o	of inventory, less returns and allowances	7a]	
	ь	Less cost of	goods sold	7b]	
	с	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	186,608
	10	Grants and s	milar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
	12	Salaries, othe	er compensation, and employee benefits			12	
Expenses	13	Professional	fees and other payments to independent contractors			13	26,875
	14	Occupancy, r	rent, utilities, and maintenance			14	
	15	Printing, publ	ications, postage, and shipping			15	33,822
	16	Other expens	es (describe in Schedule O)			16	165,080
	17	Total expense	es. Add lines 10 through 16			17	225,777
<u></u>	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	-39,169
986	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (m	ust agree	e with		
NetAssets			igure reported on prior year's return)			19	507,000
Ž	20	O ther change	es in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .		▶	21	467,831

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in this	s Part II	•	<u></u> _
(See the instruct	nons for Part II)	Г	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🕇	507,000	22	467,831
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		🗀	507,000	25	467,831
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	th line 21) .	507,000	27	467,831
Check if the organization used What is the organization's primary exempt LANDSCAPE EDUCATION & AWARENES: Describe what was achieved in carrying our describe the services provided, the number	Schedule O to respond to purpose? S t the organization's exempt	any question in thi	ar and concise manner,	(c)(org - 494	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, cional for others)
program title 28 CONTRIBUTIONS TO VARIOUS TAX SUPPORT THE OVERALL TAX EXEMPT P	EXEMPT ORGANIZATION	S IN RELATED FIE	ELDS TO FUTURE	28a	
29 SCHOLARSHIPS PAID TO QUALIFYIN QUALIFICATIONS REQUIRED ENTITLES (Grants \$) If the				29a	
30 DESIGN AND INSTALL LANDSCAPE F 25507 (Grants \$) If the	OR GOLDEN GIRLS GROL s amount includes foreign (30a	
	s amount includes foreign			31a	
Part IV List of Officers, Directors, Tru Check if the organization used	stees, and Key Employees.	List each one even if n	ot compensated (See the ins		ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	on (d) Contribution employee benefit p deferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table					

Рa	rt v	Charles the agreement in the instru		· —			
		Check if the organization used Schedule O to respond to any question in this	s Part	v)		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O			33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise,	explain the change on	34		No
35	others	organization had income from business activities, such as those reported on l), but not reported on Form 990-T, explain in Schedule O why the organization in Schedule O why the organization	n dıd n	ot report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		· / · //	35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .			35b		Νο
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	-	=	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a				
b	Did the	e organization file Form 1120-POL for this year?			37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or ke	y employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	covere	d by this return?	38a		No
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38ь				
39	Section	501(c)(7) organizations. Enter					
а	Initiati	on 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 duri	ing the	year under			
	section 4	4911 ▶, section 4912 ▶, section 4955 【	▶				
b	transa	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section during the year or did it engage in an excess benefit transaction in a pried on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year	r that has not been	40b		No
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958		ion managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rei zation	mburs e	ed by the			
е		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T			40e		Νο
41		states with which a copy of this return is filed 🕨					
42a	The or	rganization's books are in care of * <u>MARK SPRINGER</u> 1601 5TH STREET RD		Telephone no	(30	14) 523	-8491
	Locate	ed at 🕨 Huntington, WV		ZIP + 4	2	5701	
b	Atany	time during the calendar year, did the organization have an interest in or a si	gnatur	e or other authority		Yes	No
	over a accour	financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	42b	1.00	No
		," enter the name of the foreign country 🕨				<u> </u>	+
	See th	e instructions for exceptions and filing requirements for Form TD F 90-22.1, R o					
c		time during the calendar year, did the organization maintain an office outside	ofthe	US?	42c		No
	If "Yes	," enter the name of the foreign country 🕒					
43		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 3					▶Γ
		er the amount of tax-exempt interest received or accrued during the tax year		1 1			
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be c	omplet	ed instead of		Yes	No
	Form 9:		,5,00		44a	 	No
h		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i>	Form C	200 must be completed	444		+ NO
	ınstead	of Form990-EZ		. 50 mast be completed	44b		No
С	Did the	e organization receive any payments for indoor tanning services during the ye	ar?		44c		No
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments Idule O	? If 'No	o,' provide an explanation	44d		

orm 990-	EZ (2010)							Page
							Yes	No
	ny related organızatıon a controlle ´Form 990 and Schedule R must be			of section 51	2(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>					45a		No
	the organization engage, directly of the organization engage, directly of the organization of the organiza			behalf of or 11	n opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) no	nexempt o	haritable tr		onlv.	l NO
	All section 501(c)(3) organ 47-49b and 52.			_			-	stions —
	Check if the organization used	Schedule O to respond	to any question in this	Part VI .		<u></u>		. 厂
							Yes	No
7 Did t	the organization engage in lobbyir	ng activities? If "Yes," (complete Schedule C, P	art II		47		No
3 Is th	ie organization a school described	d in section 170(b)(1)(\)(II)? If "Yes," complete	Schedule E		48		No
9a Did t	he organization make any transfe	ers to an exempt non-ch	arıtable related organız	atıon?		49a		No
b If "Y	es," was the related organization	a section 527 organiza	tion?			49b		No
	plete this table for the organization of the community of							
a) Nam∈	and address of each employee	(b) Title and average hours per week	(c) Compensation		tributions to benefit plans &	-	Expe	
pa	aid more than \$100,000	devoted to position	(c) Compensation		compensation		rallow	
	tal number of other employees pa	,		· · ·	•	•	an \$10	0 000
1 Com of co	tal number of other employees pa plete this table for the organization impensation from the organization lame and address of each indeper	on's five highest compe n Ifthere is none, enter	"None"		each received n		an \$10 Compen	
1 Com of co	plete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Com	plete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Com	plete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Com of co (a) N	plete this table for the organization impensation from the organization lame and address of each indeper	on's five highest compe n If there is none, enter ndent contractor paid m	"None " ore than \$100,000					
1 Com of co (a) N	plete this table for the organization	on's five highest compendent of there is none, enterndent contractor paid months of the contractor of the contractors each received and the co	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	Compen	sation
1 Com of co (a) N 1(d) Tot 2 Did mu der pena	plete this table for the organization impensation from the organization lame and address of each independent and independent of the organization complete Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest compendent of there is none, enterndent contractor paid montractors each received dule A? NOTE: All Sect A	ng over \$100,000 one than \$100,000 one than \$100,000 close	(b) Type	e of service	npt cha	aritable res form	trusts
1 Com of co (a) N 1(d) Tot 2 Did mu der pena	plete this table for the organization impensation from the organization lame and address of each independent and the organization complete Scheust attach a completed Schedule and belief, it is true, correct, and complete it is true, correct.	on's five highest compendent of there is none, enterndent contractor paid montractors each received dule A? NOTE: All Sect A	ng over \$100,000 one than \$100,000 one than \$100,000 close	(b) Type	e of service	npt cha	aritable res form	trusts
1 Com of co (a) N 1(d) Tot 2 Did mu der pena owledge. owledge.	plete this table for the organization impensation from the organization lame and address of each independent and independent of the organization complete Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest compendent of there is none, enterndent contractor paid montractors each received dule A? NOTE: All Sect A	ng over \$100,000 one than \$100,000 one than \$100,000 close	(b) Type	e of service	npt cha	aritable res form	trusts
(a) Note that the second of th	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is true, correct.	on's five highest compendent of there is none, enterndent contractor paid montractors each received dule A? NOTE: All Sect A	ng over \$100,000 one than \$100,000 one than \$100,000 close	(b) Type	e of service	npt cha	aritable res form	trusts
1 Comofico (a) N 1(d) Toto 2 Diamonder pena owledge owledge. ign ere	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete. Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete.	on's five highest compensification of property of the property	ng over \$100,000 ng over \$100,000 non 501(c)(3) organizat cluding accompanying soreparer (other than officer Date 2011-05-12	(b) Type	e of service	npt cha	aritable fes stof my prepare	trusts No r has a
1 Comofico (a) N 1(d) Tot 2 Diamonder pena owledge owledge. ign ere	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete. Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is true, correct,	on's five highest compensification of property of the property	ng over \$100,000 ng over \$100,000 non 501(c)(3) organizat cluding accompanying soreparer (other than officer Date 2011-05-12	(b) Type	e of service	npt cha	aritable fes stof my prepare	trusts No r has a
1 Com of co (a) N 1(d) Tot 2 Did mu ader pena owledge. ign	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete. Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is true, correct,	on's five highest compendent on tractors each received dule A? NOTE: All Section of properties. Declaration of properties.	ng over \$100,000 ng over \$100,000 non 501(c)(3) organizat cluding accompanying soreparer (other than officer Date 2011-05-12	(b) Type	7 (a)(1) nonexer tatements, and to all information of	npt cha	aritable fes stof my prepare	trusts No r has a

Software ID: 10000108

Software Version:

EIN: 55-6019020

Name: WEST VIRGINIA NURSERYMENS ASSOC

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
BRETT MERRITT PO BOX 420 LESAGE,WV 25537	PRESIDENT 0	0		
PAT BIAFORE 522 ASHBROOK MORGANTOWN, WV 26508	VICE PRES 0	0		
MARK SPRINGER 1601 5TH ST HUNTINGTON, WV 25701	TREASURER 0	0		
BECKY MORRIS 10 STEWARD O WINFIELD, WV 25213	SECRETARY 0	0		
CARY LEVENSON 1109 PIEDMON CHARLESTON, WV 25361	PAST PRES 0	0		
BILL MILLS PO BOX 311 CHARLESTON, WV 25321	DIRECTOR 0	0		
TIM FORREN 8 VINE ST CHARLESTON, WV 25302	DIRECTOR 0	0		
CHRIS CHANLETT BOX 345 HINTON, WV 25951	DIRECTOR 0	0		
ED MASON 2400 RITTER DANIELS,WV 25832	DIRECTOR 0	0		
BUD C OTTRILL 2731 FAIRLAW DUNBAR,WV 25064	DIRECTOR 0	0		
BETH LOFLIN 1507 DOGWOOD CHARLESTON, WV 25314	EXEC DIR 30	26,875		