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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2009****Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning April 1, 2009, and ending March 31, 2010

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

Please use IRS label or print or type. See Specific Instructions

**C** Name of organizationWest Virginia University  
School of Dentistry Alumni Association

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 9410

City or town, state or country, and ZIP + 4

Morgantown WV 26505-9410**D** Employer identification number55 0623 110**E** Telephone number304-296-2311**F** Group Exemption Number ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>33541</u>
	2	Program service revenue including government fees and contracts	2	<u>12500</u>
	3	Membership dues and assessments	3	
	4	Investment income	4	<u>3024</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>211263</u>
	b	Less: cost or other basis and sales expenses	5b	<u>225556</u>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>(14293)</u>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>34772</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>11850</u>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<u>19600</u>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<u>17678</u>
	16	Other expenses (describe ▶ <u>Attached</u> )	16	<u>18019</u>
17	<b>Total expenses.</b> Add lines 10 through 16	17	<u>67147</u>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(32375)</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>209872</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>72986</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>282858</u>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

22	Cash, savings, and investments	796	JUN 30 2010	IRS	OGDEN, UT	(A) Beginning of year	(B) End of year
						<u>209872</u>	<u>282858</u>
						<u>-0-</u>	<u>-0-</u>
						<u>-0-</u>	<u>-0-</u>
						<u>209872</u>	<u>282858</u>
						<u>-0-</u>	<u>-0-</u>
						<u>209872</u>	<u>282858</u>
23	Land and buildings						
24	Other assets (describe ▶)						
25	<b>Total assets</b>						
26	<b>Total liabilities</b> (describe ▶)						
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)						

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

22P

SCANNED JUL 30 2010

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? Dental Alumni Association  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	WVU Foundation Grant Renovate patient reception area		
	(Grants \$ 10,000 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	28a	10,000
29	Continuing Education Course Speaker fee		
	(Grants \$ 200 attending ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	29a	7,500
30	Alumni Reunion Banquet		
	(Grants \$ 180 attending ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	30a	5430
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ►	32	

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NA</u> ; section 4912 ▶ <u>NA</u> , section 4955 ▶ <u>NA</u> . . . . .		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>Norton Smith</u> Telephone no ▶ <u>304-296-2311</u> Located at ▶ <u>1564 Stewartstown Rd Morgantown WV</u> ZIP + 4 ▶ <u>26505</u> . . . . .		
<b>b</b> 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)? . . . . .	Yes	No
If "Yes," enter the name of the foreign country: ▶ . . . . .		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** 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 . . . . . **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ **Yes** ☐ **No**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

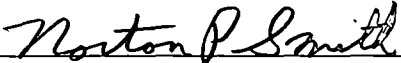
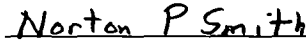
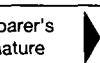
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		6-25-10 Date	
<b>Paid Preparer's Use Only</b>	 Type or print name and title		Secretary Treasurer	
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ **Yes** ☐ **No**

Form **990-EZ** (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

Employer identification number

WVU School of Dentistry Alumni Association

55 0623110

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

#### **h Provide the following information about the supported organization(s)**

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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 shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> <b>33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	37252	32497	39863	39040	33541	182193
<b>2</b> 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 . . . . .	5170	4168	1660	6840	12500	30338
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	42422	36665	41523	45880	46041	212531
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						212531

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	42422	36665	41523	45880	46041	212531
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3727	4619	6009	7839	3024	25218
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	3727	4619	6009	7839	3024	25218
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	46149	41284	47532	53719	49065	237749
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	89.4 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	88.9 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	10.6 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	11.1 %

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Attachment 990EZ 2009 page 1  
Part I Line 5C

Mutual Fund Capital gain  
Distributions 128.46

Mutual Fund Sales  
Gross Receipts Basis Net

Fidelity Small Cap Value

7-14-09	37.613 sh	369.37	387.79	(18.42)
11-20-09	62.479 sh	736.00	644.78	91.22
11-30-09	3156.634 sh	36901.05	32,561.08	4,339.97

Fidelity China Region

11-20-09	20.865 sh	584.00	539.15	44.85
3-29-10	1063.349 sh	29,720.60	27,502.49	2,218.11

Fidelity Growth Company

4-13-09	45.741 sh	2,325.00	3,155.21	(830.21)
4-27-09	48.829 sh	2,480.00	3,368.22	(888.22)
5-26-09	292.00 sh	15,732.96	20,142.16	(4,409.20)
7-14-09	10.654 sh	575.00	734.91	(159.91)
11-20-09	16.776 sh	1,099.00	1,157.21	(58.21)
11-20-09	Wash sale		(5.48)	5.48

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Attachment 990EZ 2009  
Part I Line 5c

page 2

Gross Basis Net

Fidelity Value Fund

4-13-09	26.902 sh	1,050.00	1,666.04	(616.04)
4-27-09	27.895 sh	1,120.00	1,727.54	(607.54)
6-29-09	523.386 sh	22,851.03	32,413.83	(9,562.80)
6-29-09	243.332 sh	10,623.88	15,069.80	(4,445.92)

Fidelity Equity Income

4-13-09	35.617 sh	1,050.00	1,755.92	(705.92)
4-13-09	Wash sale		(192.07)	192.07
4-27-09	38.225 sh	1,120.00	1,891.37	(771.37)
7-14-09	11.189 sh	350.00	552.51	(202.51)
7-14-09	Wash sale		(101.01)	101.01
11-20-09	19.777 sh	763.06	977.77	(214.77)
11-20-09	Wash sale		(41.58)	41.58

Fidelity Low Priced Stock

4-13-09	57.618 sh	1,329.75	1,161.58	168.17
4-27-09	60.327 sh	1,418.40	1,216.19	202.21
7-14-09	17.51 sh	450.00	353.00	97.00
11-20-09	31.356 sh	962.00	634.02	327.98

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Gross Basis Net

Fidelity Strategic Return

4-13-09	117.188 sh	825.00	1,171.88	(346.88)
4-27-09	124.47 sh	880.00	1,244.70	(364.70)
4-27-09	Wash sale		(364.70)	364.70
7-14-09	60.322 sh	450.00	545.91	(95.91)
7-14-09	Wash sale		(57.53)	57.53
11-20-09	101.655 sh	860.00	919.98	(59.98)
11-20-09	Wash sale		(59.74)	59.74
3-01-10	2021.825 sh	17,185.51	18,294.94	(1,109.43)
3-01-10	3239.785 sh	27,538.18	29,315.91	(1,777.73)

Fidelity High Income

4-13-09	139.969 sh	900.00	884.60	15.40
4-27-09	143.928 sh	960.00	909.62	50.38
7-14-09	41.152 sh	300.00	260.49	39.51
7-27-09	3661.355 sh	27,753.07	23,217.23	4,535.84

Proceeds Basis Net

211,262.80 225,555.72 (14,292.92)

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Attachment 99087 2009

Part I Line 10

Grants

WVU Foundation \$10,000

Grant for renovation support for the  
WVU School of Dentistry

One Waterfront Place, 7<sup>th</sup> floor  
PO Box 1650

Morgantown, WV 26507-1650

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Attachment 990EZ 2009

Part I Line 16

Barquet & Reception	14,705
Dues refunds	1,006
Dishonory Bond	315
Liability insurance	1,868
Golf Tee Sponsor	125
	<u>18,019</u>

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Attachment 990EZ 2009  
Part I  
Line 20

\$ 5,526.40	Checking account balance 3/31/09
60,233.36	NAV Fidelity Growth Company Fund 3/31/09 – 1,262.754 shares @ \$47.70
2,781.56	NAV Fidelity Cash Reserves Fund 3/31/09 – 2,781.560 shares @ \$1.00
28,038.30	NAV Fidelity Value 3/31/09 – 821.515 shares @ \$34.13
29,022.92	NAV Fidelity Equity Income 3/31/09 – 1,084.969 shares @ \$26.75
37,088.22	NAV Fidelity Low Priced Stock 3/31/09 – 1,741.231 shares @ 21.30
22,892.90	NAV Fidelity Strategic Real Return 3/31/09 – 3,898.631 shares @ \$6.23
<u>24,288.47</u>	NAV Fidelity High Income 3/31/09 – 3,818.780 shares @ \$6.07
\$209,872.13	Net Worth 3/31/09

\$ 7,386.64	Checking account balance 3/31/10
62,184.77	NAV Fidelity Growth Company Fund 3/31/10 – 850.332 shares @ \$73.13
2,748.61	NAV Fidelity Cash Reserves Fund 3/31/10 – 2,748.610 shares @ \$1.00
41,656.86	NAV Fidelity Equity Income 3/31/10 – 1,002.572 shares @ \$41.55
39,425.37	NAV Fidelity Mega Cap Stock 3/31/10 – 4,243.851 shares @ \$9.29
54,864.11	NAV Fidelity Low Priced Stock 3/31/10 – 1,585.210 shares @ \$34.61
29,653.18	NAV Fidelity OTC Portfolio 3/31/10 – 613.049 shares @ \$48.37
<u>44,938.39</u>	NAV Fidelity Total Bond 3/31/10 – 4,223.533 shares @ 10.64
\$282,857.93	Net Worth 3/31/10

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Attachment 990EZ 2009

Part III Line 31

- |    |   |      |
|----|---|------|
| 1. | Student promotional gifts<br>275 student recipients | 4957 |
| 2  | Student professionalism reception<br>200 attending  | 2500 |
| 3  | Student clinic induction reception<br>250 attending | 2500 |
| 4  | Football tailgate receptions<br>1500 attending      | 2438 |
| 5  | Student awards<br>15 recipients                     | 1850 |
| 6  | Board of Governors reception<br>65 attending        | 846  |
| 7  | Student lunch receptions<br>200 attending           | 750  |
| 8  | Student PR committee receptions<br>60 attending     | 191  |

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Attachment 99022 2009  
Part IV

BOARD OF GOVERNORS 2009 - 2010

Dr. Lorena Surber -  
**President**  
320 Woodbridge Drive  
Charleston, WV 25311

Dr. Dave Funderburk  
Suite H  
3400 W 16<sup>th</sup> Street  
Greeley, CO 80634

Ms. Andrea Schwing  
35 Winslow Drive  
Martinsburg, WV 25404

Dr. Jack Bowers - **Vice-  
President**  
HC 63 Box 57  
Sugar Grove, WV 26815

Dr. Dallas Nibert  
6342 Roberto Dr  
Huntington, WV 25705

Ms. Cindi Shockey  
109 Larue Avenue  
Kingwood, WV 26537

Dr. Everett Bowling  
PO Box 879  
Pineville, WV 24874

Dr. Tony Philips  
PO Box 532  
Maineville, OH 45039

Dr. Ed Skidmore  
8281 Muirhead Circle  
Boynton Beach, FL 33437

Dr. Kim Dettori  
903 E Ocean Blvd  
Stuart, FL 34994

Dr. Judy Porter  
Dent Sch, Dept Health Policy  
650 W. Baltimore St.  
Baltimore, MD 21201

Ms. Carol Spear  
Div of Dental Hygiene  
PO Box 9425  
Morgantown, WV 26506

Dr. William Queen  
902 N Queen Street  
Martinsburg, WV 25401

Dr. Norton Smith  
**Secretary Treasurer**  
1564 Stewartstown Road  
Morgantown, WV 26505

Average hours per week is 1 hr/wk for all members  
No Board member receives any compensation  
except Norton Smith, Sec-Treas.

6 hr/wk \$ 6,500 per year

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