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Form 990

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

		The organization may h		his return to satisfy st	ate reporting req	uirements.	Inspection
Ā	For t	he 2008 calendar year, or tax year beg		, 2008, and e	nding June	30	, 20 0 9
В	Check if	applicable Please C Name of organization	WVU Homa	: Husociation	Inc.	D Employ	er identification number
	Addres	s change use IRS Doing Business As				33	0372697
	Name (change print or Number and street (or PC	box if mail is not delivered t	ostreet address) Roo	m/suite	_ `.	ne number
	initial re	etum See P.O. Box	4269			(304)	<u> 293-9820</u>
	Termin	ation Instruc- City or town, state or c	country, and ZIP + 4	1-4269			ceipts \$ 6,084,878
X.	Amend	ed return F Name and address of principal		1 1 1 1 1 1		G Gross red	ceipts \$ 0,00 7,010
□ ,	Applicat	in parting	_	abre	''	•	for affiliates? Yes No
_	Tow or	Steve Douglas	same as C	<u> 2000/e</u>	1		ncluded? LiYes LiNo
+		tempt status (\$\frac{1}{2}\) 501(c) (\$\frac{3}{2}\) ★ (insert no)	4947(a)(1) or	321			list (see instructions)
<u>K</u>		site: ► Www. alomn: with organization \ Corporation \ Trust \ Association	_	L Year of for		exemption run	legal domicile WV
Ď.	art i	Summary	OII COURT	12 704 0710	110 13	ivi otate or	logar dominiono
11.			sission or most sign	front actuation			
	1	Briefly describe the organization's n	ission or most sign	incant activities	a4:vitie.	that.	Diomote
õ	Ì	fellaushio.		,			
паr		3551200-5557					
Governance	2	Check this box ▶ ☐ if the organization d	scontinued its operation	ns or disposed of more	than 25% of its a	ssets	
Ğ	3	Number of voting members of the g	•	•		3	17
Activities &	4	Number of independent voting mem			e 1b)	4	17
Ϋ́	5	Total number of employees (Part V,	_			5	19
Acti	6	Total number of volunteers (estimate	•			6	5
	1	Total gross unrelated business rever	• •	ne 12, column (C).		7a	
	b	Net unrelated business taxable inco	me from Form 990-	T, line 34	· <u> </u>	. 7b	
	•	RECEIVED			Prior Y		Current Year
ø.	8	Contributions and grants (Part VIII, 1	lme ውያ)		539	1,466	4 851336
Ž	9	Program spanice regenue Party Kill, I	ɪne🍕)		الرتر.	4 462	1,525,998
Revenue	10	Investment income (Part VIII, column		7d)		7366	< 31,361 >
	11	Other revenue (Part VIII, column (A),	∐in <u>8es</u> 5,6d,8c,9c,	10c, and 11e) .	•	2002	< 408786 >
	12_	Total revenue—add) (ReS) Fift pugh 11	(must equal Part VIII	column (A), line 12	3,18	1,496	4,650,687
		Grants and similar amounts paid (Pa					
Ś		Benefits paid to or for members (Pa			Cal	27	(05000
Expenses		Salaries, other compensation, employe	·		376	762	613,079
xbe		Professional fundraising fees (Part IX,				S1-20-401	Pin Version
Ü		Total fundraising expenses (Part IX, co		•		AND A COLUMN TO A	A REAL PORTION AND
		Other expenses (Part IX, column (A),		•		4,729	1910/22
		Total expenses Add lines 13-17 (mi		olumn (A), line 25).	1,350	805	2.761351
es		nevenue less expenses Subtract line	to nom me 12 .	· · · · · · · · · · · · · · · · · · ·	Beginning	/	End of Year
anc anc	00	Total access (Don't V. June 40)			24.12		26.012,630
Ass	20				· · · · · · · · · · · · · · · · · · ·	8.592	992 001
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtra	ct line 21 from line		14 97	1747	16/10/539
	rt III	Signature Block	ot more more more		1-1-1-1-1-1	7 2 1 1 1 1	10,100,001
		Under penalties of perjury, I declare that I have					
		and belief, it is true, correct, and complete	Declaration of preparer (c	ther than officer) is base	d on all information	of which pre	parer has any knowledge
Sig	n	XAB	·			5/14/	¥
Hei		Signature of officer			Da	te	
		KEVIN SERRY	Alson	ATE DIRECTOR			
		Type or print name and title					
		Preparer's		Date	Check if self-		(entifying number
Paid		signature			employed ►	(see instructi	ions)
	arer's				<u> </u>	<u> </u>	
•	Only	Firm's name (or yours if self-employed),			EIN	>	
		address, and ZIP + 4			Phone r	no > (}
May	/ the	IRS discuss this return with the prep	arer shown above?	(see instructions)			Yes No

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission Maintain alumni information and hold activities that promote
	Fellanship.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	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 \$ 1,271,136 including grants of \$
	Maints: up-to-date record of address loccupations of all members, inform members of all events and activities at WVD and hold various activities to bring members together and promote fellowship.
	1) GINTS D-TA-ASTE TECOIO OF MADIEUR TOCCOPATION OF ALL
	member intoin member of all event and agriffer at woo and
	hald various activities to aring members together and promote tellulable.
4h	(Code:) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
	······································
	,.
4d	Other program services (Describe in Schedule O)
₹u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$ 1271 36 (Must equal Part IX, Line 25, column (B).)

Forn	990 (2008)		F	Page (
Pa	rt 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?	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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	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, Part II.	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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19	 -	8
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		~
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Q
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23		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 questions	245	X	
b	24b-24d and complete Schedule K If "No," go to question 25	24a 24b		V
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		_
·	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\mathbf{X}
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	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV	Checklist of		

			Tes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		in the	, , , ,
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	1000) K12	,
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		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	34	Χ	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
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	X	
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		X

Form **990** (2008)

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b			. (
С		1c	X	
0-				-
	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	2b	, ,	199
D	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		11.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	-'	数数	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	$\mathbf{X}_{\overline{s}}$	EM.
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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	•	Х
b	If "Yes," enter the name of the foreign country ▶		. [ã.K
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	7 - 0	3 . A	
5а	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
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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).		4	EN.
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	`-	ئىروق	
е	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>h</u>		
В	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		۳,	-1 3
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		<u> </u>	
^	organization, have excess business holdings at any time during the year?	8	, ,	~ 11
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		——
о О	Did the organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter.	30		
	Initiation fees and capital contributions included on Part VIII, line 12	.		* A
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i l		٠ د
1	Section 501(c)(12) organizations. Enter:		,	40
	Gross income from members or shareholders		.	A. 23.
	Gross income from other sources (Do not net amounts due or paid to other sources against		- 4	٠, ١
_	amounts due or received from them.)			3,
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	1		} ~ن

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		: -	
	circumstances, processes, or changes in Schedule O. See instructions.	-	-	
1a		-11		100
b	Enter the number of voting members that are independent	7.7	2 4 -	-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 - `		· . `
~		2		V -
3			<u> </u>	 ^
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
	supervision of officers, directors or trustees, or key employees to a management company or other person?		 	 Q −
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	+€-
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	₹
6	Does the organization have members or stockholders?	6		X -
7a	σ			V
	of the governing body?	7a		 () -
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	E
	the year by the following		V	
а		8a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	├—
b		_8b	蒃	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a	X _	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			V
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	L	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	}		
•	describe in Schedule O how this is done	12c	L	
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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		٠,٠	45 mes
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	2	L:	, ,
а	The organization's CEO, Executive Director, or top management official?	15a	X	
ь	Other officers or key employees of the organization?	15b	Δ	
	Describe the process in Schedule O. (see instructions)	- +		- 0
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	· '	.	
	with a taxable entity during the year?	16a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		\Box	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			b
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	1/210	only	
. •	available for public inspection. Indicate how you make these available. Check all that apply.	,,(J)S	(אוו וכ	
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public	ot inte	erest	
20				
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization > Low Hart	ras o	: the	

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization did not co	ompensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check al						Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Officer Institut		[종 [월종]		Former	from	from related	other
		ا آو ق	<u>\$</u>	e	Key employee	rest	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
		호류) Sa		흥	8 8		(W-2/1099-MISC)	(VV-2/1099-WIGC)	organization
		R	1 2)èe	g				and related
		8	Institutional trustee			Highest compensated employee				organizations
						ted				
Stephen L. Dauglas Executive Overdor	40+			X		X		119,386	٥	0
Kein B. Belvy	1			X				72 8/ 6	6	Ö
Executive Dilector	40+		ļ	_				73,860	Ö	<u> </u>
Charles Brown Book Member	3	X						0	0	0
Michael Petrusk	3	X						٥		^
Board Member	 	X		_	_	-	<u> </u>		O	0
Nancy Difacto	3	X						٥	C	0
Jack Ross:				\vdash		\vdash				
Boak Wember	3	X					l	0	0	0
Douglas Van Scov	3	V						0	0	0
Board Member	٥	X		<u> </u>	_	ļ	<u> </u>	<u> </u>	U)
William Kennady	3	X					Ì	0	0	0
- Root Merber					-		-			
John Fahey Board Membo	3	X						0	G	O
Samual Cana	3	X					1			
Board Member	3	^	L	<u> </u>	L	ļ	<u> </u>	0	0	0
Heatler Heiskell	3	X				i	l	O	_	^
Board Mamper	 		_	ļ	_	-	ļ	0	٥	0
Mighael Ellington	3	X						g	0	0
11 Board Member	1	^			-		 			
Don't Member	3	X						0	O	C
Douglas Skaff	3	χ						٥	O	٥
_ Bogid Marber			-	<u> </u>		ļ	├			
Jonathan Hickey Board Monter	3	X						0	0	0
Davin Siloin	3	X						S	C	0
David Hill			_	<u> </u>	_	-	_			
David Hill Board Wember	3	X						0	Q	0
	 		-		_		•	·	·	

Pai	rt VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)		(B) (C)						(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
	Ray Byld Boald Monber	3	X				•		0	0	O
	Phillip Savjot Boald Member	3	X						0	0	0
1b	Total							>	193,246	0	0
2	Total number of individuals (including those organization ▶	e ın 1a) wh	no rec	eive	ed r	nore	thar	n \$1	00,000 in repo	ortable compen	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oye	e, or highest o	ompensated	3 X
4	For any individual listed on line 1a, is the sthe organization and related organizations and individual.	sum of repo	ortabl	e ç	omp	ens	ation	and	d other compe onplete Schedu	nsation from le J for such	4 X
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue Yes," comp	comp olete	oens Sch	satio edu	on f le J	rom I for s	any <i>ach</i>	unrelated org	anization for	5 X
Sec	tion B. Independent Contractors	•					_				-
1	Complete this table for your five highest cocompensation from the organization.	ompensate	d ind	ере	nde	nt c	ontra	acto	rs that receive	d more than \$	100,000 of
	(A) Name and business add	lress							(B) Description of s	ervices	(C) Compensation
M	organism Printing 915 Greenb	lag Road	Mo	toan	tow	לימ	W		Printing		203,04
2	Total number of independent contractors ((including	those	ın	1) w	rho	recei	ved	more than \$1	00,000 in	

Par	t VI	II 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	e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a–1f	e 1f	718,280	4,827,336	revende	=	312, 310, 01 3 14
Je -		01 10161		Business Code	<u> </u>		£	: 15th
lever	2a	Alumni / Chapter Funct	` <u>~</u> `	JII 300	<u> 252,998</u>	252,998		
Program Service Revenue	c d e f	All other program service reve	nue .	. •	255,998	3 45		
	3	Investment income (including of			_			2./-
	4 5	other similar amounts) . Income from investment of tax-exit Royalties	 empt bor		81,517 213,665			213665
	С	Less rental expenses	18,181 33,063 34,882	(II) Personal	< 634 88827	7		< 634 <i>88</i> 2.7
	7a	Gross amount from sales of assets other than inventory	unties 2,878	(II) Other	7	4 4 4		
		Less: cost or other basis and sales expenses .	N 970	<u></u>		cd cup.		
	c d	Gain or (loss) . L	<u>√878</u>	<u>, , , </u>	< 102,878 7		· · · · · · · · ·	< 102878 >
evenue	8a	Gross income from fundra events (not including \$ of contributions reported on line			0 10	1 24	, , , , , , , , , , , , , , , , , , , ,	9 mg 45
Other Re	b	See Part IV, line 18 Less direct expenses	a . b		10.5	A ST.		sug :
0		Net income or (loss) from fund		events <u></u>	- ·	· @n+. *	· * **	[[[]
i	b	Gross income from gaming acti See Part IV, line 19 Less direct expenses Net income or (loss) from gam	. а . b		, a)	3 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	10a b	Gross sales of inventory, returns and allowances Less: cost of goods sold . Net income or (loss) from sales of	less , a b	2,256		a la	1.158	
		Miscellaneous Revenue		Business Code	200 190 191 191 191 191 191 191 191 191 1	A COLUMN TO THE PARTY OF THE PA	2 345	The state of the
	11a b	WVU license plates		815d∞)	11,803	11,803		
	C 	All ather recent						
	d e	All other revenue			11.803	建设设置,通常	Salar Table	- A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Total Revenue. Add lines 1h, 9c, 10c, and 11e	2g, 3, 4	, 5, 6d, 7d, 8c,	4,650,687		1,128	< 442,578 >

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).

	All other organizations must complete co				
	o not include amounts reported on lines 6b, , 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 U.S. See Part IV, line 21				-1 # 2 *
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				·
4	Benefits paid to or for members		·	·	
5	Compensation of current officers, directors, trustees, and key employees	193246	144,935	38,649	9,662
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	320,135	209,914	69,971	70,247
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	35,603	21,291	6,517	4795
9	Other employee benefits	70,214	47,043	13,241	9,830
10	Payroll taxes	48,904	31,936	9,776	7,192
11 a	Fees for services (non-employees): Management			,	
b	Legal				
С	Accounting	51,029		51,029	
d	Lobbying	•			
е	Professional fundraising services See Part IV, line 17		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A STATE OF THE STA	
f	Investment management fees	79,877		79,877	
g	Other	28,933	- 11111	58,437	70
12	Advertising and promotion	19,227	14,420	3,845	162
13	Office expenses	8,107	6,080	1/હા	466
14	Information technology	15,016	11565	3,083	121
15	Royalties	111 4 97	510/04	0 207	5 400
16	Occupancy	41,986	31,490	8,397	7,099
17	Travel	78765	21,571	22	1,451
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	10/103	1700-	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0:
20	Interest	185,103	138,851	37.051	9,255
21	Payments to affiliates	121100	12.000	711 002	Ø=>2
22	Depreciation, depletion, and amortization.	174,665	130,999	34,933	あ, <u>はい</u>
23	Insurance	16,834	15,000	3'701	97
24	Other expenses Itemize expenses not	, v		- ,	, , , , , , , , , , , , , , , , , , ,
	covered above (Expenses grouped together	- · · · · · · · · · · · · · · · · · · ·	, 32 ° 1	A	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	A Park		n - è	ye,
	Λ) ΄	89.358	67,019	17.870	4467
a	Postage.	183.888	137,916	36 778	9194
b	Athletiz tickets	66585	44.939	13717	3339
C		37419	38.939	10384	2.596
d	Event Function Fees	143,116	107,337	78.62	7156
e •		63.382	47.142	12,995	3'248
f 25	All other expenses	1943,536	1,271,136	515,998	156202.
26	Joint Costs. Check here ► ☐ if following	 '/ ' / 	,, .,,		
	SOP 98-2 Complete this line only if the	1			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation .	1			
		· · · · · · · · · · · · · · · · · · ·			Form 990 (200

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	436,491	1	94217
	2	Savings and temporary cash investments	825.23.50	2	484,578
	3	Pledges and grants receivable, net	2.342.600	3	2,241,945
	4	Accounts receivable, net	168.700	4	7306,004
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	1	,	
		Part II of Schedule L		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	•	8	6191
⋖	9	Prepaid expenses and deferred charges		9	6,181
	10a	Land, buildings, and equipment cost basis 10a 19,341,572		3. 934	
	b	Less. accumulated depreciation. Complete Part VI of Schedule D	14.891.114	10c	18,906,023
	11	Investments—publicly traded securities	2,184,686	11	1,611,014
	12	Investments—other securities See Part IV, line 11	3,552,658	12	7,581, 114
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	04.00-
	15	Other assets. See Part IV, line 11		15	90,889
	16	Total assets. Add lines 1 through 15 (must equal line 34)	54,122,434	16	JE 0,5 (230
	17	Accounts payable and accrued expenses	1,553,661	17	553,642
	18	Grants payable		18	70\ 0.0
	19	Deferred revenue	125322	19	345 404
	20	Tax-exempt bond liabilities	7,855,066		8,400,000
ies	21	Escrow account liability Complete Part IV of Schedule D		21	5 1.5 1 53.94 7
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	D
	23	Secured mortgages and notes payable to unrelated third parties .		23	900,000
	24	Unsecured notes and loans payable	17.510	24	13 607
	25	Other liabilities. Complete Part X of Schedule D	11,310	25	13,38 1
	26	Total liabilities. Add lines 17 through 25	7,248,345	26 #	4,700,047
ances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	3	\ - `	0.55
	27	Unrestricted net assets	11,554,341	27	12907753
ä	28	Temporarily restricted net assets	77748	28	2,496,602
P .	29	Permanently restricted net assets	181,534	29	678, 184
or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	3-7 . 2- 3-6.42		æ
Net Assets	30	Capital stock or trust principal, or current funds	.	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .	.	31	
¥.	32	Retained earnings, endowment, accumulated income, or other funds	1.1.001.217	32	1/ 1/2 /00
Se	33	Total net assets or fund balances	14,814,141	33	16,102,539
	34	Total liabilities and net assets/fund balances	54,125,434	34	<u> </u>
Pa	rt XI	Financial Statements and Reporting			
1		ounting method used to prepare the Form 990: 🛚 Cash 📜 Accri			Yes No
2a		e the organization's financial statements compiled or reviewed by an		ťγ	2a X
b		e the organization's financial statements audited by an independent a			2b X
С		es" to lines 2a or 2b, does the organization have a committee that assum			
_		audit, review, or compilation of its financial statements and selection of an			. 20
За		result of a federal award, was the organization required to undergo a	an audit or audits as se	t forth	V
1-		Single Audit Act and OMB Circular A-133?	ni)	•	3a /
) II "Ү	es," did the organization undergo the required audit or audits?	ייי ייי	•	3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

WVO Alumni Association, Inc.

Open to Public Inspection

Employer identification number

			•	-	, 10.	A/4 / 1	11220	CIACINY		•		32:	<u>0316</u>	67/
Pa	rt I	Reason	for I	Public C	harit	y Stat	us (All o	rganızatı	ons mus	t comple	ete this	part.) (se	ee instru	ctions)
The	orga	anization is n	ot a p	rivate fou	indatio	on bec	ause it is:	(Please o	heck only	y one org	anızatıor	ո.)		
1		A church, co											A)(i).	
2		A school de												
3		A hospital of								ın sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H)
4			esearc	h organiz	ation	operat	ted in con	junction v	with a ho	spital des	scribed ii	n section)(A)(iii). Enter the
5	Ø	•	tion of	perated for	or the	benefit	t of a colle						ernmenta	I unit described in
6		A federal, st	ate, o	r local go	vernn	nent or	governm	ental unit	describe	d ın sect i	ion 170(l	o)(1)(A)(v).	
7		An organizat							its suppo	ort from a	governm	nental un	t or from	the general public
8	П	A communit							Complete	Part II.)				
9	$\overline{\Box}$										n contrib	utions, n	nembersh	ip fees, and gross
		receipts from	n activ	vities relates ss investr	ted to	its exi	empt func and unre	ctions—su elated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 33% % of its) from businesses
10 11		An organiza	tion o	rganized or more pi	and o	operate y suppo	ed exclusionted orga	vely for th	ne benefi describe	t of, to p d in secti	erform t on 509(a	he functi)(1) or se	ions of, o ction 509(e instructions) or to carry out the (a)(2). See section
		_			iaι σε ∃ Ty			c 🗌 Typ						Type III-Other
е		a Type By checking persons othe 509(a)(1) or	this er thar	box, I ce n foundati	rtify to	hat the	e organiza	ition is no	t control	led direc	tly or inc	directly b	y one or	more disqualified escribed in section
f		If the organi	zation, chec	received	daw x			•						e III supporting
g		Since Augus following pe	-		s the	organız	ation acc	epted any	gift or c	ontributio	on from a	iny of the)	
		(i) A person and (III) b					controls, of the sup				h persor	ns descri	bed in (ii) 	11g(i)
		(ii) A family (iii) A 35% o							 (II) above					11g(ii) 11g(iii)
h		Provide the									upports.			
(1)		e of supported ganization		(II) EIN	(de	scribed of over or If	organization on lines 1-9 RC section ructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amount of support
								Yes	No	Yes	No	Yes	No	
_							1.11							
					-			+					 	
					 									
			~ ~ ~	6, " ", ", ", ", ", ", ", ", ", ", ", ",		6	- 4	- E. 2.3	2 . 6,	LANGE BY	5.0	, 7, 4	7 20	
Γota	al			* *		۔ ر	منع			A STATE OF THE STA	2, 4	-	ļ., .	

Schedule A (Form 990 or 990-EZ) 200	
	2

Page 2

Pa	(Complete only if you chec					and 170(b)(1)(A)(VI)
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,475,806	2,877,369	2,973,284	2,395,466	4,827,336	14549,26
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	1,475,806	Z871,369	2,973,284	2,395,466	4827,336	<u> 14,549,2</u> 6
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			¥.			2,539,364
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4			71, 4	17.1		12,009,89
	tion B. Total Support	Maga-1					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,475, 806	2,877,369	5,973,284	2,395,466	4,887,336	14,549,261
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,008,870	1,229,976	849,062	613,080	294,054	3,995,036
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1,128	1,128
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	民學生,為	Contract of the second	de 84	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18,545,42
12	Gross receipts from related activities, etc						65,890"
13	First five years. If the Form 990 is for organization, check this box and stop he		n's first, secor		i, or fifth tax y	ear as a sectio	n 501(c)(3) ► □
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line			1, column (f))		14 64.	759 %
15	Public support percentage from 2007 Sci	hedule A, Part I	V-A, line 26f			15 57.	625 <u>%</u>
16a	331/3 % support test—2008. If the organiand stop here. The organization qualifies					% or more, chec	ck this box
b	33% % support test – 2007. If the organic box and stop here. The organization qua						_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test –2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance organization meets the boundation. If the organization did	acts-and-circum ances" test The	istances" test, o organization qua	check this box alifies as a public	and stop here cly supported or	Explain in Part ganization	IV how the▶ □

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
Pa	Support Schedule for Orga (Complete only if you checke				a)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	y = 15	~12 5 F	-			
	tion B. Total Support		T	T			
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,				. 4		-
14	and 12.) First five years. If the Form 990 is for the first five years.		n's first, seco	nd, third, fourth	1.	ear as a section	on 501(c)(3)
	organization, check this box and stop	here	<u>. </u>		.,		.▶□
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2		(f)) · · <u>-</u> -	15	<u>%</u> %
	tion D. Computation of Investmer					 	
17	Investment income percentage for 200				olumn (f)) .	17	<u>%</u>
18 19a	Investment income percentage from 20 331/3 % support tests – 2008. If the organization				 and line 15 is r		% and line
	17 is not more than 331/3 %, check this b	ox and stop he	ere. The organ	ization qualifies	s as a publicly	supported orga	anization 🕨 🗆
b	33% % support tests – 2007. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	anization qualifie	is as a publicly	supported orga	anization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number Name of the organization 55:0372697 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 Total number at end of year . . . Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of certified historic structure ☐ Preservation of open space Complete lines 2a-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 Year a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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, 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: 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 relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X . . .

Sche	dule D (Form 990) 2008				Page 2
Pai	t III Organizations Maintainin	g Collections of Art, H	istorical Treasures, or	Other Similar As	sets (continued)
3	Using the organization's accession ai items (check all that apply)	and other records, check	any of the following that	are a significant us	se of its collection
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е			
c	Preservation for future generation	ons			
4	Provide a description of the organization		plain how they further the	organization's exe	mpt purpose in
	Part XIV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	J	
5	During the year, did the organization so assets to be sold to raise funds rather t	olicit or receive donations of than to be maintained as p	of art, historical treasures, part of the organization's c	or other similar ollection? .	Yes X No
Pa	Trust, Escrow and Custoo Part IV, line 9, or reported			nswered "Yes" to	Form 990,
	Is the organization an agent, trustee, included on Form 990, Part X? $\ . \ .$			or other assets not	t 🗌 Yes 🗌 No
þ	If "Yes," explain the arrangement in F	Part XIV and complete th	e following table.	Δn	nount
	_		-	1c	iount
С	Beginning balance		· · · · · -	· · · · · · · · · · · · · · · · · · ·	
ď	Additions during the year			1d	 -
е	Distributions during the year			1e	
f			–		
	Did the organization include an amount "Yes," explain the arrangement in F	Part XIV.			☐ Yes ☐ No
Pai	t V Endowment Funds. Com			n 990, Part IV, line	
	_		or year (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	856,965			
b	Contributions	10,650			
С	Investment earnings or losses .	· 35,141 /			
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses	11,808			
g	End of year balance	800,016			
2	Provide the estimated percentage of		ld as.		
а	Board designated or quasi-endowme				
b	Permanent endowment	%			
С	Term endowment ▶%				
За	Are there endowment funds not in the	possession of the organi	zation that are held and a	dministered for the	Van Na
	organization by:				Yes No
	(i) unrelated organizations				1 1 2 1
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organ	nizations listed as require	ed on Schedule R?		3b X
4	Describe in Part XIV the intended use			V line 10	
Par					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	c) Depreciation	(d) Book value
1a	Land	660,549			660,549
b	Buildings	17,945,734		405,549	17,540,185
C	Leasehold improvements	, ,			
d	Equipment	735.289		30,000	705,289
	Other				

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

Part VII Investments—Other Securities	Can Farm 000 Part V	line 10	Page .
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products			
Closely-held equity interests			
Other Fixed Traine	180,947	End of Year mail	ce value
Marketable Alternatives	704,776	Enal of Year mai	1741 - 17 - 17 - 17 - 17 - 17 - 17 - 17
Non-marketable attendives	1,395,996	End of Year ma	sket value
			<u> </u>
Table (Orland Alaba Harrista 200 Day V. 1 (DV)	12 20 210		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments—Program Related	2,281,719	line 12	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Method of valua	tton.
(a) Description of investment type	(b) Book value	Cost or end-of-year man	
	·		
· · · · · · · · · · · · · · · · · · ·			
		 ·	
· · · · · · · · · · · · · · · · · · ·			
Total (Column Alphanida and Samo 200 Bart Vand (DV) - 101 b			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part		The state of the s	
	(a) Description		(b) Book value
Works of AF			74,000
Loan Costs			16,889
			·
Total. (Column (b) should equal Form 990, Part X, col	(R) line 15)		90,889
Part X Other Liabilities. See Form 990,			10,00
(a) Description of liability	(b) Amount		·
Federal income taxes			March 19
Scholar's Program	13,587		
	<u> </u>	-	
		-	
			2
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	13,587		A STATE OF THE STA
((b) mile 20)	13,49	Paris .	

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.

Sche	dule D (Form 990) 2008			Page) 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,650,687	<u></u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,943,33 6	<u>></u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		55, TOT, 35	
4	Net unrealized gains (losses) on investments	4	<u> </u>	1,479,159	<u>3</u> フ
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			_
8	Other (Describe in Part XIV)	8		1//-	
9	Total adjustments (net). Add lines 4–8	9		1,419,159	_7
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		1,228,193	<u> </u>
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per	r Retu	irn	_
1	Total revenue, gains, and other support per audited financial statements	1	-	4,605,11	4
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_		•	
а	Net unrealized gains on investments	~ -			
b	Donated services and use of facilities	- :			
C	Recoveries of prior year grants	;			
đ	Other (Describe in Part XIV)	 	┥,	- LILLar	0 -
е	Add lines 2a through 2d	2e	+	77, 16	<u>\$</u> /
3	Subtract line 2e from line 1	3	+	4,620,63	4
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	· ``	*		
b	Other (Describe in Part XIV)		1		
С	Add lines 4a and 4b	4c		11000	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5		<u>4,650,68</u>	1
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses p	er Re	turn	~
1	Total expenses and losses per audited financial statements	1	- 	3,371,32	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 3			
а	Donated services and use of facilities		7		
b	Prior year adjustments	<u> </u>	.1		
С	Losses reported on Form 990, Part IX, line 25	-			
d	Other (Describe in Part XIV)	1-0	\exists	1434.191	
е	Add lines 2a through 2d	3	-	1942226	_
3	Subtract line 2e from line 1	3		1,770,00	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	┨ .	١		
b	Other (Describe in Part XIV)	40	~		
C	Add lines 4a and 4b	5		1 9112 327	_
o Par	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			1,943,33	2_
		- d 4.	Dowt IV	/ lines 1h	_
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		ran n	r, illies 10	
2110	בט, רמונ V, וווופ 4, רמונ א, רמונ או, וווופ ט, רמונ אוו, וווופט בט מווט 4ט, מווט 1 מונ אווו, וווופט בט מווט 4ט.				
Y	aft III, Line 4 - Alumni has 2 paintings and 1 and	1.00	ا ص	mad	
				W. C	
	carred ritle on display.				
^				•	
4	aft V, Line 4 - Endowed funds are restricted to only	be	. US	ed	
			· · · · · · · · · · · · · · · · · · ·		
	for each specific project.				
0		- 1	'		
	art XII, Line 28 + Part XIII, line 28 - Alumni C	ارع	rev 1	restal	
	activities expenses are recorded net of revenues				
	veturn and are vecuded as expenses on the fine		. 1	11. 1	
	veturn and are vecuded as expenses on the time	inc,	<u>al</u> :	statements	<u>s.</u>

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

Association, Inc.

WVO Alonni

OMB No 1545-0047

800%

Employer Identification number Open to Public Inspection

Yes No Schedule K (Form 990) 2008 (h) On behalf of ŝ ŝ Yes No (g) Defeased ш Yes Yes Constitut new Albumi Certar (f) Description of purpose ŝ ŝ ۵ Δ Yes Yes ŝ ŝ Cat No 50193E Ç 8,400,000 (e) Issue price Yes Yes ŝ ŝ [07] 7 [N (d) Date issued 8 œ Yes Yes (c) CUSIP # 2 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ŝ ŝ SR0009-55 4 (b) Issuer EIN Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? Private Business Use (Optional for 2008) Does the organization maintain adequate books and Has the final allocation of proceeds been made? records to support the final allocation of proceeds? Proceeds in refunding or defeasance escrows. Are there any lease arrangements with respect to the Were the bonds issued as part of an advance Working capital expenditures from proceeds Bond Issues (Required for 2008) City of Morgantown Proceeds (Optional for 2008) Capital expenditures from proceeds Gross proceeds in reserve funds (a) Issuer name Year of substantial completion Issuance costs from proceeds Other unspent proceeds Total proceeds of issue tax-exempt bonds? refunding issue? Part III Part II Part I ⋖ 8 ပ ۵ က 4 2 9 8 얼 8 6 9 Ξ N

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Schedule K (Form 990) 2008

Part III Private Business Use (Continued)			•							
		A		В		O		0		E
3a Are there any management or service contracts with	Yes	No	Yes	No	Yes	°N	Yes	ž	Yes	%
1										
 Are there any research agreements with respect to the financed property which may result in private business use? 										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
		A		8		O		٥		ш
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed	Yes	N _O	Yes	ON O	Yes	ON	Yes	S.	Yes	o _N
with respect to the bond issue? 2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										
									Schodulo K (E	(Eorm 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number 55:0372697 The 990 is prepared by the CFO and is Part VI - Line 15a + 15b - Compensation benchmalking by West Viginia University The Financial Statement anjone who requests them in pelson or by telephone Reason to Homended

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

instructions.
parate
See se
A

OMB No. 1545-0047

Open to Public Inspection

Employer identification number (F) Direct controlling (E) End-of-year assets (D) Total income (C)
Legal domicile (state
or foreign country) Primary activity WWO Albumi Association, Inc. Identification of Disregarded Entities (A)Name, address, and EIN of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization Part I

Organizations
Tax-Exempt
of Related
Identification
art II

(A) Name softiese and ElN of related orderese	(B) Demonstratively	(C)	(D)	(E)	(F)
ואמווים, מטעוכסט, מוס בווא כו וכומוכט טוסמווגמוטו	רוווומן מכנועון	or foreign country)	Tyalibi code sacrior	(if section 501(c)(3))	entity
West Viginia University	Higher Education	ΛM	(εχ/၁)105	Line 2	14/N
Moral + 26506-6201					

Identification of Related Organizations Taxable as a Partnership Part III

(A) Name, address, and ElN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes No		Yes No
									_
									-
Part IV Identification	of Related Orga	nization	s Taxable as a	Identification of Related Organizations Taxable as a Corporation or Trust	rust				
(4)			Q	3	9	9		9	

Trust
o
Corporation
a
as
Taxable
nizations
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Relate
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ıtification
lden
ırt IV

(A)	(9)		Q)	(E)	(1)	(9)	Œ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	ΡÔ	Share of total income	Share of end-of-year assets	Percentage ownership

l Organizations
Related
s With
Transactions
Part V

		•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Voc No
1 During the tax year clid the organization engage in any of the following transcontinuous mith one or a second transcontinuous mith or a second tran	:	- 15
Benefit of fill until the fill conclude fill	in Parts II-IV?	
		1a X
b clift, grant, or capital contribution to other organization(s)		± ₩
c Gift grant or capital contribution from other organization(s)		>
		2 2
d Loans or loan guarantees to or for other organization(s)		× P1
e Loans or loan aniarantees by other organization(s)		
		Y e
f Sala of assate to other organization(e)		<u>}</u>
		=
g Purchase of assets from other organization(s)		X
h Evrhand of accate		
		_ In
i Lease of facilities, equipment, or other assets to other organization(s)		×
		Section 1
j Lease of facilities, equipment, or other assets from other organization(s)		×
V Deformance of contract or manharchin or fundations for the contract of		> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I Performance of services or membership or fundraising solicitations by other organization(s)		× =
m Character of facilities accumentate for a state of security		7
in Sharing Orlacinnes, equipment, maining lists, or other assets		
n Sharing of paid employees		+ ×
o Reimbursement paid to other organization for expenses	•	10 X
		10 X
p remindusement paid by other organization to expenses		
q Other transfer of cash or property to other organization(s)		7d - 51
٠.		٦- ۲-
2 If the answer to any of the shove is "Yes" are the instructions for information on who mist complete this line inclining concerns and transportion throughout	relationships and trans	action througholds
if the district to diff above is 103, see the fishbothors to information of who finds	relations inpo and trains	action tilresholds.
(y)	<u>(e)</u>	(C)
Name of other organization(s)	Transaction	Amount involved
	(p) 2d6	
The share the contraction of the		
•		
(Z)		
ō		
(2)		
(4)		
(5)		
(9)		

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

W W) é	Ś							:
Name, address, and EIN of entity	Primary activity	رح) Legal domicile	Are all p	artners	(E) Share of	(F) Disproportionate		Gene	(H) neralor
			section 501(c)(3) organizations?	ton (3) ations?	end-of-year assets	allocations	of Schedule K-1 (Form 1065)	par	managing partner?
			Yes	Š		Yes No	_	Yes	٤
								_	

Schedule R (Form 990) 2008

West Virginia Alumni Association, Inc. El# 55-0372697

Form 990 - Year Ended June 30, 2009

Reason for Amended Return-(Attach or reference to Schedule O)

Form 990 is being amended to reflect consistency with an amended Form 990-T.

Page 9, line 6d, net rental loss of \$(634,882) has been reclassified to column (D) on this amended return from column (C) on original return.

The organization was audited in 1991 in which the IRS made the determination that the net rental income from the organization was not trade or business income due to net losses from the activity, citing Portland Golf Club vs. Commissioner, 90-1 USTC 500,332.

Accordingly, the net rental losses should be classified as excluded revenue, column (D) 41, under exemption code 41, income from an activity not operated with the intent to make a profit.