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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

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 \$ 12,424,205 including grants of \$ 12,424,205) (Revenue \$)

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

4b (Code) (Expenses \$ 9,220,925 including grants of \$) (Revenue \$)

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

4c (Code) (Expenses \$ 16,372,428 including grants of \$) (Revenue \$)

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






















4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 14,613,777 including grants of \$) (Revenue \$ 1,910,231)

4e Total program service expenses \$ 52,631,335

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
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 U S ? If "Yes," complete Schedule F, Parts II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
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 (see instructions) 	17	No
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	Yes
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	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	291		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	180		
	b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
	b			If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		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	Yes
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).					
a		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	Yes
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d		If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8		Sponsoring organizations maintaining donor advised funds 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.			
a		Did the organization make any taxable distributions under section 4966?		9a	
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter					
a		Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter					
a		Gross income from members or shareholders.		11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c		Enter the amount of reserves on hand.		13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK , AZ , CA , CT , KY , ME , MD , MA , MI , NH , NJ , NY , OH , OK , OR , SC , WA , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	JEFFREY K DUNN ONE WATERFRONT PLACE MORGANTOWN, WV 26507 (304) 284-4000

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	10
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
THE CARLYLE GROUP 520 MADISON AVE 41ST FL NEW YORK, NY 10022	INVESTMENT MANAGER	464,795
STATE STREET BANK & TRUST 2 AVENUE DELAFAYETTE 6TH FLOOR BOSTON, MA 02111	INVESTMENT MANAGER	351,399
ASANTE COMMUNICATIONS LLC 800 THIRD AVE 23RD FLOOR NEW YORK, NY 10022	CONSULTANT	217,625
DIXON HUGHES GOODMAN LLP 48 DONLEY STREET MORGANTOWN, WV 26505	ACCOUNTING	166,742
NCH CAPITAL INC 712 FIFTH AVENUE NEW YORK, NY 10019	INVESTMENT MANAGER	148,587
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 9		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	711,465			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	8,723,537			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	66,609,822			
	g	Noncash contributions included in lines 1a-1f \$		8,993,038			
	h	Total. Add lines 1a-1f		76,044,824			
Program Service Revenue	2a		Business Code				
		AGENCY FEES	611710	1,937,092	1,937,092		
	b	CONTRACTUAL AGREEMENTS	611710	371,383	371,383		
	c	STUDENT LOAN INTEREST	611710	49,881	49,881		
	d	STUDENT SUPPORT	611710	6,278	6,278		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,364,634			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		10,131,303		646,338	9,484,965
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
			1,812,667				
	b	Less rental expenses		2,267,070			
	c	Rental income or (loss)		-454,403			
	d	Net rental income or (loss)		-454,403	-454,403		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			263,346,698				
	b	Less cost or other basis and sales expenses		242,088,818			
	c	Gain or (loss)		21,257,880			
	d	Net gain or (loss)		21,257,880			21,257,880
	8a	Gross income from fundraising events (not including \$ 711,465 of contributions reported on line 1c) See Part IV, line 18					
			a	525,108			
	b	Less direct expenses	b	961,364			
	c	Net income or (loss) from fundraising events . .		-436,256			-436,256
	9a	Gross income from gaming activities See Part IV, line 19 .	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances .						
		a					
b	Less cost of goods sold . .	b					
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		108,907,982	1,910,231	646,338	30,306,589	

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	12,424,205	12,424,205		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,316,490		779,433	537,057
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	10,905,647	7,316,483	1,473,963	2,115,201
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	437,432		218,716	218,716
9	Other employee benefits	2,547,515	1,873,269	333,818	340,428
10	Payroll taxes	404,048	31,173	178,724	194,151
a	Fees for services (non-employees)				
	Management				
b	Legal	101,140	30,434	39,103	31,603
c	Accounting	167,242	2,300	164,942	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,075,008	1,934,244	127,236	13,528
g	Other	2,848,504	2,648,872	109,743	89,889
12	Advertising and promotion	486,480	304,774	30,269	151,437
13	Office expenses	2,149,073	1,817,133	138,803	193,137
14	Information technology	393,256	96,766	148,245	148,245
15	Royalties				
16	Occupancy	1,896,790	1,697,264	100,167	99,359
17	Travel	1,818,929	1,690,305	39,099	89,525
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,769,114	2,342,654	72,051	354,409
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	192,776		96,388	96,388
23	Insurance	554,905	480,798	68,021	6,086
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CAPITAL PROJECTS	16,372,428	16,372,428		
b	REVALUATION OF ANNUITIE	585,552	585,552		
c	PROVISION FOR LOSSES	567,024	567,024		
d					
e					
f	All other expenses	415,657	415,657		
25	Total functional expenses. Add lines 1 through 24f	61,429,215	52,631,335	4,118,721	4,679,159
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			250	1	247
	2	Savings and temporary cash investments			14,904,232	2	11,401,614
	3	Pledges and grants receivable, net			38,908,100	3	41,552,584
	4	Accounts receivable, net			1,788,651	4	1,228,786
	5	Receivables from current and former officers, directors, trustees, key 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			2,828,280	7	2,818,053
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			54,625	9	124,934
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,690,730			
	b	Less: accumulated depreciation	10b	12,614,684	22,149,875	10c	21,076,046
	11	Investments—publicly traded securities			403,357,230	11	418,686,210
	12	Investments—other securities. See Part IV, line 11			357,292,000	12	551,305,104
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			39,609,142	15	37,619,656
16	Total assets. Add lines 1 through 15 (must equal line 34)			880,892,385	16	1,085,813,234	
Liabilities	17	Accounts payable and accrued expenses			5,181,630	17	7,022,665
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			28,176,384	20	27,512,125
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			354,285,547	25	468,710,092
	26	Total liabilities. Add lines 17 through 25			387,643,561	26	503,244,882
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-9,628,176	27	15,706,093
	28	Temporarily restricted net assets			183,972,000	28	216,643,974
	29	Permanently restricted net assets			318,905,000	29	350,218,285
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			493,248,824	33	582,568,352
	34	Total liabilities and net assets/fund balances			880,892,385	34	1,085,813,234

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,907,982
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,429,215
3	Revenue less expenses Subtract line 2 from line 1	3	47,478,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	493,248,824
5	Other changes in net assets or fund balances (explain in Schedule O)	5	41,840,762
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	582,568,352

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

Name of the organization WEST VIRGINIA UNIVERSITY FOUNDATION INC	Employer identification number 55-6017181
---	--

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	54,290,396	46,795,797	62,525,867	66,923,338	76,044,824	306,580,222
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	54,290,396	46,795,797	62,525,867	66,923,338	76,044,824	306,580,222
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 shown on line 11, column (f)						26,203,278
6 Public Support. Subtract line 5 from line 4						280,376,944

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	54,290,396	46,795,797	62,525,867	66,923,338	76,044,824	306,580,222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,237,187	18,581,931	1,613,106	10,632,703	12,156,162	59,221,089
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						365,801,311
12 Gross receipts from related activities, etc (See instructions)					12	15,666,436
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	76 650 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	79 110 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years 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 stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
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. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property
to a Foreign Corporation

▶ **Attach to your income tax return for the year of the transfer or distribution.**

OMB No. 1545-0026

Attachment
Sequence No. **128**

Part I

U.S. Transferor Information (see instructions)

Name of transferor
WEST VIRGINIA UNIVERSITY FOUNDATION
INC

Identifying number (see instructions)
55-6017181

1

If the transferor was a corporation, complete questions 1a through 1d

a

If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?

Yes

No

b

Did the transferor remain in existence after the transfer?

Yes

No

If not, list the controlling shareholder(s) and their identifying number(s)

Controlling shareholder	Identifying number

c

If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?

Yes

No

If not, list the name and employer identification number (EIN) of the parent corporation

Name of parent corporation	EIN of parent corporation

d

Have basis adjustments under section 367(a)(5) been made?

Yes

No

2

If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d

a

List the name and EIN of the transferor's partnership

Name of partnership	EIN of partnership
MORGAN STANLEY REAL ESTATE SPECIAL SITUATIONS FUND III LP	20-3787498

b

Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

Yes

No

c

Is the partner disposing of its **entire** interest in the partnership?

Yes

No

d

Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?

Yes

No

Part II

Transferee Foreign Corporation Information (see instructions)

3

Name of transferee (foreign corporation)
MSRESS III CANADIAN FUND LP

4

Identifying number, if any
75-3212715

5

Address (including country)

6

Country code of country of incorporation or organization (see instructions)

7

Foreign law characterization (see instructions)
LIMITED PARTNERSHIP

8

Is the transferee foreign corporation a controlled foreign corporation?

Yes

No

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

2010

Open to Public
Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ 5,519,447

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	304,339,115	274,511,000	393,126,000	
b	Contributions	21,793,734	13,282,000	14,241,000	
c	Investment earnings or losses	61,292,011	29,077,000	-119,980,000	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	16,269,184	8,035,000	8,756,000	
f	Administrative expenses	7,095,593	4,496,000	4,120,000	
g	End of year balance	364,060,083	304,339,000	274,511,000	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4 000 %

b

Permanent endowment ▶ 96 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,610,860		1,610,860
b Buildings		28,773,734	9,591,244	19,182,490
c Leasehold improvements		30,708	6,838	23,870
d Equipment		262,990	262,990	0
e Other		3,012,438	2,753,612	258,826
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				21,076,046

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	108,907,982
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,429,215
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,478,767
4	Net unrealized gains (losses) on investments	4	45,262,793
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,422,031
9	Total adjustments (net) Add lines 4 - 8	9	41,840,762
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	89,319,529

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	155,477,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	45,262,793
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	45,262,793
3	Subtract line 2e from line 1	3	110,214,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,921,756
b	Other (Describe in Part XIV)	4b	-3,228,433
c	Add lines 4a and 4b	4c	-1,306,677
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	108,907,981

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	66,157,922
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	6,650,465
e	Add lines 2a through 2d	2e	6,650,465
3	Subtract line 2e from line 1	3	59,507,457
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,921,756
b	Other (Describe in Part XIV)	4b	2
c	Add lines 4a and 4b	4c	1,921,758
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	61,429,215

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ORGANIZATION'S COLLECTION IS COMPRISED OF A VARIETY OF PAINTINGS, STATUES, AND SCULPTURES. THESE ITEMS ARE MAINTAINED ON WEST VIRGINIA UNIVERSITY'S CAMPUS AND ARE USED TO ENHANCE EDUCATIONAL AND CULTURAL OPPORTUNITIES FOR STUDENTS, FACULTY, AND STAFF. OWNERSHIP OF THE COLLECTION WAS TRANSFERRED TO THE UNIVERSITY SUBSEQUENT TO YEAR END.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ASSETS AND CONTRIBUTIONS FOR WHICH THE DONOR STIPULATES THAT RESOURCES BE MAINTAINED PERMANENTLY ARE CONSIDERED ENDOWMENT FUNDS. SUCH ASSETS ARE COMPRISED OF ENDOWMENTS, WHICH ARE SUBJECT TO THE RESTRICTIONS OF GIFT INSTRUMENTS REQUIRING THAT THE FUND BE INVESTED IN PERPETUITY. SPENDING FROM THE FUND IS GOVERNED BY THE FOUNDATION'S SPEND POLICY AS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		REVALUATION OF EXTERNAL TRUSTS -3,422,031 REVALUATION OF ANNUITIES PAYABLE
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 -961,363 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -2,267,070
PART XIII, LINE 2D - OTHER ADJUSTMENTS		REVALUATION OF ANNUITIES PAYABLE 3,422,031 FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 961,364 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 2,267,070
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ROUNDING 2
		PART X, LINE 2: THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME TAXES IN 2010. THE IMPACT OF ADOPTION WAS NOT MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011.

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

55-6017181

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

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

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

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

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

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

☐ Yes

☐ No
- b

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

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

- 3

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ATHLETIC PROGRAMS (event type)	MBR CANCER CENTER (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	391,275	295,656	549,642
	2	Less Charitable contributions	196,325	226,680	288,460
	3	Gross income (line 1 minus line 2)	194,950	68,976	261,182
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	17,600	61,035	78,635
	6	Rent/facility costs	10,718	223	13,960
	7	Food and beverages	18,652	1,064	47,803
	8	Entertainment	500	15,075	875
	9	Other direct expenses	329,727	244,610	199,522
	10	Direct expense summary Add lines 4 through 9 in column (d)			961,364
	11	Net income summary Combine lines 3 and 10 in column (d).			-436,256

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
55-6017181

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN, WV 26506	55-6000842	501(C)3	12,424,205				TO SUPPORT STUDENTS OF WEST VIRGINIA UNIVERSITY

2

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

1

3

Enter total number of other organizations

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION REMITS FUNDS TO WEST VIRGINIA UNIVERSITY ONLY UPON THE RECEIPT OF INVOICES/REQUESTS FOR PAYMENT APPROVED BY THE APPROPRIATE BUDGET OFFICER PRIOR TO REMITTING THE FUNDS TO WEST VIRGINIA UNIVERSITY, THE ORGANIZATION'S STAFF REVIEWS THE AUTHORIZED REQUEST TO ENSURE THAT THE REQUEST COMPLIES WITH FUND RESTRICTIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY FOUNDATION INC	Employer identification number 55-6017181
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.	4a	No
		4b	Yes
		4c	No
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) R WAYNE KING	(i)	279,530	0	8,602	24,500	31,099	343,731	0
	(ii)	0	0	0	0	0	0	0
(2) D LYN DOTSON	(i)	178,124	0	3,691	19,343	15,906	217,064	0
	(ii)	0	0	0	0	0	0	0
(3) PATRICIA ROBERTSON	(i)	162,308	0	1,092	16,451	13,759	193,610	0
	(ii)	0	0	0	0	0	0	0
(4) JULIA W PHALUNAS	(i)	147,396	0	1,032	16,748	12,740	177,916	0
	(ii)	0	0	0	0	0	0	0
(5) JEFFREY K DUNN	(i)	118,681	0	1,007	13,479	13,677	146,844	0
	(ii)	15,000	0	0	0	0	15,000	0
(6) MARK W COTTRILL	(i)	123,890	0	626	12,687	14,524	151,727	0
	(ii)	0	0	0	0	0	0	0
(7) DOROTHY DOTSON	(i)	67,657	0	0	0	217	67,874	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT WAS PROVIDED TRAVEL FOR COMPANIONS AND THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT. WVU FOUNDATION MAINTAINS A MEMBERSHIP WITH A LOCAL CLUB FOR USE BY THE PRESIDENT WHICH WAS USED EXCLUSIVELY FOR BUSINESS PURPOSES.
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4B: PARTICIPATION IN SUPPLEMENTAL NON-QUALIFIED PLAN FOR R. WAYNE KING REPORTED IN COLUMN (C) IS INCLUDED IN RETIREMENT AND OTHER COMPENSATION AND IS PART OF HIS CONTRACT WITH THE ORGANIZATION. PART I, LINE 7: THE VP OF INVESTMENTS WAS PAID INCENTIVE COMPENSATION IN CALENDAR YEAR 2010. SEVENTY PERCENT OF THE INCENTIVE PAYMENT WAS A FIXED PAYMENT BASED ON PORTFOLIO PERFORMANCE IN FISCAL YEAR END 2009 RELATIVE TO INDUSTRY BENCHMARKS. THE REMAINING 30% IS DEEMED TO HAVE BEEN A "NON-FIXED PAYMENT," AND WAS BASED ON A LEVEL OF ACHIEVEMENT OF QUALITATIVE FACTORS AS EVALUATED BY THE CEO WITH INPUT OF THE INVESTMENT COMMITTEE OF THE BOARD.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	4	11,200	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded	X	68	2,110,842	QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests . .	X	11	3,433,110	QUOTES
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial				
17 Real estate—Other	X	3	1,510,000	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . .				
CAPITAL				
25 Other ► (EQUIPMENT)	X	1	4,500,000	FMV
GREENBRIER CLASSIC				
26 Other ► (PASSES)	X	1	495,000	FMV
27 Other ► ()				
28 Other ► ()				

29

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

29

4

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization WEST VIRGINIA UNIVERSITY FOUNDATION INC	Employer identification number 55-6017181
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ANNUALLY, THE MEMBERS OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION REVIEW THE FORM 990 AFTER COMPLETION OF THE FORM BY MANAGEMENT WITH THE ASSISTANCE, GUIDANCE, AND REVIEW OF THE INDEPENDENT ACCOUNTING FIRM. THE MEMBERS EACH RECEIVE A COMPLETE COPY OF THE FORM 990 AND ALL SCHEDULES PRIOR TO THE MEETING SO THAT THEY HAVE AN OPPORTUNITY TO REVIEW. DURING THE MEETING, THE ACCOUNTING FIRM AND MANAGEMENT STAFF REVIEW THE RETURN AND ANSWER QUESTIONS. ITEMS NOTED REQUIRING FURTHER REVIEW OR ADDITIONAL INFORMATION ARE NOTED AS CHANGES ARE MADE TO THE RETURN. ADDITIONALLY, PRIOR TO FILING THE FORM 990, THE AUDIT COMMITTEE REPORTS ITS REVIEW TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND A COPY OF THE FORM IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD.

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEB SITE

Identifier	Return Reference	Explanation
	FORM 990, PART VII	JEFFRY K DUNN, IN ADDITION TO HIS ROLE AT WEST VIRGINIA UNIVERSITY FOUNDATION, SERVES AS AN ADJUNCT PROFESSOR AT WEST VIRGINIA UNIVERSIY (A RELATED ORGANIZATION LISTED ON SCHEDULE R) FOR WHICH HE IS SEPARATELY COMPENSATED AND WHICH REQUIRES 3-5 HOURS PER WEEK WHEN HE TEACHES DURING A SEMESTER

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 45,262,793 REVALUATION OF EXTERNAL TRUSTS -3,422,031 REVALUATION OF ANNUITIES PAYABLE TOTAL TO FORM 990, PART XI, LINE 5 41,840,762

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN, WV 26506 55-6000842	HIGHER EDUCATION INSTITUTION	WV	501(C)3	LINE 2	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

No

Yes

Yes

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NONE OF THE ABOVE TRANSACTIONS ARE WITH A CONTROLLED ENTITY			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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TY 2010 Taxation of Excess Distribution Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC

EIN: 55-6017181

Statement: DATE STOCK ACQUIRED = 07/07/2008 DATE STOCK DISPOSED OR
DISTRIBUTED = 12/20/2010 TOTAL ALLOCABLE TO CURRENT YEAR
AND PRE-PFIC TAX YEARS = \$255. TOTAL TO FORM 8621, LINE
11B = \$255. TAX ON FORM 8621, LINE 11C = \$118. FOREIGN TAX
CREDIT ON FORM 8621, LINE 11D = \$44. NET TAX ON FORM 8621,
LINE 11E = \$74. INTEREST ON FORM 8621, LINE 11F = \$6.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
EURO		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
US DOLLARS		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
US DOLLARS		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2010 Functional Currency and
Exchange Rate QBU Statement**

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2010 Functional Currency and
Exchange Rate QBU Statement**

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2010 Functional Currency and
Exchange Rate QBU Statement**

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2010 Functional Currency and
Exchange Rate QBU Statement**

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and
Exchange Rate QBU Statement

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC
EIN: 55-6017181

QBU Id	Country of Operation	Functional Currency
EURO		0.00000

Additional Data

Software ID:

Software Version:

EIN: 55-6017181

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN R MOORE DIRECTOR	2 00	X						0	0	0
VERL O PURDY CHAIR	2 00	X		X				0	0	0
RALPH J BEAN DIRECTOR	2 00	X						0	0	0
SUE SEIBERT FARNSWORTH DIRECTOR	2 00	X						0	0	0
CURTIS H BARNETTE DIRECTOR	2 00	X						0	0	0
IRENE C BERGER DIRECTOR	2 00	X						0	0	0
MARCIA BROUGHTON SECRETARY	2 00	X		X				0	0	0
JAMES H CHAMBERLAIN DIRECTOR	2 00	X						0	0	0
C RICHARD DANIEL DIRECTOR	2 00	X						0	0	0
JOHN GIANOLA DIRECTOR	2 00	X						0	0	0
DAVID W HAMSTEAD DIRECTOR	2 00	X						0	0	0
JOHN C HARMON DIRECTOR	2 00	X						0	0	0
PATRICE HARRIS DIRECTOR	2 00	X						0	0	0
EG KEN KENDRICK JR DIRECTOR	2 00	X						0	0	0
PETER J KALIS DIRECTOR	2 00	X						0	0	0
PAMELA M LARRICK DIRECTOR	2 00	X						0	0	0
J FRANKLIN LONG DIRECTOR	2 00	X						0	0	0
ED H MAIER DIRECTOR	2 00	X						0	0	0
ROBERT A MCMILLAN DIRECTOR	2 00	X						0	0	0
MARSHALL S MILLER DIRECTOR	2 00	X						0	0	0
GARY R PELL DIRECTOR	2 00	X						0	0	0
ROBERT L REYNOLDS VICE CHAIR	2 00	X		X				0	0	0
JOAN CORSON STAMP ASST SECRETARY	2 00	X		X				0	0	0
BENJAMIN M STATLER DIRECTOR	2 00	X						0	0	0
FRED T TATTERSALL DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustees	Officer	Key employee	Highest compensated employee	Former				
DOUGLAS R VAN SCOY DIRECTOR	2 00	X						0	0	0	
VIVIEN P WOOFER DIRECTOR	2 00	X						0	0	0	
GREGORY S BABE DIRECTOR	2 00	X						0	0	0	
SUSAN S BREWER DIRECTOR	2 00	X						0	0	0	
WILLIAM H MCCARTNEY DIRECTOR	2 00	X						0	0	0	
ROBERT R RUFFOLO JR DIRECTOR	2 00	X						0	0	0	
MIKKI VAN WYK DIRECTOR	2 00	X						0	0	0	
ALAN J ZUCCARI DIRECTOR	2 00	X						0	0	0	
R WAYNE KING PRESIDENT & CEO	45 00	X		X				288,132	0	55,599	
D LYN DOTSON VP DEVELOPMENT	45 00			X				181,815	0	35,249	
PATRICIA ROBERTSON VP FINANCE & CFO	45 00			X				163,400	0	30,210	
JULIA W PHALUNAS VP DEVELOPMENT	45 00			X				148,428	0	29,488	
JEFFREY K DUNN ASSISTANT TREASURER	45 00			X				119,688	15,000	27,156	
DALE M HUNT VP INVESTMENTS	45 00			X				90,888	0	9,645	
MARK W COTTRILL VP TECHNOLOGY	45 00			X				124,516	0	27,211	
RICHARD KRAICH VP INVESTMENTS & CIO	45 00			X				95,441	0	11,499	
SUSAN FAULKNER ASSOC DIR OF RESEARCH	45 00					X		126,081	0	17,817	
TIMOTHY BOLLING ASSISTANT VP OF DEVELOPMENT	45 00					X		107,181	0	25,197	
JENNIFER CUNANAN ASSOCIATE VP, INVESTMENTS	45 00					X		122,424	0	22,075	
ELLEN GOODWIN VP FOR DEVELOPMENT & MARKETING	45 00					X		105,538	0	17,312	
DOROTHY DOTSON SENIOR INVESTMENT ADVISOR	30 00						X	67,657	0	217	

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

4d. Other program services			
(Code) (Expenses \$	14,613,777	including grants of \$ (Revenue \$
			1,910,231)
THE ORGANIZATION HAS OTHER DISBURSEMENTS IN DIRECT SUPPORT OF WEST VIRGINIA UNIVERSITY, INCLUDING FACULTY AND STAFF TRAVEL FOR EDUCATIONAL PURPOSES, CLASSROOM, LABORATORY, AND OFFICE SUPPLIES, EDUCATIONAL MATERIALS, ETC			