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DLN: 93493229004205

OMB No 1545-0047

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Open to Public

riterrar i	evenue Service					Inspection
A For	the 2014 c	calendar year, or tax year beginni	ng 01-01-2014 , and ending 12-31-20	14		
_	ck if applicabl	e C Name of organization WEST VIRGINIA WHOLESALERS AS	SOCIATION INC		D Employer id	entification number
_	ess change				55-043335	5 5
	ne change	Doing business as				
	al return	Number and street (or P.O. box if	mail is not delivered to street address) Room/	cuite	E Telephone nui	mber
- Fına retui	l rn/terminated	2006 KANAWUA DIVID E	mail is not delivered to street address) Room,	suite	(304)205-	5496
- Ame	nded return	City or town, state or province, co	untry, and ZIP or foreign postal code			
- Appl	ıcatıon pendır	CHARLESTON, WV 25311	,,		G Gross receipts	\$ \$ 139,828
•	·	F Name and address of pr	uncipal officer	H(2) I.		6
		JANET VINEYARD	melpar officer		this a group retur ibordinates?	T Yes ▼ No
		2006 KANAWHA BLVD E CHARLESTON, WV 2531	1			
		CHARLESTON, WV 2551	•		re all subordinates cluded?	F Yes ☐ No
Tax	-exempt stat	us	(insert no) 4947(a)(1) or 527			(see instructions)
We	ebsite: 🕨 N			-	roup exemption nu	ımber 🌬
		<u> </u>		1		
Form	of organizati	on Corporation Trust Associat	ion Other 🕨	L Year o		M State of legal domicile WV
Par	tI Su	mmary				
	PROM		TO PRESENT A UNITED FRONT IN SSIST ITS MEMBERS IN STATE TAX			
	2 Check	this box দ if the organization of	discontinued its operations or disposed	d of more tha	n 25% of its net a	ssets
	3 Numbe	er of voting members of the gover	ning body (Part VI, line 1a)		з	1
	4 Numbe	er of independent voting members	s of the governing body (Part VI, line 1	b)	4	1
	5 Total i	number of individuals employed ii	n calendar year 2014 (Part V, line 2a)		5	
	6 Totalı	number of volunteers (estimate if	necessary)		6	
			Part VIII, column (C), line 12			
\dashv	b Net ur	nrelated business taxable income	from Form 990-T, line 34			
					Prior Year	Current Year
և			line 1h)		162,680	139,80
			Inne 2g)		17	2
9		· · ·), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
- 1			1 (must equal Part VIII, column (A), h	ine		
	12)	<u> </u>	<u> </u>		162,697	139,82
			rt IX, column (A), lines 1–3)		2,000	
			IX, column (A), line 4)		0	
e l	15 Sala 5-1		yee benefits (Part IX, column (A), lines	5	0	
	16a Prof	essional fundraising fees (Part I)	(, column (A), line 11e)		0	
Dhaise -	b Total	l fundraising expenses (Part IX, column (D), line 25) ► 0	,		
- 1	17 Oth	er expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)	. —	124,685	98,93
- 1			ust equal Part IX, column (A), line 25)		126,685	98,93
			e 18 from line 12		36,012	40,89
800					ning of Current	End of Year
Fend Balances	20 T-+-	al accote (Dart V line 16)		-	Year 194,056	
8					194,056	234,95
臣			t line 21 from line 20		194,056	234,95
		nature Block		-	25.,000	201,00
y kn	owledge and rer has any **		xamined this return, including accompany of the complete Declaration of preparer (other			
	3/1	pe or print name and title				
	1,	Print/Type preparer's name PATRICIA CLARK CPA	Preparer's signature PATRICIA CLARK CPA		Check If PTIN	46381
aid		Firm's name FSUTTLE & STALNAKE			self-employed ^{P0034} Fırm's EIN ► 55-0538	
	oarer					
	Only	Firm's address ► 1411 VIRGINIA ST E	STE 100		Phone no (304) 343-	4126

CHARLESTON, WV 25301 May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Pai	rt III	Statement of Program Son Check if Schedule O contains a				
1	Brief	ly describe the organization's mis	sion			
1 A M	NUFAC	DSE OF THE WV WHOLESALERS TURERS, TO PRESENT A UNITE TITS MEMBERS IN STATE TAX	D FRONT IN THE FACE OF AI	OVERSE LEGISLATIO	N & TO PROMOTE FAI	R LEGISLATION,
2		ne organization undertake any sig rior Form 990 or 990-EZ?			not listed on	┌ Yes ┌ No
	If"Ye	es," describe these new services	on Schedule O			
3	servi	ne organization cease conducting		n how it conducts, any p	orogram • • • • •	┌ Yes ┌ No
	If "Y e	es," describe these changes on So	thedule O			
4	exper	ribe the organization's program senses Section 501(c)(3) and 501(btal expenses, and revenue, if any	c)(4) organizations are require	d to report the amount		
4a	(Code	e) (Expenses \$	ıncludıng grar	nts of \$) (Revenue \$	1,000)
	MEME	BERSHIP ORGANIZATION BENEFITING WV	WHOLESALERS COLLEGE SCHOLARSH	IPS		
4b	(Code	e) (Expenses \$	ıncludıng grar	nts of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$	ıncludıng grar	nts of \$) (Revenue \$)
	See	Additional Data				
4d	Othe	er program services (Describe in	Schedule O)			
	(Exp	enses \$ 98,930	including grants of \$) (Reven	ue \$)
4e	Tota	I program service expenses 🕨	98,930			

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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^{\bullet}	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
LO	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		Νo
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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		No
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		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
. 7	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
.9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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? <i>If "Yes," complete Schedule J.</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			.୮
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
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		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7-		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	1	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
C	Enter the amount of reserves on hand	Į		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b	Yes	N o
	or persons other than the governing body?	70		100
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	je Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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		No
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," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?			
14	Did the diddilization have a whitten whistleprower poncy.	13		l No
		13 14		
15	Did the organization have a written document retention and destruction policy?	13		No No
	Did the organization have a written document retention and destruction policy?	14		No
a	Did the organization have a written document retention and destruction policy?	14 15a		No No
a	Did the organization have a written document retention and destruction policy?	14		No
a b	Did the organization have a written document retention and destruction policy?	14 15a		No No
a b 16a	Did the organization have a written document retention and destruction policy?	14 15a		No No
a b 16a	Did the organization have a written document retention and destruction policy?	15a 15b		No No
a b 16a b	Did the organization have a written document retention and destruction policy?	14 15a 15b		No No
a b 16a b	Did the organization have a written document retention and destruction policy?	15a 15b		No No
a b 16a b	Did the organization have a written document retention and destruction policy?	15a 15b		No No
a b 16a b	Did the organization have a written document retention and destruction policy?	15a 15b		No No

►JANET VINEYARD

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interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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, or 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

	I	I		(C)						
(A) Name and Title	(B) A verage hours per week (list any hours for related	Average hours per week (list any hours for related Position (more than operation) and a direction of the person is to a fine t						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BILL MUNDAYDIRECTOR	1 00	x						0	0	0
(2) RENO RAMELLA	1 00									
DIRECTOR		х						0	0	0
(3) ROB SINCAVICH DIRECTOR	1 00	х						0	0	0
(4) DEAN BRYANT DIRECTOR	1 00	х						0	0	0
(5) ANDY KRUTKO	1 00	х						0	0	0
DIRECTOR										
(6) ZACH WEIRDIRECTOR	1 00	х						0	0	0
(7) MIKE BROWN DIRECTOR	1 00	х						0	0	0
(8) GARY MCGUIRK JR	1 00	х						0	0	0
DIRECTOR (9) STEVE BARNISKY	1 00									
DIRECTOR		Х						0	0	0
(10) GARRETT CUNNINGHAM DIRECTOR	1 00	x						0	0	0
(11) ROGER BUCKNER	1 00	х						0	0	0
DIRECTOR										
(12) RANDY EMANUELSON PRESIDENT	2 00			х				0	0	0
(13) JIM CUNNINGHAM	2 00			×				0	0	0
FIRST VICE PRESIDENT (14) JANET VINEYARD	2 00							_	_	
SECRETARY/TREASURER	2 00			Х				0	0	60,000
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	chenice Highest compensated	ss er	(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
(15) DAVID RAMELLA CHAIRMAN OF THE BOARD	2 00			х				0	0	0

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	►	0	0	60,000

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	4		No
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	5		No

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

(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 VI	•••	Statement of						
		CHECK II SCHEUL	ne o contains a respon	se or note to any lir	ne in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χg	1a	Federated camp	paigns 1a					
ant	b	Membership du	es 1b	45,534				
ributions, Gifts, Grants Other Similar Amounts	c	Fundraising eve	ents 1c					
iffs,	d	Related organiz	ations 1d					
<u></u>	e	Government grants	s (contributions) 1e					
Sir	f	All other contribution	ons, gifts, grants, and 1f	94,271				
uti.	'	similar amounts no	t included above					
를 풀	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f	🛌	139,805			
				Business Code				
Ĭ.	2a							
- Be	b							
93	c							
Ne.	d							
ξ	е							
Program Serwce Revenue	f	All other progra	m service revenue					
ΔŤ	g	Total. Add lines	:2a-2f	🛌				
	3	Investment inc	ome (ıncludıng dıvıdend	ls, interest,	23			23
	4		ar amounts) tment of tax-exempt bond p	F				
	5							
		. [(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	' '	me or (loss)					
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
	8a	Gross income fr	rom fundraising					
≞		events (not incl	udıng					
Other Revenue			reported on line 1c)					
<u>۾</u> ا		See Part IV, lin	e 18 a l					
her	ь	Less direct exi	penses b					
ᅙ			loss) from fundraising e	events 🛌				
	9a		rom gaming activities					
		See Part IV, lin	e 19 al					
	b	Less direct exp	penses b					
			loss) from gaming activ	rities				
	10a	Gross sales of I returns and allo	wances .					
	h	Less cost of go	a Doods sold b					
			loss) from sales of inve	entory b				
		Miscellaneous		Business Code				
	11a							
	b							
	c							
	d	All other revenu	ıe					
	e	Total. Add lines	:11a-11d	🕨				
	12	Total revenue.	See Instructions	· · · •	139,828	0	0	23

Davi	TV Statement of Europianal Evangage				1 age 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comr	olete column (A.)	
Jectic					
_	Check if Schedule O contains a response or note to any line in this l		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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)				
а	Management	92,202			
b	Legal				
c	Accounting	4,515			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125			
12	Advertising and promotion				
13	Office expenses	630			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	956			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TAXES	317			
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	98,930			
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

		Check if Schedule O contains a response or note to any line in this Part X	(A)		· · · 「
			Beginning of year		End of year
	1	Cash-non-interest-bearing	156,827	1	198,221
	2	Savings and temporary cash investments	37,229	2	36,733
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other 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) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹ .	8	·		8	
	_	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		9	
		VI of Schedule D Less accumulated depreciation		10c	
	b	'			
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	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)	194,056	16	234,954
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		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		25	
	26	D	0	25	0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26	
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
ဋ	27	Unrestricted net assets		27	
<u>छ</u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
· Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 30 through 34.		23	
ō	30	Capital stock or trust principal, or current funds	2,511	30	2,511
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	2,511	31	2,311
<u>ي</u> 2	32	Retained earnings, endowment, accumulated income, or other funds	191,545	32	232,443
	33	Total net assets or fund balances	194,056	33	234,954
Š	1		194,056		234,954
	34	Total liabilities and net assets/fund balances	ı 194.0561	34	ı 234.954

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		1	139,828
2	Total	expenses (must equal Part IX, column (A), line 25)	2			98,930
3	Rever	ue less expenses Subtract line 2 from line 1	3			40,898
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		j	194,056
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	O ther	changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net a	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10			234,954
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. Г
					Yes	No
1		inting method used to prepare the Form 990 Cash Accrual Otherorganization changed its method of accounting from a prior year or checked "Other," explain in ule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		,' check a box below to indicate whether the financial statements for the year were compiled or review arate basis, consolidated basis, or both	wed on			
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
		,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	Γs	eparate basis				
c		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c		_
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain ir ule O	1			
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	9	3a		No

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

3b

Additional Data

Software ID:

Software Version:

EIN: 55-0433355

Name: WEST VIRGINIA WHOLESALERS ASSOCIATION INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	98,930	including grants of \$) (Revenue \$)

DLN: 93493229004205

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization WEST VIRGINIA WHOLESALERS ASSOCIATION INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			rage
	•		a)	(b)
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		<u>. </u>		
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
۲ C	Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
e f	Grants to other organizations for lobbying purposes?				
	, -, -				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I		
2u b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1		
	t IIII-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5). c	r sec	tion
	501(c)(6).		,,,,		
			_		es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			45,53
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			6,83
b	Carryover from last year	2b			
C	Total	2c			6,83
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	3			6,83
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list),	, Part II	-A , line	s 1 and
	Return Reference Explanation				
PAR	PART I-A, LINE 1 THE ASSOCIATION'S BOARD OF DIRECTORS AND THE ASSOCIATION'S EXECUTIVE DIRECT ENDORSEMENTS OF CANDIDATES FOR STATE LEGISLATIVE POS	OR ISSU			TEN

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493229004205

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Transactions with Interested Persons

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

WEST VINCINIA W	ganization /HOLESALERS ASSOCIA	TION INC					E	mploy	er ident	ificatio	n numb	er
	TIOLESALEIKS ASSOCIA	TON INC						55-04	33355			
Part I Exc	ess Benefit Tra	nsactions	(section	501(c)(3), s	ection 501(c)(4), and 501				only)		
	plete if the organiz		•		•			-			40b	
1 (a) Nam	e of disqualified pe	rson (b) i	Relationsh	np between d	ısqualıfıed	(c) Desc	ription	of tra	nsaction	1	(d) Cor	rected?
			person	and organiza	tion						Yes	No
4958 . 3 Enter the a	amount of tax incu amount of tax, if an nd/or From In	y, on line 2,	above, rei	 mbursed by t			he year	r unde • •	rsection \$ \$ \$			
	e organization ans nount on Form 990	wered "Yes"	on Form 9	90-EZ, Part	V, line 38a, c	or Form 990,	Part IV	, line :	26, or if	the org	anızatıo	n
		wered "Yes"	on Form 9 5, 6, or 2 (d) Loar	90-EZ, Part 2 n to the	(e)Original principal amount	or Form 990, (f) Balance due	Part IV (g) defai	In	(h) Approving by boar commit	ved rd or	(i)Wr	itten
reported an ar (a) Name of interested	nount on Form 990	wered "Yes" , Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loar or from t	90-EZ, Part 2 n to the	(e)Original principal	(f) Balance	(g)	In	(h) A pprov	ved rd or	(i) Wr	itten
reported an ar (a) Name of interested	nount on Form 990	wered "Yes" , Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loar or from t organizat	90-EZ, Part 2 n to the ion?	(e)Original principal	(f) Balance	(g) defa	In ult?	(h) A pprov by boar commit	ved d or tee?	(i)Wr agreer	ntten ment?
reported an ar (a) Name of Interested person	(b) Relationship with organization ants or Assista mplete if the organization	yered "Yes" , Part X, line (c) Purpose of loan	on Form 9 5, 6, or 2 (d) Loar or from torganizat To fiting In nswered	90-EZ, Part 2 n to the ion? From iterested i "Yes" on Fe	(e)Original principal amount	(f) Balance due art IV, line 2	(g) defai	In ult?	(h) A pprov by boar commit Yes	ved rd or tee? No	(i)Wr agreer	ntten ment?

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Ves" on Form 990 B

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transaction		(e) Sha of organiz revent	: zation's
				Yes	No
(1) JANET VINEYARD	MS VINEYARD IS THE EXECUTIVE DIRECTOR OF WEST VIRGINIA WHO LESALERS	,	A MANAGEMENT FEE IS PAID TO WEST VIRGINIA OIL MARKETERS & GROCERS ASSOCIATION FOR VARIOUS MANAGEMENT SERVICES MS VINEYARD IS THE PRESIDENT OF WV OIL MARKETERS & GROCERS ASSOCIATION		No

Part V	Supplemental	Information
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Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493229004205

OMB No 1545-0047

2014

Open to Public Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
WEST VIRGINIA WHOLESALERS ASSOCIATION INC

Employer identification number

55-0433355

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTIONS ARE HELD EVERY TWO YEARS
FORM 990, PART VI, SECTION B, LINE 11	NO REVIEW WAS OR WILL BE CONDUCTED FORM 990 IS PREPARED BY CPA FIRM
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST