

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public

		venue Service   The organization may have to	use a copy of this re	etum to satisf	fy state rep	orting requir	ements	Inspection	
A	For 1	the 2009 calendar year, or tax year beginning	70 V 1	, 2009, an	d ending	June	30	, 20 1 🛆	_
В	Check	if applicable Please C Name of organization We	st Virginia Uni	Velsty Ali	imni Ass	oc. Inc. [	Employ	er identification numb	er
	Addres	ss change label or Doing Business As	4	1		1	55	:0372697	
		change print or Number and street (or PO box if	mail is not delivered to stree	et address)	Room/suite	E		ne number	_
	initial r	return See P.O. Box 42	69				<u>(304)                                    </u>	293-9820	
	Termin	nated Specific City or town, state or country	and ZIP + 4					2,884,379	_
	Ameno	ded return tions. Wolgantown, U	N 26504				Gross red	eipts \$	
	Applica	ation pending F Name and address of principal office				H(a) Is this a	omun retum	for affiliates? Yes	 No
			lme as C a	above		1 ''	• .		No
1	Tax-e	exempt status ≥501(c) (3 ) ◄ (insert no.)	947(a)(1) or 🔲 527			1		list (see instructions)	
J		site: NWW. alumni. WVU. ed	V			H(c) Group ex	emption num	toer ▶	
K		of organization: X Corporation Trust Association	Other ►	L Year	of formation	1873 1	/ State of	legal domicile WV	
P	art I	Summary							_
	1	Briefly describe the organization's missio	n or most significal	nt.activities:					_
•	Ì	Maintain alumni in	formation a	nd hold	activ	ities 4	at 011	mote	
ğ		Fellowship.					T		
Ë									
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinu	ed its operations or disp	posed of more	than 25% o	f its net assets			
ფ	3	Number of voting members of the govern	ıng body (Part VI, I	line 1a).			3	18	
es	4	Number of independent voting members					4	8	
ivit	5	Total number of employees (Part V, line 2					_5	19	_
Act	6	Total number of volunteers (estimate if ne					6	5	
	7a	Total gross unrelated business revenue fr		n (C), line 1	2		7a	1,375	_
	b	Net unrelated business taxable income from	m Form 990-T, lin	e 34	· · · ·	<u> </u>	7b	0	
						Prior Year		Current Year	
o o	8	Contributions and grants (Part VIII, line 1)	)			4,827,	336	1359,835	_
nua	9	Program service revenue (Part VIII, line 29	)				198	126,014	_
Revenue	10	Investment income (Part VIII, column (A),	lines 3, 4, and 7d)				1617	< 108,273	7
_	11	Other revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c,	, and 11e)		< 407,1	58 >	< 404,822	<u> </u>
	12	Total revenue - add lines 8 through 11 (mus	equal Part VIII, col	ımn (A), line	12)	4,651, 8	15	1,072,754	
		Grants and similar amounts paid (Part-IX,						<u>-</u>	_
s		Benefits paid to or for members (Part IX,				44-		51400	<del>_</del>
Expenses		Salaries, other compensation, employee ben		ก์ (A), lines 5-	-10)	<u>695, (</u>	099	119,657	_
χbe		Professional fundraising fees (Part IX, colur			2902	ARLAMAN VERM	GENTYREE IN	parties monoching to the second	इस्ट.
Ű.		Total fundraising expenses (Part IX, column		&∤					₩
	17	Other expenses (Part IX, column (A), lines	11a-11d, 111-241)	<i>\</i> थि		1,249,3	65	1,259,885	
	18	Total expenses Add lines 13-17 (must ex	µal Partax, colum	n <b>∖</b> ∰∭ line 25	5)	1,944,5	64	1919,342	<u>-</u> _
- S	19_	Revenue less expenses. Subtract lines 18 fto	Mine 12	<u></u>		5,707,3		< '906,788	_7
Assets or d Balances		12	OGDEN, UT		Ве	ginning of Curr		End of Year	
Sala		Total assets (Part X, line 16) \	OGUE			<u> 26,022,0</u>		3,705,633	_
Net / Fund	21				.	9,920,		7,465,581	_
	22 rt	Net assets or fund balances. Subtract line	21 from line 20.	<del></del>		16, 102,	539	12/808/040	_
Гe	, L III (	Signature Block	and the section of the street						_
		Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declara	nined this return, includi tion of preparer (other t	ng accompanyi han officer) is b	ing schedule based on all	s and stateme information of	nts, and to which pre	the best of my knowled parer has any knowledo	ge e
c:-	_		- ,	,		1	1	6/11	_
Sig		Signature of officer					21,	9111	_
Her	е	Vau 1	Acc	a	N ( A =	Date			
		<u> </u>	1755	OCIATE	DIKE	CLOIC			$-\omega_l$
		Type or print name and title		Data	Chec	k if			_~)
		Preparer's signature		Date	self-	(s	reparer's id ee instructi	entifying number ons)	
Paid					emple	oyed ▶ 📖 `		•	
Prep	arer's	Firm's name (or yours			_				_
Use	Only	ıf self-employed),		<del></del>		EIN	<u> </u>		_
	4lm - 1	address, and ZIP + 4				Phone no	<b>&gt;</b> (	)	_
<u>ıvıay</u>	tne l	IRS discuss this return with the preparer :	nown above? (see	instruction:	S)			Yes   No	)

 aan	(POOQ)	

Page 2

Pa	rt III `Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  Maintain alumni intermation and hold activities that planate  Kellanship.
	cenos, r.p.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
·	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,411,386 including grants of \$) (Revenue \$ 226,014 )
	Maintain up-to-date records of addresses occupation of all members, intoler members of all events and activities at wwo and hold various activities to bring members together and promote fellowship:
	·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······································
	······································
	•••••••••••••••••••••••••••••••••••••••
A =1	Other program conject. (Describe in Schedule O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,411,386

Pa	rt IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	ļ
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	17 Marie 18
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		ě.	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a	3 , , , , , , , , , , , , , , , , ,	14a	<del> </del> -	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u></u>	X.
		Fort	ո 990	(2009)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		入
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a	X	•
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X	
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

Pa	Statements Regarding Other IRS Filings and Tax Compliance	<del></del>
		Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	
<b>h</b>	U.S. Information Returns Enter -0- if not applicable	
C	Enter the number of Forms W-2d moladed in line 1a, Enter-o- in not approache	
	gaming (gambling) winnings to prize winners?	1c X
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X
b	If "Yes," enter the name of the foreign country: ▶	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T Disclosure by Tax-Exempt Entity Regarding	^
·	Prohibited Tax Shelter Transaction?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X
b	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	V
	required to file Form 8282?	7c \
d	If "Yes," indicate the number of Forms 8282 filed during the year . N/H	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19
- 11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the organization make any taxable distributions under section 4966? 1977	9a
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	
a b	Initiation fees and capital contributions included on Part VIII, line 12	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	
	amounts due or received from them.)	120
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.   12b	12a

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1a				
b	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?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Y
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	$\mathbf{X}_{-}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		`	V
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	$\Delta$	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		$\searrow$	
	form?	11	A 1982	Jul 37 18 11
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>AZA</b>		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\sim$	
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	$\triangle$	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	$\langle \cdot  $	
12	describe in Schedule O how this is done	12c	$\sim$	$\overline{}$
13	Does the organization have a written whistleblower policy?	14		<b>∠</b>
14 15	Does the organization have a written document retention and destruction policy?	12543		E VE
19	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	V	
	Other officers or key employees of the organization	15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	338		
IR2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
· ou	with a taxable entity during the year?	16a	APPACATED.	
h	·			
U	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?	16b	20 D. C. C. C.	ARANGEN
Sect	tion C. Disclosure	10.0		
	List the states with which a copy of this Form 990 is required to be filed > West Virginia			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	1(3)e	onlvl	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,(0,0	~···y/	
	Own website Another's website Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	arpet	
	policy, and financial statements available to the public.	J. 11110	J. 531	
	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: > Low Hart One Alumn: Dive Magnifum, W 26506			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee O or director	Institutional trustee		≅ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Steples L. Douglas Executive Director	40+			X		X		. 0	121,372	0
Kevin B. Belly Executive Director	40+			X				0	73,747	0
Michael Petrust: Board Member	3	X						٥	0	0
Nancy DiPaolo Boold Member	3	X						0	O	<u> </u>
William Kennedy Board Member	3	X		:				0	0	0
Jack Ross; Book Member	3	X						0	Ó	O
Kay Byrd Boald Member	3_	X						0	0	0
San Cann Boold Member	3	X						0	O	O
Michael Ellination Boald Member	3	X						0	0	0
John Fahey Board Wember	n	X						0	O	0
Phillip Gaviot Boald Member	0	X						Ó	O	0
Darin Gilfin Boald Member	$\sigma$	X						0	٥	0
Jonathan Hickey Board Member	3	Х						0	0	O
David Wember	3	X						0	O	0
Johnathan Holifield Road Wanber	3	X						0	O	0
Heather Josea Board Member	3	X						0	0	0

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							ntınued)			
	(A)						(E)	(F)			
	Name and title	Average hours per week	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated amployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	Holly Metz Bood & Member	3	X						٥	0	0
	Dova Skatt Jr. Board Member	3	X						0	0	C
	Books Member	3	X						0	0	O
	Charlie Blown Boald Member	3	X						0	0	0
		<del> </del>									
				_	_			-			
								_			
								<u> </u>			
				<u> </u>					,	\	
	Total	· · · · ·	<u> </u>					<u> </u>	LO	1955119	0
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose ——	IISTE	ea a	above	) WI	no received mo	ore than \$100,0	
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete So							oye	e, or highest o	compensated	Yes No
4	For any individual listed on line 1a, is the s the organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	oens S <i>ch</i>	satio	on f Je J	rom for s	any auch	unrelated org	anization for	5
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt c	ontra	cto	rs that receive	d more than \$1	00,000 of
	Name and business add	ress							(B) Description of s	ervices	(C) Compensation
	Mogantown Minting + Rinding 915 Gleaning Road Mogantown, WIV				-				Printing		188,465
										\$5.500 YE	
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	list	ed above) who	received	

The second of th	
Total revenue Related or exempt business under function revenue revenue revenue 512, 51	D) enue d from tax sections 3, or 514
the body of the plane of the contributions, gifts, grants, and similar amounts not included above  1a Federated campaigns	
통  b Membership dues 1b	
g to C Fundraising events 1c d Related organizations 1d	
d Related organizations 1d	
e Government grants (contributions).	
All other contributions, gifts, grants, and similar amounts not included above	
and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. \$ 18,000	
e Government grants (contributions).  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f. \$  h Total. Add lines 1a-1f. \$  1,359,835	
	44.1
2a Alumi Chapter Kunctions 711300 226,014 226,014	manage of the State Stat
e b	
g c	
g d	
E   0	<del></del>
2a Alumi/Chapter Functions 711300 226,014 226,014	
JOI MANUEL LA	
3 Investment income (including dividends, interest, and other similar amounts)	65407
	05,10
	A.168
(i) Real (ii) Personal	
6a Gross Rents 1,092,356	
b Less: rental expenses <1,811,6257	
c Rental income or (loss) 4 719 2757	
d Net rental income or (loss)	9,275 >
7a Gross amount from sales of (i) Secunties (ii) Other	
assets other than inventory	
b Less: cost or other basis	
and sales expenses . c Gain or (loss) < 173,760 >	
	37607
· · · · · · · · · · · · · · · · · · ·	
8a Gross income from fundraising events (not including \$	
of contributions reported on line 1c)	
See Part IV, line 18 a	
See Part IV, line 18 a  b Less: direct expenses b  c Net income or (loss) from fundraising events	
The means of floor, from fariationing crosses.	**************************************
9a Gross income from garning activities.	
See Part IV, line 19 a  b Less: direct expenses b	
b Less: direct expenses b  c Net income or (loss) from gaming activities	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10a Gross sales of inventory, less	
returns and allowances a 1,375	
b Less. cost of goods sold b	
c Net income or (loss) from sales of inventory ▶ 1,375	
Miscellaneous Revenue Business Code	
11a WVU License Plates 812900 3,910 3,910	
b	<del></del>
C	
d All other revenue	V 27 E 17 H
The state of the s	8.380 >

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	iumn (A) but are no	ot required to com	piete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	-		5 C.	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	195,485	146,614	39,097	9,774
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	366,456	274,842	73291	18323
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	33,716	25,287	6,743	1,686
9	Other employee benefits	73, 426	55,070	14685	3,671
10	Payroll taxes	50,574	37,930	10,115	2,529
11	Fees for services (non-employees):	,	,	· · · · · · · · · · · · · · · · · · ·	•
а	Management				<u>.</u>
b	Legal	12		10.	· · · · · · · · · · · · · · · · · · ·
C	Accounting	16,000		16,000	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17	81,692		81.692	
f	Investment management fees Other	81,615		91/615	
9 12	Advertising and promotion	19,478	14.608	3,896	974
13	Office expenses	14525	16 894	2,965	726
14	Information technology		<del>'''</del>		
15	Royalties				
16	Occupancy	43,036	75,52	8,607	2,152
17	Travel	46,058	34,543	9,212	5,303
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings .	198,040	142,530	38,008	9502
20 21	Interest	110,040	174330	38,008	1,300
22	Depreciation, depletion, and amortization.	227,432	170574	45.486	11372
23	Insurance	13,955	10,466	2791	698
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 )				
а	Postage	93,762	70,322	18,752	4,688
þ	Linting	199,781	149,836	39,956	9'989
C	Athletiz tickets	38,632 44,51	28,974	1, 120	1,932
d	TONTE TO	179,113	33,3,83	8,902	2,226
e	Evert/Funktion Fees	51,870	38.902	35,823 16,374	8,956 2,594
f 25	All other expenses	1,979,542	141/386	474,061	94.095
26	Joint costs. Check here ▶ ☐ 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		1,111,200	411/081	11/010
	· · · · · · · · · · · · · · · · · · ·		<u></u>		

L	art X	Balance Sheet			
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	94,47	1	432,705
	2	Savings and temporary cash investments	484,578	2	W7:508
	3	Pledges and grants receivable, net	2,241,945	3	1.165,067
	4	Accounts receivable, net	306,004	4	567,781
	5	Receivables from current and former officers, directors, trustees, key		2.5	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	A
٩	9	Prepaid expenses and deferred charges	6,181	9	6328
	10a	Land, buildings, and equipment: cost or 10a 19,309, 034			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 1,001, 173	18,906,023	10c	18,307,039
	11	Investments—publicly traded securities	1,61,074	11	572,238
	12	Investments—other securities. See Part IV, line 11	2,281,719	12	1,623,495
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	0, 000	14	2.2152
	15	Other assets. See Part IV, line 11	90,889	15	303,472
	16	Total assets. Add lines 1 through 15 (must equal line 34)	76,012,630	16	503 181
	17	Accounts payable and accrued expenses	123,695	17 18	303,181
	18	Grants payable	382,809	19	302719
	19	Deferred revenue		20	(500,000
s	20	Tax-exempt bond liabilities	8,400,000	21	6/2/00/000
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
Ē	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L	NOTE: PROPERTY OF THE PROPERTY.	22	ESTABLISHED THE STATE OF STATE
	23	Secured mortgages and notes payable to unrelated third parties	900,000	23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	13.587	25	19.077
	26	Total liabilities. Add lines 17 through 25	9.926,091	26	7,405,587
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	12,907,753	27	13,473,090
ä	28	Temporarily restricted net assets	2,496,602	28	1,563,647
2	29	Permanently restricted net assets	698,184	29	763,309
Net Assets or Fund Bala	i	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
şţ	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	120
<u>8</u>	33	Total net assets or fund balances	16,102,539	33	15,800,046
	34	Total liabilities and net assets/fund balances	26,022,630	34	23,205,633

Pai	rt XI ` Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual   Other			1.3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	, r-	X.
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	20	Χ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	4		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			$-L_{2}$
	Separate basis 🗌 Consolidated basis 🔲 Both consolidated and separate basis			
За	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?	3 <u>a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<b>N</b> )	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	עין.	דע

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

		the organization	. / 11	1 1 -			•			dentificati	
		<u> </u>		4550ciation, to				1		<u> </u>	
_	rt I			arity Status (All org							tions.
				dation because it is: (							
1	님			rches, or association			ibed in s	ection 1	/U(D)(1)(A	.)(I).	
2	님			on 170(b)(1)(A)(ii). (Att			n aaatia	- 170/b\/	4\/A\/;;;\		
3	님	A nospital o	r a cooperative r	nospital service organ ition operated in conji	ization de	escribed	n section	oribod in	ny(M)(III).	170/b\(1)	(A)(iii) Enter the
4		hospital's na	ame, city, and st	ate:							
5	X		tion operated for (b)(1)(A)(iv). (Co	the benefit of a colleg	ge or univ	versity ov	vned or o	perated i	by a gove	ernmental	unit described in
6				ernment or governme							
7				/ receives a substantia (1)(A)(vi). (Complete P		its suppo	rt from a	governm	ental unit	or from t	he general public
8				in section 170(b)(1)		omplete	Part II)				
9		An organizat	tion that normally	receives. (1) more that	an 331/3 %	of its su	oport fror	n contrib	utions, m	embershi	p fees, and gross
		support from	n gross investm	ed to its exempt funct ent income and unre after June 30, 1975.	lated bus	siness tax	cable inc	ome (less	s section	no more i 511 tax)	than 33%% of its from businesses
10		An organizat	tion organized ai	nd operated exclusive	ly to test	for publ	ic safety.	See sec	tion 509(	a)(4).	
11		An organiza	tion organized a	and operated exclusive blicly supported organ	ely for th	ne benefi	t of, to p	erform tl	he function	ons of, or	r to carry out the a)(2) See <b>section</b>
		509(a)(3). C	heck the box tha	at describes the type	of suppo	rting orga e III–Fund	anızatıon	and com	plete line	s 11e thr	ough 11h. Type III-Other
		a ∐ Type		Type II c							
e		persons other	er than foundationsection 509(a)(2)	n managers and other	r than one	e or more	publicly	supporte	d organiz	ations de	scribed in section
f		If the organ	zation received	a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting
			, check this box								
g		following pe	rsons?	the organization acce							[ <del>]</del>
				r indirectly controls, en ning body of the supp				h person	ıs descrit	ped in (ii)	Yes No
				rson described in (i) a							11g(ii)
_				of a person described							11g(iii)
<u>h</u>			1	ation about the suppo					6.3	_ 41-	fuil Amount of
(1)		e of supported janization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (1) lis	organization sted in your document?	the organ	ou notify nization in of your	organizat (i) organi	s the ion in col zed in the	(vii) Amount of support
				(see Instructions))	Yes	No	Yes	No No	Yes	S? No	
_			<u> </u>		105	140	165	140	165	1.0	
_											
					:		_				
_											
											<u> </u>
		-						CAN SERVED TO THE SERVED TO TH	and his rolls	Salar Contractor	
							100				
Γota	l .			THE RESERVE OF THE PERSON OF T							

	(Complete only if you chec					and 170(D)(1	)(A)(VI)
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,877,369	2,973,284	2,395,466	4,817,336	1,359,835	14,433,290
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,877,369	2,973,284	2,395,466	4,817,336	1,359,835	14,433,290
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	olgo Per					3,105,065
6	shown on line 11, column (f)						11358,552
	tion B. Total Support		Post of the second	Same of the same of the best of the same	I direction with the contract of		1,20,00
	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,877,369	2,973,284	2,395,466	4,827,236	1,259,835	14.433,290
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,229,970	849,062	613,080	295, 182	374,655	3,361,949
9	Net income from unrelated business activities, whether or not the business is regularly carried on					688	688
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					3/11	3,222
11	Total support. Add lines 7 through 10 .						17,794,149
12	Gross receipts from related activities, etc	•	•			12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth			on 501(c)(3)
Sec	tion C. Computation of Public Su					<del>, , , , , , , , , , , , , , , , , , , </del>	- 711-
14	Public support percentage for 2009 (line		=	1, column (f))			3.645 %
15	Public support percentage from 2008 Sc					15	64.759 %
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not o as a publicly s	check the box of supported orga	on line 13, and nization	line 14 is 331/3 1	% or more, che 	ck this box
b	33% % support test—2008. If the organi box and stop here. The organization qua						, check this ▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test —2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qu	check this box a alifies as a public	and <b>stop here</b> . cly supported or	Explain in Part ganization	IV how the► □

Par	Support Schedule for Orga (Complete only if you check				)(2)		
	tion A. Public Support			·			
Ca	elendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				· · · · · · · · · · · · · · · · · · ·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	T	T = 1 = 2		10.000	() 0000	(0.T.)
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				
Sec	tion C. Computation of Public Su	<del></del>			<del></del>	<del></del>	
15 16	Public support percentage for 2009 (line Public support percentage from 2008)					15 16	<u>%</u> %
Sec	tion D. Computation of Investme	nt Income P	ercentage			<del></del>	
17	Investment income percentage for 200					17	%
18	Investment income percentage from 2					18	%
19a	17 is not more than 331/3 %, check this t	box and <b>stop h</b>	ere. The organ	ization qualifie	s as a publicly	supported of	organization 🕨 📙
b	33% % support tests $-2008$ . If the organine 18 is not more than $33%$ %, check th	is box and stop	here. The orga	anızation qualıfı	es as a publicly	supported o	organization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see	instructions 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2	2000						
Part IV Supplementa	i Information. Com	nplete this pa	art to provide	the explar	ations require	ed by Part II, li	Page 4 ne 10;
Part II, line 17	7a or 17b; and Part	III, line 12. F	rovide any o	ther additio	nal informatio	n. See instruct	ons.
Part II -	Line 10 -	Other	income	o€ 13,	910 in ?	009	
is	cense plate	veceiots.		·			
		1			*************		
		· • · · · · · · · · · · · · · · · · · ·					
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<u></u>					*		
·							
						·- <b></b>	•••••

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name	of the organization	Auxidia Inc.	Employer Identification number 55: 0372697
Pa	t I Organizations Maintaining Do	nor Advised Funds or Other Similar	
	the organization answered "Yes	s" 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	d donor advisors in writing that the assets bject to the organization's exclusive legal of	held in donor advised control?
6	Did the organization inform all grantees, or	donors, and donor advisors in writing that to the benefit of the donor or donor adv	grant funds can be risor, or for any other
Pa	t II Conservation Easements. Com	plete if the organization answered "Yes	
1		id by the organization (check all that apply	ion of an historically important land area
	Preservation of land for public use (e.	· · · · · · · · · · · · · · · · · · ·	tion of a certified historic structure
	Protection of natural habitat	□ Preserva	tion of a certified historic structure
_	Preservation of open space		oution in the form of a consequation
2	easement on the last day of the tax year.	zation held a qualified conservation contrib	outloss in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
			20
а			
b		easements	
¢		certified historic structure included in (a)	· · · · · · · · · · · · · · · · · · ·
d		ded in (c) acquired after 8/17/06	
3	Number of conservation easements modithe tax year ▶	fied, transferred, released, extinguished, o	r terminated by the organization during
4	Number of states where property subject	to conservation easement is located ▶	
5	Does the organization have a written poli- violations, and enforcement of the consei	cy regarding the periodic monitoring, inspiration easements it holds?	ection, handling of Yes . No
6	· · · · · · · · · · · · · · · · · · ·	nitoring, inspecting, and enforcing conserv	
_		improcting and enforcing conseniation	a aggements during the year
7	<b>▶</b> \$	ng, inspecting, and enforcing conservation	
8	Does each conservation easement report 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirement	ents of section Yes . No
9	balance sheet, and include, if applicable,	n reports conservation easements in its re the text of the footnote to the organizatio	venue and expense statement, and in's financial statements that describes
	the organization's accounting for conserv		
Pai		lections of Art, Historical Treasures, swered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted u art, historical treasures, or other similar as provide, in Part XIV, the text of the footnot	under SFAS 116, not to report in its reveni sets held for public exhibition, education, o ote to its financial statements that describ	r research in furtherance of public service,
b	provide the following amounts relating to	s held for public exhibition, education, or these items:	research in furtherance of public service,
	(i) Revenues included in Form 990, Part		• \$
	(ii) Assets included in Form 990, Part X		> \$
2	following amounts required to be reporte	s of art, historical treasures, or other sım d under SFAS 116 relatıng to these items	•
a b	Revenues included in Form 990, Part VIII Assets included in Form 990, Part X .	, line 1	\$ 18,000 \$ \$ 257,000

Pai	rt III Organizations Maintaini	ng Collections	of Art, His	torica	Treasures, c	or Other Simila	r Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	other record	ds, che	ck any of the fo	ollowing that are	a significant use of its
а	Public exhibition		d		oan or exchang		
b	Scholarly research		e	LJ o	ther		
С	Preservation for future generat	ions					
4	Provide a description of the organiz Part XIV.	ation's collection	s and expla	un how	they further th	ne organization's	s exempt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be maint	ained as pai	rt of the	organization's	collection?	Yes X No
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an					swered "Yes" to	> Form 990, Part
							ts not Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the f	followin	ıg table:		Amount
							Amount
C	Beginning balance					10	<del></del>
	Additions during the year					1d	
_	Distributions during the year				• • • •	1e	
f	Ending balance						Yes No
	If "Yes," explain the arrangement in	Part XIV.					
Pai	rt V Endowment Funds. Co		<del></del>		T		
		(a) Current year	(b) Prior		(c) Two years ba		s back (e) Four years back
1a	Beginning of year balance	800,016	856,5			A CONTRACTOR OF THE PARTY OF TH	
b	Contributions	65,125	10,6	50			
С	Net investment earnings, gains, and losses	16,220	< 357	1917			SELECTION OF STREET STREET, ST
d	Grants or scholarships				30.00		
е	Other expenditures for facilities and programs						
f g	Administrative expenses End of year balance	13,189 868,172	800,0	% १८			
2	Provide the estimated percentage of			as:			
а	Board designated or quasi-endown	ent ► <b>!3</b>	%				
b	Permanent endowment ►\$7.						
C	Term endowment ►	b					
3а	Are there endowment funds not in thorganization by:	e possession of t	he organıza	tion tha	at are held and	administered for	Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related orga						3b
Par	Describe in Part XIV the intended us					V line 10	
Fall	t VI Investments—Land, Bu						
	Description of investment	(a) Cost or o			st or other s (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	66	0.349				660,549
b	Buildings	17,908	3,864			801,789	11,107,075
С	Leasehold improvements	<del> </del>	4.				
d e	Equipment	<u>739</u> ,	.621			500,5006	334,415
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part X,	column	(B), line 10(c).)	<b>&gt;</b>	18,307,039

Schedule D (Form 990) 2009			Page 3
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			
Closely-held equity interests			
Other			
Fixe Income	<i>5</i> 80391	End of year market value	2
Marketable Attematives,	319 132	End of year market Valve	و
Non-maketable attemptives	717,594	End of year market Value	<u>و</u>
Equity	306,468	End 06 year malket value	
		•	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,623,495	and the second of the second	1. 2 3 16 , 5
Part VIII Investments—Program Related	I. 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	<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX Other Assets. See Form 990, Par	t V line 15	13.18.18.18.18.18.18.18.18.19.19.19.19.19.19.19.19.19.19.19.19.19.	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I
	(a) Description	(b) Boo	ok value
Walk of Act	(a) Description	56	1.000
Loen Costs		4	<u> 1472 </u>
DOUN CO.110			<del>// 110</del>
	· · · · · · · · · · · · · · · · · · ·		
	- · · · · · · · · · · · · · · · · · · ·		
	· · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (	B) line 15.)		) 472
Part X Other Liabilities. See Form 990,			,
1. (a) Description of liability	(b) Amount		
Federal income taxes			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Scholar's program	14.510		
Sale tax parable	4567	The state of the s	
		<b>一种意思。这个意思的,是是有关的意思。</b>	
		· · · · · · · · · · · · · · · · · · ·	
			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,077		4 1 2 2

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

20**09** 

Open to Public Inspection

Yes (h) On behalf of Employer identification number ŝ ŝ 55 0372697 (g) Defeased Yes No ш Yes Yes Refunding Bonds issued to construct new Alumni Center (f) Description of purpose ŝ ŝ ۵ ۵ Yes Yes ŝ ŝ O 6,500,000 (e) Issue price Yes Yes ŝ ŝ (d) Date issued <u>6/10/10</u> 8 8 Yes Yes (c) CUSIP # 55-600215 None 6,500,000 2008 6,500,000 0000 £ ŝ 0 × (b) Issuer EIN WVO Albuni Association, Inc. Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? Does the organization maintain adequate books and records to support the final allocation of proceeds? Has the final allocation of proceeds been made? Are there any lease arrangements with respect to the Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Capital expenditures from proceeds City of Morgantown Gross proceeds in reserve funds **Private Business Use** (a) Issuer name Year of substantial completion Issuance costs from proceeds Other unspent proceeds Total proceeds of issue Bond Issues tax-exempt bonds? **Proceeds** refunding issue? Name of the organization Part III Part I 4 တ| 2 Ŋ ဖ ω ⋖ 8 O ۵ 2 8

Schedule K (Form 990) 2009

Cat No 50193E

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

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Part III Private Business Use (Continued)										J affe
		A	В	8	O			٥	Ш	
3a Are there any management or service contracts with	Yes	°N	Yes	No	Yes	No	Yes	Ŷ	Yes	ş
		×								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		×								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		, O		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		0.1 %		%		%		%		%
<b>6</b> Total of lines 4 and 5		% 1.0		%		%		%		%
Has the and proc	×									
Part IV Arbitrage		•								i
		V	8	_	O			۵	ш }	
and Penalty in Lieu of Arbitrage Rebate, Yield Reduction	Yes	o <sub>N</sub>	Yes	No No	Yes	S	Yes	Š	Yes	No.
With respect to the bond Issue?	×	<u> </u>								
_		×				:				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×								
1										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		×								
6 Did the bond issue qualify for an exception to rebate?	×									
								S	Schedule K (Form 990) 2009	rm 990) 2009

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection Employer identification number

Nam	e of the organization WVU A	Homn: #	Association, Inc.			er identification num	
Pa	rt Types of Property						
		(a) Check if applicable	<b>(b)</b> Number of contributions	(c) Revenues reported Form 990, Part VIII, III		(d) Method of det revenue	
1	Art-Works of art	X	کا	18,000		Expert of	inium
2	Art—Historical treasures					V V	
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
Ĭ	goods		<b>2017年</b> 17月1日				
6	Cars and other vehicles						
7	Boats and planes	i i					
8	Intellectual property						
9	Securities—Publicly traded .						
10	Securities—Closely held stock .						
11	Securities - Partnership, LLC,					_	
• •	or trust interests						
12	Securities-Miscellaneous .	i				<del> </del>	
13	Qualified conservation						
-	contribution-Historic				ı		
	structures						
14	Qualified conservation						
	contribution-Other						
15	Real estate-Residential						
16	Real estate-Commercial						_ <del></del>
17	Real estate—Other						
18	Collectibles	ļ					
19	Food inventory	<u> </u>					
20	Drugs and medical supplies .						
21	Taxidermy					<del></del>	
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	· ·					
25	Other ► ()						
26	Other ▶ ()						
27	Other ► ()						· · -
28	Other ▶ ()	1	<u> </u>			<del></del>	
29	Number of Forms 8283 receive				ns for		ightharpoonup
	which the organization complet	ted Form 82	283, Part IV, Donee Acknor	wledgement	. ι	29	Uvaal AL
						707	Yes No
30a	During the year, did the organiz						
	it must hold for at least three y			oution, and which is	not requ	ured to be	
	used for exempt purposes for				<b>.</b>		
b	If "Yes," describe the arrangen						
31	Does the organization have contributions?	a gift acce	ptance policy that requi	res the review of a	any nor	n-standard 31	X
322	Does the organization hire or u	ise third no	rties or related organization	ons to solicit proces	s orse	ll noncash	`\\\\
JEG		-	rties of related organization			32	a     🔨
b	If "Yes," describe in Part II.						
33	If the organization did not repor	t revenues ir	n column (c) for a type of pr	operty for which coli	ımn (a) i	s checked.	
	describe in Part II.			, 1.19 .11	()		

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WVD Alumni Association, Inc.

Employer identification number 55: 0372697

Part VI - Line 11A - The 990 is proposed by the CFO and is reviewed by the 2 internal officers. It is reviewed by our external auditous and made available to the Board of Directors at the board meeting:
Part VI - Line 15a + 15b - Compensation is determined by benchmarking by West Virginia University and approved by the Alumni Board of Directors.
Part VI - Line 12c - Annually Compliance with the conflict of intelest policy is discussed with the Board of Director and the employees.
Past VI - Line 19 - The Financial statements are available to anyone who requests them in poron or telephone. In addition,
the Form 1023, 990 and 990 Take available for public inspection for 3 years from the filing date.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

<b>Partnership</b>
Unrelated
and
<b>Organizations</b>
Related

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

2009 No 1545-0047
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See separate instructions.

(f)
Direct controlling
entity (f)
Direct controlling
entity 0372697 SE Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Public chanty status (if section 501(c)(3)) (e) End-of-year assets しずると <u>e</u> 0 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 201(4)(3) (d) Total income 0 Legal domicile (state or foreign country) Legal domicile (state or foreign country) **>**  $\geq$ Histor Elecation Primary activity Primary activity Inactive had one or more related tax-exempt organizations during the tax year.) WWO Alomi Association, Irc. Auxidian Mapather, Irc. riginia University (a) Name, address, and EIN of related organization (a) (a) Name, address, and EIN of disregarded entrhy 10/16 - 2050 2 - 26506 - 6201 Part I Part II

Schedule R (Form 990) 2009

Cat No. 50135Y

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

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(i) General or managing partner?	Yes No	L.				۲   اک,	(h) Percentage ownership				
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)						Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(g) Share of end-of-year assets				
(h) Disproportonate allocations?	Yes No					red "Yes"					
(g) Share of end-of-year assets	<b>1</b>					zation answe	(f) Share of total income				
<del></del>						e if the organ st during the 1	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income						rust (Complet	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)					orporation or T	(c) Legal domicile (state or foreign country)				
(d) Direct controlling entity						Taxable as a C	(b) Pnmary activity				
(c) Legal domicile (state or foreign country)						nizations ore relate					
(b) Primary activity						<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	of related organization				
(a) Name, address, and EIN of related organization						Part IV Identification of Ine 34 because	(a) Name, address, and EIN of related organization				

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

	Receipt of (II) Interest (II) annuities (III) rovaities of (IV) rent from a controlled entity
	Gift, grant, or capital contribution to other organization(s)
	Gift, grant, or capital contribution from other organization(s)
	Loans or loan guarantees to or for other organization(s)
	Loans or loan guarantees by other organization(s)
	Sale of assets to other organization(s)
	Purchase of assets from other organization(s)
	Exchange of assets
	Lease of facilities, equipment, or other assets to other organization(s)
	Lease of facilities, equipment, or other assets from other organization(s)
	Performance of services or membership or fundraising solicitations for other organization(s)
(s)uoi	Performance of services or membership or fundraising solicitations by other organization(s)
	m Sharno of facilities, equipment, mailing lists, or other assets
	Sharps of noid amployage
	Reimblirsement paid to other organization for expenses
	Reimbursement paid by other organization for expenses
	Other transfer of cash or property to other organization(s)
	Other transfer of cash or property from other organization(s)
who must complete this line, including covered relationships and transaction thresholds	If the answer to any of the above is "Yes," see the instructions for information on who
(b) Transaction type (a-r)	(a) Name of other organization
2	West Vivainia University
• —	West Viginia University
٤	West Viginia University
\$	West Virginia University
0	West Virginia University
	-

Part VI Unrelated Organizations

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

	(b) (c) (d)	(9)	(A)	2	(9)	٤	17)		į
Name, address, and EIN of entity	Primary activity		Are all pa	rtners	Share of	Disproportionate		Gen	eral or
		(state or foreign country)	section 501(c)(3) organizations?	(3)	end-of-year assets	allocations?	of Schedule K-1 (Form 1065)	par	managing partner?
			Yes	ş		Yes No		Yes	Yes No
								ļ	
				<del>-</del>					

Schedule R (Form 990) 2009