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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:
☒ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **WEST VIRGINIA NURSERY AND LANDSCAPE ASSOC INC**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 20284
 City or town, state or country, and ZIP + 4
CHARLESTON, WV 25362

D Employer identification no
55-6019020

E Telephone number
(304) 553-1234

F Name and address of principal officer

G Gross receipts \$

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **HTTP://WWW.WVNLA.ORG/**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **2005**

M State of legal domicile **WV**

Part I Summary

1 Briefly describe the organization's mission or most significant activities. **A REGIONAL TRADE ASSOCIATION FOR THE NURSERY AND LANDSCAPE INDUSTRY THAT PROVIDES LANDSCAPE EDUCATION AND AWARENESS.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** **10**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **9**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6** **10**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	3,725	4,944
9 Program service revenue (Part VIII, line 2g) 9	180,000	200,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	2,883	8,519
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e) 11		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	186,608	213,463
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		7,401
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15		27,500
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		0
b Total fundraising expenses (Part IX, column (D), line 25) 16b		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	225,777	105,118
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	225,777	140,019
19 Revenue less expenses. Subtract line 18 from line 12. 19	(39,169)	73,444

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 20	467,831	554,543
21 Total liabilities (Part X, line 26) 21		0
22 Net assets or fund balances. Subtract line 21 from line 20. 22	467,831	554,543

Part III Signature Block

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

Sign Here Signature of officer **MARK SPRINGER, TREASURER** Date **9-12-13**

Paid Preparer Use Only Print/Type preparer's name **STEVEN HARMON** Preparer's signature **St A, CPA** Date **9/3/2013** Check ☒ if self-employed PTIN **P01314693**

Firm's name **LYNNE F GIANOLA CPA** Firm's EIN **304-744-4500**

Firm's address **93 MACCORKLE AVENUE SOUTH CHARLESTON WV 25303-1411** Phone no **304-744-4500**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

EEA Form 990 (2011)

SCANNED SEP 27 2013

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission**A REGIONAL TRADE ASSOCIATION FOR THE NURSERY AND LANDSCAPE INDUSTRY THAT PROVIDES LANDSCAPE EDUCATION AND AWARENESS.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ including grants of \$) (Revenue \$)
PROVIDES LANDSCAPE EDUCATION AND AWARENESS THROUGH NEWSLETTERS AND CONFERENCES**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
SCHOLARSHIPS PAID TO QUALIFYING INDIVIDUALS AND ORGANIZATIONS WHO HAVE MET THE QUALIFICATIONS REQUIRED ENTITLEMENT OF SUPPORT. CONTRIBUTIONS TO VARIOUS TAX EXEMPT ORGANIZATIONS IN RELATED FIELDS TO FUTURE SUPPORT THE OVERALL TAX EXEMPT PURPOSE OF THIS ORGANIZATION**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
DESIGN AND INSTALL LANDSCAPE FOR LOCAL ORGANIZATIONS**4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	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 98-19? 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, VII, VIII, IX, or X as applicable.		
a 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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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 Schedule D, Parts XI, XII, and XIII	12a	X
b 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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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 its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	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	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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 of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		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		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 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.	13a		
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.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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 ☒**Section 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 10		
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 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
any other officer, director, trustee, or key employee?			
3 Did the organization delegate control over management duties customarily performed by or under the direct	3		X
supervision of officers, directors, or trustees, or key employees to a management company or other person?			
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	7a	X	
one or more members of the governing body?			
b Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
stockholders, or persons other than the governing body?			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during			
the year by the following:			
a 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	9		X
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	
describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by		
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	X
with a taxable entity during the year?		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16b	
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► WV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MARK SPRINGER (304) 553-1234 162 LAVALETTE NURSERY ROAD LAVALETTE, WV 25535

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH LOFLIN EXECUTIVE DIRECTOR	30.00			X				27,500	0	0
(2) BILL MILLS DIRECTOR				X				0	0	0
(3) BRETT MERRITT PRESIDENT				X				0	0	0
(4) BUD COTTRILL DIRECTOR				X				0	0	0
(5) CHRIS CHANLETT DIRECTOR				X				0	0	0
(6) JOHN JETT DIRECTOR				X				0	0	0
(7) MARK SPRINGER TREASURER				X				0	0	0
(8) PAT BIAFORE VICE PRESIDENT				X				0	0	0
(9) SCOTT BARNITZ DIRECTOR				X				0	0	0
(10) TOM FORREN DIRECTOR				X				0	0	0
(11)										
(12)										
(13)										
(14)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Officer	Key employee	Highest compensated employee	Former officer	Former employee			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								27,500	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	4,944			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		4,944			
Program Service Revenue	2a	TRADE SHOW CONTRIBUTION	Business Code 541900	200,000	200,000		
	b						
	c						
	d						
	e						
	f	All other program service revenue.					
	g	Total. Add lines 2a-2f		200,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,579			10,579
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses.					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		(2,060)	(2,060)		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		213,463	197,940		10,579	

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 response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	7,401	7,401		
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.	27,500	27,500		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	3,480	3,480		
g Other.	37,286	37,286		
12 Advertising and promotion.	609	609		
13 Office expenses.	4,249	4,249		
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	4,255	4,255		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	33,982	33,982		
20 Interest.				
21 Payments to affiliates.	1,380	1,380		
22 Depreciation, depletion, and amortization.				
23 Insurance.	511	511		
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.)				
a PUBLICATIONS, POSTAGE	2,987	2,987		
b DUES AND SUBSCRIPTIONS	3,885	3,885		
c PROJECT	1,165	1,165		
d AWARDS	8,900	8,900		
e All other expenses	2,429	2,429		
25 Total functional expenses. Add lines 1 through 24e.	140,019	140,019	0	0
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).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A s s e t s	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	467,831	2	158,359
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	394,684
	12 Investments - other securities. See Part IV, line 11		12	1,500
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	467,831	16	554,543	
L i a b i l i t i e s	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
N e t A s s e t s o f F u n d s	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	467,831	32	554,543
33 Total net assets or fund balances	467,831	33	554,543	
34 Total liabilities and net assets/fund balances	467,831	34	554,543	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	213,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,019
3	Revenue less expenses Subtract line 2 from line 1	3	73,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	467,831
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,268
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	554,543

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

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

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

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

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

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

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

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

**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.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

WEST VIRGINIA NURSERY AND LANDSCAPE ASSOC INC

55-6019020

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1. ▶ \$ _____

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,500	COST
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	1,500	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

WEST VIRGINIA NURSERY AND LANDSCAPE ASSO

Employer identification number

55-6019020

Part III General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☒ Yes ☐ No

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

EEA

Schedule I (Form 990) (2011)

Part III**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Monitoring procedures (Part I, line 2)

BOARD MEMBERS HAVE FREQUENT COMMUNICATION WITH LEADERS OF LOCAL ORGANIZATION THAT RECEIVE SUPPORT. BOARD MEMBERS ARE KNOWLEDGABLE WITH T

GOALS AND MISSIONS OF THE SUPPORTING ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

**Open to Public
Inspection**

Employer identification number

WEST VIRGINIA NURSERY AND LANDSCAPE ASSOC INC

55-6019020

01. Members or stockholder classes and rights (Part VI, line 6)

**POTENTIAL MEMBERS MUST SUBMIT AN APPLICATION WITH A MEMBERSHIP FEE. HE/SHE MUST BE
ACTIVELY INVOLVED IN THE NURSERY OR LANDSCAPE PROFESSION.**

02. Member election for additional members (Part VI, line 7a)

**NOMINATING COMMITTEE FOR THE BOARD IS ORGANIZED. THE COMMITTEE PRESENTS THE POTENTIAL
BOARD MEMBER AT THE ANNUAL ORGANIZATION MEETING. THE INDIVIDUAL IS VOTED BY ALL ACTIVE
MEMBERS.**

03. Form 990 governing body review (Part VI, line 11)

**THE GOVERNING BODY PROVIDES A COMPLETE COPY OF FORM 990 TO ALL MEMBERS OF ITS GOVERNING
BODY. THE GOVERNING BODY REVIEWS FORM 990. CONCERNS ARE DISCUSSED WITH OTHER BOARD
MEMBERS AND THE ORGANIZATION'S ACCOUNTANT.**

04. CEO, executive director, top management comp (Part VI, line 15a)

**THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BASED ON MARKET CONDITIONS AND SKILLS
REQUIRED TO EXECUTE THE ORGANIZATION'S MISSION.**

05. Governing documents, etc, available to public (Part VI, line 19)

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT AVAILABLE UPON
REQUEST. THE ORGANIZATION PRESENTS THIS INFORMATION DURING BOARD MEETINGS THROUGHOUT THE
YEAR.**

06. Explanation of other changes in net assets or fund balances (Part XI, line 5)

TO ADJUST FOR UNREALIZED GAINS/LOSSES FROM INVESTMENTS.

990

Overflow Statement

2011
Page 1

Name(s) as shown on return

FEIN

WEST VIRGINIA NURSERY AND LANDSCAPE ASSOC INC

55-6019020

ALL OTHER EXPENSES

Description	Amount
TELEPHONE AND FAX	\$ 2,350
TAXES AND LICENSES	79
Total:	<u>\$ 2,429</u>



Certificate

*I, Betty Ireland, Secretary of State of the
State of West Virginia, hereby certify that*

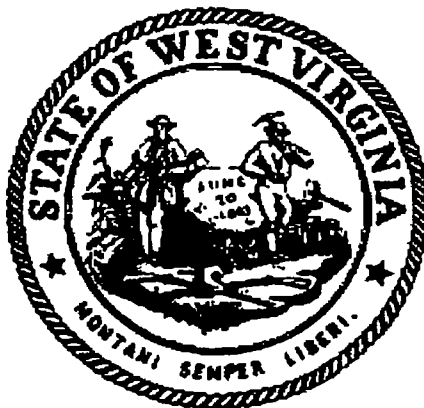
WEST VIRGINIA NURSERY & LANDSCAPE ASSOCIATION, INCORPORATED

Control Number: 75351

has filed its application for "Certificate of Incorporation" in my office according to the provisions of the West Virginia Code. I hereby declare the organization to be registered as corporation from its effective date of April 21, 2005 until a certificate of dissolution has been filed with Secretary of State.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
April 21, 2005*

Betty Ireland

Secretary of State

Betty Ireland
Secretary of State
State Capitol Bldg
1900 Kanawha Blvd. East
Charleston, WV 25305-0770



**WEST VIRGINIA
ARTICLES OF INCORPORATION**

Penney Barker, Manager
Corporations Division
Tel (304) 558-8000
Fax: (304) 558-5758
www.wvsos.com
FILE One Original

Control # 7535i

The undersigned, acting as incorporator(s) according to the West Virginia Code, adopts the following Articles of Incorporation for a West Virginia Domestic Corporation, which shall be perpetual:

1. The name of the West Virginia corporation shall be:
(This name is your official name and must be used in its entirety when in use unless a trade name is registered with the Office of Secretary of State, according to Chapter 47-6 of the West Virginia Code.)

West Virginia Nursery & Landscape
Association, Incorporated

2. The address of the principal office of the corporation will be:

located in the County of:

The mailing address of the above location, if different, will be:

Street: 1517 Kingwood Pike

City/State/Zip: Morgantown, WV 26508-3938

County: Monongalia

Street/Box: Same as above

City/State/Zip: _____

3. The physical address (not a PO box) of the principal place business in West Virginia, if any of the corporation will be:
located in the County of:

The mailing address of the above location, if different, will be:

Street: Same as above

City/State/Zip: _____

County: _____

Street/Box: _____

City/State/Zip: _____

FILED
APR 21 2005

**IN THE OFFICE OF
SECRETARY OF STATE**

4. The name and address of the person to whom notice of process may be sent is:

Name: Bradford C. Bearce

Street: 1517 Kingwood Pike

City/State/Zip: Morgantown, WV 26508-3938

5. This corporation is organized as: (check one below)

☒ **NON-PROFIT, NON-STOCK**, (if you plan on applying for 501 (c)(3) status with the IRS you may want to include certain language that is required by IRS to be included in your articles of incorporation);

☐ **FOR PROFIT**

6. **FOR PROFIT ONLY:**

The total value of all authorized capital stock of the corporation will be \$ _____.

The capital stock will be divided into _____ shares at the par value of \$ _____ per share.

WEST VIRGINIA ARTICLES OF INCORPORATION

Page 2

7. The purposes for which this corporation is formed are as follows:

(Describe the type(s) of business activity which will be conducted, for example, "agricultural production of grain and poultry", "construction of residential and commercial buildings", "manufacturing of food products", "commercial printing", "retail grocery and sale of beer and wine". Purposes may conclude with words "... including the transaction of any or all lawful business for which corporations may be incorporated in West Virginia.")

To protect and promote the nursery & landscape industry in West Virginia, compile & disseminate scientific information to members, cooperate with allied interests, improve & standardize nursery products.

8. FOR NON PROFITS ONLY: (Check the statement that applies to your entity)

☐ Corporation will have no members

☒ Corporation will have members

(NOTE) If corporation has one or more classes of members, the designation of a class or classes is to be set forth in the articles of incorporation and the manner of election or appointment and the qualifications and rights of the members of each class is to be set forth in the articles of incorporation or bylaws. If this applies to your entity then you will have to attach a separate sheet listing the above required information, unless it will fit in the space below

See Article III - Membership in enclosed Constitution and By-Laws. (first & second pages)

9. The name and address of the incorporator(s) is:

Name

Address

City State Zip

(Pres) Norman Cole, III

P.O. Box 210

Pipestem, WV 25979

(VP) Cary Levenson

P.O. Box 5569

Charleston, WV 25361

(Treas) Mark Springer

1601 5th St. Rd.

Huntington, WV 25701

10. Contact and Signature Information:

a. Contact person to reach in case there is a problem with filing: Bradford C. Bearce Phone # 1 (800) 239-0796

b. Print Name of person who is signing articles of incorporation: Bradford C. Bearce

c. Business email address, if any: wvnl2@prodigy.net

d. Signature of Incorporator: Bradford C. Bearce

Date: April 20, 2005

Must be signed before submitting.



West Virginia Nursery and Landscape Association
Constitution and By-Laws

Article I – Name

The name of this Association shall be “The West Virginia Nursery & Landscape Association”.

Article II

The objectives of this Association shall be:

1. To protect and promote the nursery & landscape industry in West Virginia.
2. The cultivation of acquaintanceship.
3. The improvement and standardization of nursery products.
4. Compilation and dissemination of scientific information to members.
5. Cooperation with all allied interests.
6. Promoting the exchange and sale of nursery stock.

Article III – Membership

- A. Active membership in the Association shall be open to all residents of West Virginia who grow and/or sell ornamental nursery stock as registered nurseries or nursery dealers, including trees, evergreens, shrubbery and perennials, and have actively engaged in retail or wholesale business of these products for a minimum of two years, as a majority portion of their livelihood, and who shall bear a reputation for trustworthy dealings, which must be maintained as a condition of membership.
- B. Associate members shall be those individuals, partnerships or corporations who furnish materials or render services to the nursery and landscape business or who are associated with the nursery and landscape business in any way. Associate membership shall be extended to and shall include landscape architects, commercial horticulturists, Christmas tree growers, related industries, superintendents of parks and estates, technical officials of the Department of Agriculture and the state's educational institutions. Out of state nurserymen may also be accepted as associate members. Such associates shall not hold elective office nor be eligible for membership on the Board of Directors, and shall have no voting privileges.

- C. Affiliate members shall be wife and/or employees of active members.
- D. Honorary members: Individuals who, having done some outstanding work in the field of horticulture or in the interests of the nurserymen of the state and are deemed worthy of the honor, may be made an honorary member by majority vote of the Board of Directors. Recommendations for honorary membership must be made in writing to the president of the Association.
- E. Any nursery company may join the Association as a unit, provided it designates the person who will represent the company at Association meetings. Additional company representatives may join the Association and will be known as affiliate members. They shall not hold office or membership on the Board of Directors, nor vote.
- F. Procedure for applying for membership: Applicants for membership must be sponsored by a currently active member. The application should be submitted to the Board of Directors for approval, if approved by the Board, the application will be circulated to the active members in order that favorable or unfavorable opinions may be made known. Receiving no objections within a period of fourteen days of the mailing, the applicant shall be approved. If an objection is raised, the application must be voted on by the membership.
- G. Allied membership: Membership for national and regional and or merchandisers. To qualify for consideration, these firms must have at least 25% of their gross sales in green goods and maintain year round sales facilities for nursery stock. Applicant must be sponsored by an active member. Dues shall be based upon the number of stores in West Virginia. Each store will be counted as one allied member. The total number of stores will determine the total amount of dues. Representatives of these firms shall have no voting privileges, cannot hold elective offices or appointed positions within the Association.

Article IV – Officers

- A. The officers of this Association shall be: president, vice president, secretary, and treasurer, all to be elected from the active membership.
- B. The officers shall be elected every other year at the first meeting following the beginning of the fiscal year, for two year terms, and shall serve until their successors are elected and duly qualified.
- C. The Board of Directors shall consist of all elected officers, the immediate past president and three active members voted on by the membership for a 6 year staggered term. The Board shall meet at least quarterly and as often in addition as called by the president, to act on all routine matters of the Association, and to take

action on all applications for membership. The president of the Association will be the presiding officer of the Board of Directors and the secretary of the Association will function as the Secretary of the Board of Directors.

- D. The president of the Association shall preside at all meetings of the Association; he shall appoint standing committees to perform other duties incident to his position. The vice president shall perform all duties of the president in his absence.
- E. The treasurer shall hold and disburse funds of the Association, render a full account of the financial condition of the Association at each meeting, and have the records audited annually.
- F. The Executive Secretary shall keep and circulate all minutes of the Association and of the Board of Directors. A list of active members will be circulated to the membership annually. A newsletter will be issued after each meeting of the Board of Directors, including actions of the Board and other matters of general interest to the members. The Executive Secretary will present the minutes of each meeting at the next meeting for approval by the membership.
- G. Both the treasurer and secretary will receive all previous records from their predecessors, preserve the records intact, have them available for reference upon request, and pass them on with the current records to their successors. All such records shall be subject to inspection by the president or a committee appointed by him at any time.
- H. The Board of Directors is authorized to make appointments to fill vacancies among officers. Such appointees shall serve until the next regular meeting when elections must be held to fill such vacancies.
- I. The Mid-Atlantic Nurserymen's Trade Show Board of Directors are to be elected by the West Virginia Nursery & Landscape Association Board of Directors for a staggered 6 year term.

Article V – Meetings

- A. An annual meeting shall be held in August upon the call of the president. Special meetings may be held upon written notice by the president to the membership thirty days prior to the meeting date. The time and place of annual or special meetings shall be set by the Board of Directors. Special meetings may also be called by a quorum of active members requesting the president to call such a meeting.

- B. A quorum shall consist of a majority of the active membership.

Article VI – Dues

- A. An entrance fee of \$35.00 for active membership, \$25.00 for associate membership and \$5.00 for affiliate membership, shall accompany each application for membership and, if accepted, will constitute payment of dues for one year.
1. Active members shall pay annual dues of \$35.00
 2. Associate members shall pay annual dues of \$25.00
 3. Affiliate members shall pay annual dues of \$5.00
 4. Honorary members pay no dues.
- B. Dues are to be paid at the beginning of the fiscal year. Only those who have paid their dues to date will be considered active members.
- C. The fiscal year shall begin on July 1 and end June 30 the following calendar year.

Article VII – Amendments

- A. This Constitution may be amended by a two-thirds vote of members present at any meeting where there is a quorum present, provided the notice of such proposed amendment has been made by mail to all members 30 days prior to meeting.
- B. This Constitution becomes effective upon adoption by terms of the Constitution previously in effect.

Article VIII – Dissolution

The Association shall use its funds only to accomplish the objectives and purposes specified in these By-Laws, and no part of said funds shall inure, or be distributed, to the members of the Association. On dissolution of the Association, any funds remaining shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

Adopted at Berkeley Springs, WV AUG. 21, 1999
City Date

Signed,

Richard L. Lutz
President
[Signature]
Secretary