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Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

THE MISSION OF THE WVU FOUNDATION IS TO ENRICH THE LIVES OF THOSE TOUCHED BY WEST VIRGINIA UNIVERSITY BY MAXIMIZING PRIVATE CHARITABLE SUPPORT AND PROVIDING SERVICES TO THE UNIVERSITY AND ITS AFFILIATED ORGANIZATIONS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 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 \$ 13,078,261 including grants of \$ 13,078,261) (Revenue \$)

THE ORGANIZATION PROVIDED FUNDING FOR STUDENTS WITHIN 23 SCHOOLS, COLLEGES, AND DEPARTMENTS ACROSS CAMPUS, THE MOST SIGNIFICANT OF WHICH WERE THE DEPARTMENT OF INTERCOLLEGIATE ATHLETICS, THE COLLEGE OF ARTS AND SCIENCES, THE COLLEGE OF AGRICULTURE, NATURAL RESOURCES AND DESIGN, AND THE COLLEGE OF ENGINEERING AND MINERAL RESOURCES SCHOLARSHIP AMOUNTS INCLUDE TUITION, BOOKS, AND ROOM AND BOARD SCHOLARSHIP AMOUNTS ARE UTILIZED ACROSS CAMPUS TO HELP RECRUIT NATIONALLY PROMINENT STUDENTS AS WELL AS PROVIDE FUNDING SUPPORT TO GIVE OTHER STUDENTS THE OPPORTUNITY TO PURSUE AN ACADEMIC CAREER AT THE HIGHEST LEVEL

4b

(Code) (Expenses \$ 7,683,089 including grants of \$) (Revenue \$)

THE FOUNDATION PROVIDED SALARY FUNDING TO 25 SCHOOLS, COLLEGES, AND DEPARTMENTS IMPACTING ALL LEVELS OF THE CAMPUS AMOUNTS FUNDED IN THIS AREA ARE PRIMARILY UTILIZED TO ENHANCE SALARY LEVELS THEREBY POSITIONING WEST VIRGINIA UNIVERSITY TO BE MORE COMPETITIVE IN ATTRACTING AND RETAINING TALENTED INDIVIDUALS WITHIN THE ACADEMIC AND ADMINISTRATIVE FIELDS THE HEALTH SCIENCES CAMPUS WAS THE PRIMARY BENEFICIARY OF FUNDED SALARIES, HOWEVER VIRTUALLY EVERY ACADEMIC DEPARTMENT, AS WELL AS THE DEPARTMENT OF INTERCOLLEGIATE ATHLETICS, RECEIVED FUNDING FOR THIS CRITICAL FUNCTION AS WELL

4c

(Code) (Expenses \$ 9,118,331 including grants of \$) (Revenue \$)

THE ORGANIZATION UTILIZES PRIVATE FUNDING TO SUPPORT CAPITAL PROJECT INITIATIVES ACROSS CAMPUS FOR THE CURRENT FISCAL YEAR THE DEPARTMENT OF INTERCOLLEGIATE ATHLETICS RECEIVED OVER \$6 MILLION IN FUNDING FROM THE ORGANIZATION TO SUPPORT A VARIETY OF CAPITAL INITIATIVES INCLUDING MILAN PUSKAR STADIUM, THE COLISEUM, AND THE BASKETBALL PRACTICE FACILITY IN ADDITION, SEVERAL OTHER SCHOOLS, COLLEGES, AND DEPARTMENTS ON CAMPUS RECEIVED SIGNIFICANT FUNDING AMOUNTS

(Code) (Expenses \$ 17,569,083 including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)













4e

Total program service expenses \$ 47,448,764 Must equal Part IX, Line 25, column (B).









Form 990 (2008)

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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	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? If "Yes," complete Schedule D, Part III 	8	Yes
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	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
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	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
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	No
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	No
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	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
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	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
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	Yes
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	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
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 24b–24d and complete Schedule K. If "No," go to question 25	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) 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	No
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	No
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	No
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	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
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> 	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	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> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a375		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a173		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>CA , CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	Yes	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	Yes	
	Describe the process in Schedule O		
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JEFFREY K DUNN ONE WATERFRONT PLACE MORGANTOWN, WV 26505 (304) 284-4000

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues					
		1b					
	c	Fundraising events 784,934					
		1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	5,675,574				
	f	All other contributions, gifts, grants, and similar amounts not included above	56,035,359				
		1f					
g	Noncash contributions included in lines 1a-1f \$ 2,335,188						
h	Total (Add lines 1a-1f)	62,495,867					
Program Service Revenue			Business Code				
	2a	AGENCY FEES	611,710	1,300,334	1,300,334		
	b	GIFT PREMIUMS	611,710	938,954	938,954		
	c	STUDENT SUPPORT	611,710	154,122	154,122		
	d						
	e						
	f	All other program service revenue		536,473	536,473		
	g	Total. Add lines 2a-2f \$ 2,929,883					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	8,588,670		-1,100,069	9,688,739	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties	75,570			75,570	
	6a		(i) Real				
		Gross Rents	1,977,640				
		b	Less rental expenses	2,189,793			
		c	Rental income or (loss)	-212,153			
	d	Net rental income or (loss)	-212,153	-212,153			
	7a		(i) Securities				
		Gross amount from sales of assets other than inventory	98,200,000	541,000			
		b	Less cost or other basis and sales expenses	10,549,948	80,500		
		c	Gain or (loss)	-7,299,481	460,500		
	d	Net gain or (loss)	-6,838,981			-6,838,981	
	8a	Gross income from fundraising events (not including \$ 579,236 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a	784,934				
		b	Less direct expenses b	931,263			
		c	Net income or (loss) from fundraising events	-352,027	-352,027		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a					
		b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d \$						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	66,686,829	2,365,703	-1,100,069	2,925,328		

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).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	13,078,261	13,078,261		
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	1,237,575		718,075	519,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,017,483	5,523,717		2,034,473
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	441,224		203,968	237,256
9	Other employee benefits	1,146,468	475,021	302,129	369,318
10	Payroll taxes	2,001,298	1,684,351	135,810	181,137
11	Fees for services (non-employees)				
a	Management				
b	Legal	63,720	63,720		
c	Accounting	164,908	1,600	163,308	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	2,160,000	2,160,000		
g	Other	2,113,264	1,629,936	315,454	167,874
12	Advertising and promotion	110,775	101,014	3,597	6,164
13	Office expenses	2,456,321	1,983,047	157,052	316,222
14	Information technology				
15	Royalties				
16	Occupancy	991,417	777,212	107,092	107,113
17	Travel	1,459,189	1,366,716	27,352	65,121
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,416,942	2,068,709	37,119	311,114
20	Interest	62,311		62,311	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	435,581	270,109	162,828	2,644
23	Insurance	268,485	167,149	99,875	1,461
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CAPITAL PROJECTS	9,118,331	9,118,331		
b	PROVISION FOR LOSSES	5,597,041	5,597,041		
c	FEES AND LICENSES	1,023,868	811,714	104,618	107,536
f	All other expenses	569,537	571,116	-1,579	
25	Total functional expenses. Add lines 1 through 24f	55,933,999	47,448,764	4,058,302	4,426,933
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	497	1	245	
	2	Savings and temporary cash investments	38,503,015	2	25,456,032	
	3	Pledges and grants receivable, net	24,019,965	3	34,404,845	
	4	Accounts receivable, net	2,444,215	4	1,927,189	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
	7	Notes and loans receivable, net	2,958,585	7	2,918,115	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	87,303	9	58,433	
	10a	Land, buildings, and equipment cost basis				
		10a	33,568,841			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>				
		10b	10,231,224	25,095,123	10c	23,337,617
	11	Investments—publicly traded securities	264,410,327	11	293,551,321	
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	588,914,134	12	342,626,319	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13		
14	Intangible assets		14			
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	24,911,564	15	29,633,452		
16	Total assets. Add lines 1 through 15 (must equal line 34)	971,344,728	16	753,913,568		
Liabilities	17	Accounts payable and accrued expenses	5,605,650	17	3,621,123	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	29,433,665	20	28,816,963	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>	395,348,569	25	287,747,513	
	26	Total liabilities. Add lines 17 through 25	430,387,884	26	320,185,599	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	17,477,844	27	-30,597,080	
	28	Temporarily restricted net assets	261,695,000	28	192,353,049	
	29	Permanently restricted net assets	261,784,000	29	271,972,000	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	540,956,844	33	433,727,969	
	34	Total liabilities and net assets/fund balances	971,344,728	34	753,913,568	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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 Inspection

Name of the organization WEST VIRGINIA UNIVERSITY FOUNDATION INC	Employer identification number 55-6017181
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input checked="" type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar 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 ")	31,528,983	52,234,406	54,290,396	46,795,797	62,525,867	247,375,449
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 line 1-3	31,528,983	52,234,406	54,290,396	46,795,797	62,525,867	247,375,449
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						9,845,725
6 Public Support subtract line 5 from line 4						237,529,724

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	31,528,983	14,142,941	54,290,396	46,795,797	62,525,867	247,375,449
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,848,217	14,142,941	16,237,187	18,581,931	1,613,106	59,423,382
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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)						306,798,831
12 Gross receipts from related activities, etc (See instructions)					12	35,631,648
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	77.420 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	73.560 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number

55-6017181

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, 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

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

(ii) Assets included in Form 990, Part X▶ \$5,125,947

2

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

a

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

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	393,126,000				
b Contributions	14,241,000				
c Investment earnings or losses	-119,980,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	8,756,000				
f Administrative expenses	4,120,000				
g End of year balance	274,511,000				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 3 000 %

b

Permanent endowment ▶ 97 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

(ii)

related organizations

3a(ii)

Yes

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		30,384,594	7,672,995	22,711,599
c Leasehold improvements		30,708	2,744	27,964
d Equipment		262,990	254,395	8,595
e Other		2,890,549	2,301,090	589,459
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				23,337,617

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUNDS	114,437,000	F
Other PRIVATE CAPITAL	84,834,000	F
Other NATURAL RESOURCES	53,876,000	F
Other REAL ESTATE	40,688,000	F
Other OTHER	48,791,319	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	342,626,319	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED SUPPLEMENTAL RETIREMENT BENEFITS	4,902,985
FUNDS HELD IN CUSTODY FOR OTHERS	272,457,226
DEFERRED RESIDUAL INTEREST HELD FOR OTHERS	343,069
ANNUITIES PAYABLE	10,044,233
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	287,747,513

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	166,686,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	255,933,999
3	Excess or (deficit) for the year Subtract line 2 from line 1	310,752,830
4	Net unrealized gains (losses) on investments	4-121,460,901
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	83,479,196
9	Total adjustments (net) Add lines 4 - 8	9-117,981,705
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-107,228,875

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1-48,813,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-121,460,901
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d5,000,000
e	Add lines 2a through 2d	2e-116,460,901
3	Subtract line 2e from line 1	367,647,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a2,160,000
b	Other (Describe in Part XIV)	4b-3,121,056
c	Add lines 4a and 4b	4c-961,056
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	566,686,829

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	158,415,859
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d4,641,860
e	Add lines 2a through 2d	2e4,641,860
3	Subtract line 2e from line 1	353,773,999
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a2,160,000
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c2,160,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	555,933,999

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part III, Line 4		THE ORGANIZATION'S COLLECTION IS COMPRISED OF A VARIETY OF PAINTINGS, STATUES, AND SCULPTURES THESE ITEMS ARE MAINTAINED ON WEST VIRGINIA UNIVERSITY'S CAMPUS AND ARE USED TO ENHANCE EDUCATIONAL AND CULTURAL OPPORTUNITIES FOR STUDENTS, FACULTY, AND STAFF
Part V, Line 4	Description of Intended Use of Endowment Funds	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DIRECTLY SUPPORT WEST VIRGINIA UNIVERSITY
Part XI, Line 8 - Other Adjustments		REVALUATION OF BENEFICIAL INTERESTS 5000000 REVALUATION OF ANNUITIES PAYABLE -1520804
Part XII, Line 2d - Other Adjustments		REVALUATION OF BENEFICIAL INTERESTS 5000000
Part XII, Line 4b - Other Adjustments		FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 -931263 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -2189793
Part XIII, Line 2d - Other Adjustments		REVALUATION OF ANNUITIES PAYABLE 1520804 FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 931263 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 2189793

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			ATHLETIC SCHOLARSHIP BANQUET	ATHLETIC RECRUITING BANQUET	11	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	409,897	266,129	688,144	1,364,170
	2	Less Charitable contributions	222,062	134,112	428,760	784,934
Direct Expenses	3	Gross revenue (line 1 minus line 2)	187,835	132,017	259,384	579,236
	4	Cash Prizes	500		6,630	7,130
	5	Non-cash Prizes			24,004	24,004
	6	Rent/Facility costs	14,681	425	16,485	31,591
	7	Other direct expenses	325,830	54,153	488,555	868,538
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				931,263
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				-352,027

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number
55-6017181

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN, WV 26506	55-6000842	501(C)3	13,078,261				TO SUPPORT STUDENTS OF WEST VIRGINIA UNIVERSITY

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE ORGANIZATION REMITS FUNDS TO WEST VIRGINIA UNIVERSITY ONLY UPON THE RECEIPT OF INVOICES/REQUESTS FOR PAYMENT APPROVED BY THE APPROPRIATE BUDGET OFFICER PRIOR TO REMITTING THE FUNDS TO WEST VIRGINIA UNIVERSITY, THE ORGANIZATION'S STAFF REVIEWS THE AUTHORIZED REQUEST TO ENSURE THAT THE REQUEST COMPLIES WITH FUND RESTRICTIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Questions Regarding Compensation			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<input type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
	<input type="checkbox"/>	<input type="checkbox"/>		
1b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Yes	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
R WAYNE KING	(i) (ii)	256,736		109,109	35,875	12,645	414,365	
DOROTHY DOTSON	(i) (ii)	204,449		1,589	20,500	6,007	232,545	
DALE M HUNT	(i) (ii)	191,949		552	19,250	6,839	218,590	
D LYN DOTSON	(i) (ii)	167,674 3,266		3,016	14,066	7,625	192,381 3,266	
PATRICIA ROBERTSON	(i) (ii)	153,151		1,032	15,525	14,318	184,026	
JULIA W PHALUNAS	(i) (ii)	140,101		1,037	14,400	13,194	168,732	
JEFFREY K DUNN	(i) (ii)	114,864 20,000		514	12,998	13,398	141,774 20,000	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	4	798,940	APPRAISALS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	53	1,536,348	QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee
Acknowledgement

29

1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	THE ORGANIZATION HAS OTHER DISBURSEMENTS IN DIRECT SUPPORT OF WEST VIRGINIA UNIVERSITY , INCLUDING STAFF TRAVEL FOR EDUCATIONAL PURPOSES, CLASSROOM, LABORATORY , AND OFFICE SUPPLIES, EDUCATIONAL MATERIALS, ETC Expenses \$ 17569083 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		ANNUALLY , THE MEMBERS OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEW THE FORM 990 AFTER COMPLETION OF THE FORM BY MANAGEMENT WITH THE ASSISTANCE, GUIDANCE, AND REVIEW OF THE INDEPENDENT ACCOUNTING FIRM THE MEMBERS EACH RECEIVE A COMPLETE COPY OF THE FORM 990 AND ALL SCHEDULES PRIOR TO THE MEETING SO THAT THEY HAVE AN OPPORTUNITY TO REVIEW DURING THE MEETING, THE ACCOUNTING FIRM AND MANAGEMENT STAFF REVIEW THE RETURN AND ANSWER QUESTIONS ITEMS NOTED REQUIRING FURTHER REVIEW OR ADDITIONAL INFORMATION ARE NOTED AS CHANGES ARE MADE TO THE RETURN ADDITIONALLY , PRIOR TO FILING THE FORM 990, THE AUDIT COMMITTEE REPORTS THEIR REVIEW TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND A COPY OF THE FORM IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY , EACH EMPLOYEE AND BOARD MEMBER IS ASKED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY THE INDIVIDUAL THEN MUST COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY FORM COMPLETED EMPLOYEE FORMS ARE SUBMITTED TO THE ORGANIZATION'S DIRECTOR OF HUMAN RESOURCES, WHILE THE COMPLETED BOARD MEMBER FORMS ARE SUBMITTED TO THE ORGANIZATION'S PRESIDENT ALL FORMS RECEIVED BY THE DIRECTOR OF HUMAN RESOURCES AND THE ORGANIZATION'S PRESIDENT ARE REVIEWED AND EVALUATED ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST AND RELATED CONCLUSIONS ARE REPORTED BY THE PRESIDENT AND CEO, ANNUALLY , TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS THE POLICY STATES THE FOLLOWING 1) THE NAMES OF ANY PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH THE PRESIDENT AND CEO SHALL CONSULT WITH THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE AS APPROPRIATE IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL MAY NOT PARTICIPATE IN ANY DISCUSSION OF, OR DECISION REGARDING, THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		DETERMINATION OF THE CEO'S COMPENSATION IS MADE AS FOLLOWS THE COMPENSATION & MANAGEMENT DEVELOPMENT COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS EVALUATES THE CEO'S PERFORMANCE AND RECEIVES COMPARATIVE COMPENSATION AND BENEFIT DATA DATA SOURCES INCLUDE ONE OR MORE SURVEYS WHICH THE ORGANZATION HAS PARTICIPATED IN FOR COMPARABLE ORGANIZATIONS AND DATA ABSTRACTED FROM FORMS 990 OBTAINED FROM PUBLIC WEB SITES FOR COMPARABLE ORGANIZATIONS THE DATA PROVIDED TO THE COMMITTEE INCLUDES, WHEN AVAILABLE, INFORMATION ABOUT THE SIZE OF THE ORGANIZATIONS IN THE COMPARISON AND THE TENURE OF THE EMPLOYEES USING THIS INFORMATION AS A BENCHMARK, THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE DEVELOPS A RECOMMENDATION FOR THE CEO'S ANNUAL COMPENSATION AND BENEFITS TO THE BOARD OF DIRECTORS MEETING IN EXECUTIVE SESSION, THE BOARD OF DIRECTORS RECEIVE THE RECOMMENDATION FROM THE COMMITTEE, DISCUSS THE RECOMMENDATION, AND ACCEPT OR AMEND THE RECOMMENDATION MADE BY THE COMMITTEE THE BOARD OF DIRECTORS EVALUATES THE CEO'S PERFORMANCE AND THEN PASSES A RESOLUTION SETTING THE CEO'S ANNUAL COMPENSATION AND BENEFITS PACKAGE MINUTES ARE MAINTAINED ON A CONCURRENT BASIS BY THE COMMITTEE AND THE BOARD THE ORGANIZATION'S PRESIDENT AND CEO EVALUATES EACH VICE PRESIDENT'S PERFORMANCE AND OBTAINS AND/OR COMPILES COMPARATIVE COMPENSATION AND BENEFIT DATA BASED ON THIS INFORMATION, HE MAKES HIS RECOMMENDATION FOR EACH VICE-PRESIDENT'S ANNUAL COMPENSATION THE COMPARATIVE DATA AND THE PRESIDENT'S RECOMMENDATIONS ARE REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE AUDIT COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS IS A STANDING COMMITTEE OF THE BOARD AUDIT COMMITTEE MEMBERS HAVE A GENERAL UNDERSTANDING OF BUSINESS, FINANCIAL STATEMENTS, INTERNAL CONTROLS, AND THE FUNCTIONS OF AN AUDIT COMMITTEE ONE OR MORE MEMBERS HAVE EXPERIENCE IN PREPARING, ANALYZING, AUDITING, AND/OR EVALUATING FINANCIAL STATEMENTS THE COMMITTEE IS RESPONSIBLE FOR SELECTION, ENGAGEMENT, AND INDEPENDENCE OF THE AUDIT FIRM AND FOR THE ONGOING OVERSIGHT OF THE FINANCIAL AUDIT THE COMMITTEE RECEIVES QUARTERLY UPDATES ON THE AUDIT PROGRESS FROM THE AUDITORS AND PERIODICALLY MEETS WITH THE AUDITORS IN EXECUTIVE SESSION THE AUDIT COMMITTEE REPORTS TO THE BOARD AT EACH QUARTERLY BOARD MEETING AT LEAST ANNUALLY, THE AUDITING FIRM IS AVAILABLE AT A MEETING OF THE BOARD THIS PROCESS HAS BEEN IN PLACE FOR MANY YEARS

Identifier	Return Reference	Explanation
SCHEDULE J-2		AMOUNTS REPORTED AS "REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS" FOR MR DOTSON AND MR DUNN REFLECT COMPENSATION THEY RECEIVE FROM WEST VIRGINIA UNIVERSITY AS ADJUNCT PROFESSORS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN, WV26506 55-6000842	HIGHER EDUCATION INSTITUTION	WV	501(C)3	LINE 2	N/A

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) NONE OF THE ABOVE TRANSACTIONS ARE WITH A CONTROLLED ENTITY		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 55-6017181
Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID W HAMSTEAD , CHAIR	2 00	X		X				0	0	0
DAN R MOORE , VICE CHAIR	2 00	X		X				0	0	0
JANET GRIFFITH ROGERS , SECRETARY	2 00	X		X				0	0	0
RALPH J BEAN JR , ASSISTANT SECRETARY	2 00	X		X				0	0	0
JOHN C ALLEN , DIRECTOR	2 00	X						0	0	0
CURTIS H BARNETTE , dIRECTOR	2 00	X						0	0	0
IRENE C BERGER , dIRECTOR	2 00	X						0	0	0
JAMES H CHAMBERLAIN , dIRECTOR	2 00	X						0	0	0
C RICHARD DANIEL , dIRECTOR	2 00	X						0	0	0
H SMOOT FAHLGREN , dIRECTOR	2 00	X						0	0	0
SUE SEIBERT FARNSWORTH , DIRECTOR	2 00	X						0	0	0
JOHN C HARMON , dIRECTOR	2 00	X						0	0	0
GLEN H HINER , dIRECTOR	2 00	X						0	0	0
EG KEN KENDRICK JR , DIRECTOR	2 00	X						0	0	0
PAMELA M LARRICK , dIRECTOR	2 00	X						0	0	0
J FRANKLIN LONG , dIRECTOR	2 00	X						0	0	0
ROBERT A MCMILLAN , DIRECTOR	2 00	X						0	0	0
THOMAS E MESSMORE , DIRECTOR	2 00	X						0	0	0
MARSHALL S MILLER , dIRECTOR	2 00	X						0	0	0
G OGDEN NUTTING , dIRECTOR	2 00	X						0	0	0
GARY R PELL , DIRECTOR	2 00	X						0	0	0
THOMAS E POTTER , dIRECTOR	2 00	X						0	0	0
VERL O PURDY , DIRECTOR	2 00	X						0	0	0
ROBERT L REYNOLDS , dIRECTOR	2 00	X						0	0	0
JOAN CORSON STAMP , dIRECTOR	2 00	X						0	0	0
BENJAMIN T STATLER , dIRECTOR	2 00	X						0	0	0
FRED F TATTERSAL , DIRECTOR	2 00	X						0	0	0
CRAIG H UNDERWOOD , DIRECTOR	2 00	X						0	0	0
PETER S WHITE , DIRECTOR	2 00	X						0	0	0
VIVIEN P WOOFER , DIRECTOR	2 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R WAYNE KING , PRESIDENT & CEO	45 00	X		X				365,845	0	48,520
DOROTHY DOTSON , SENIOR INVESTMENT ADVISO	30 00			X				206,038	0	26,507
DALE M HUNT , VP INVESTMENTS	40 00			X				192,501	0	26,089
D LYN DOTSON , VP DEVELOPMENT	45 00			X				170,690	3,266	21,691
PATRICIA ROBERTSON , VP & TREASURER	45 00			X				154,183	0	29,843
JULIA W PHALUNAS , VP DEVELOPMENT	45 00			X				141,138	0	27,594
JEFFREY K DUNN , ASSISTANT TREASURER	45 00			X				115,378	20,000	26,396
MARK W COTTRILL , VP TECHNOLOGY	45 00			X				112,261	0	24,794