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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011
Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning	and endi	ing						
В	Check if applicable	WVU FORESTRY ENDOWMENT FUND OF	THE		D Employer identific	cation number				
	Addres	S WVU FORESTRY ALUMNI ASSOCIATION								
	Name change	Doing Business As			23-7	129235				
	initial return Termin	Number and street (or P.O. box if mail is not delivered to street address 806 DAVERTON ROAD	ess) Roor	m/suite	E Telephone number	343-1152				
F	ated Amend return				G Gross receipts \$ 24,040					
F	Application				H(a) Is this a group re					
	pendin		ES		for affiliates?	☐ Yes X No				
		PO BOX 867, PETERSBURG, WV 2684	7		H(b) Are all affiliates inc	luded? Ves No				
$\overline{\mathbf{L}}$	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "No," attach a	list (see instructions)				
J	Websit	e: ▶ N/A			H(c) Group exemption					
		or germenton.	her 🕨	L Year o	of formation: 1970 N	State of legal domicile: WV				
P	art I	Summary								
ø		Briefly describe the organization's mission or most significant activities								
Activities & Governance		STUDENTS WITH SCHOLARSHIP ASSISTAN								
er.		Check this box fithe organization discontinued its operation	ons or disposed o	of more	1 1	sets				
é		Number of voting members of the governing body (Part VI, line 1a)			3	4				
ಳ		Number of independent voting members of the governing body (Part	•		4	<u>4</u> 0				
ţį	i i	Total number of individuals employed in calendar year 2011 (Part V,	une ∠a)		5	0				
Ξ̈́		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	•		6 7a	0.				
Ą		Net unrelated business taxable income from Form 990-T, ine 34	•		7a 7b	0.				
	<u> </u>	Wet unrelated business taxable income nom 1 om 1 550 1, the 54	•	\neg	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			18,800.	9,030.				
ng.	9	Program service revenue (Part VIII, line 2g)	•		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•		20,212.	10,695.				
ď	11	Other revenue (Part VIII COlumn) (A): ines 5, 6d, 8c, 9c, 10c, and 11e)		6,773.	4,315.				
		Total revenue - add-ines 8 through 11 (must equal Part VIII, column (45,785.	24,040.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			10,500.	23,000.				
	14	Benefits partie or for members (Part IX, column (A), line 4)			0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A)), lines 5-10)	<u> </u>	0.	0.				
Expenses	16a	Professional fundraising fees (Rart IX) column (A), line 11e)			0.	0.				
Š	ь	Total fundralsing-expenses-(Part-IX, column (D), line 25)	0.	<u>•</u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,970.	1,680.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		13,470.	24,680.				
	19	Revenue less expenses Subtract line 18 from line 12		 	32,315.	<640.>				
tso	<u> </u>	Total access (Dart V. Fra. 1C)		Rei	ginning of Current Year 923, 401.	End of Year				
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			923,401.	922,761.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			923,401.	922,761.				
	art II	Signature Block				<u> </u>				
_		lities of perjury, I declare that I have examined this return, including accompar	iving schedules and	d statem	ents, and to the best of m	v knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all inf								
		Balsh O. Slover fr.			APR	il 24,2012				
Sig	ın	Signature of officer RALPh P. Clovere, IR	TREASE	URE	Date					
He	re	Prejohn W. CRITES, CHAIRMAN								
		Type or print name and title		l r	Date Check	PTIN				
Da:	н	Print/Type preparer's name Preparer's signatur Preparer's signatur	EPRINCE	2 L	/ / lt -					
Pai Pre	parer	DANNY F. BLAIR Firm's name GRAY, GRIFFITH & MAYS A.	C WA WIT		Firm's FIN >	<u>P00958782</u> 55-0621482				
	only	Firm's address 707 VIRGINIA STREET, EAST		400	Firm's EIN	JJ-0041404				
500	,	CHARLESTON, WV 25301-2711		200	Phone no. 3	043459400				
Ma	v the II	RS discuss this return with the preparer shown above? (see instruction			1. 110.110 110.	X Yes No				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2011)

Form 990 (2011)

WVU FORESTRY ENDOWMENT FUND OF THE

Form 990 (2011) WVU FORESTRY ALUMNI ASSOCIATION Part IV Checklist of Required Schedules

 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3	Yes	X X
If "Yes," complete Schedule A	3	X	x
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 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 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 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		x
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similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3	_	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves " complete Schedule D. Part I.		l l	
provide device on the distribution of investment of amounts in adentificate a decoding in interpretation of investment in in	,		X_
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	,]		
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Schedule D, Part III	3		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	-	1	ı
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	•		<u>X</u>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- [ı
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<u> </u>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			I
as applicable	ı		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- 1		
Part VI 11	la	-	_X_
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	lb		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	IC		<u>X</u> _
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			v
Part X, fine 16? If "Yes," complete Schedule D, Part IX			X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ie		
	1f		х
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	" 		
	2a		Х
b Was the organization included in consolidated, independent audited financial statements for the tax year?			
	2Ь		x
	3		X
	4a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
or more? If "Yes," complete Schedule F, Parts I and IV	1Ь		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	5		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
located outside the United States? If "Yes," complete Schedule F, Parts III and IV	6		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	7		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ {		
	8		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	9 0a		X
·	Ob Ob		-
		200	2011)

Form 990 (2011) WVU FORESTRY ALUMN
Part IV Checklist of Required Schedules (continued) WVU FORESTRY ALUMNI ASSOCIATION

	1			
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	Ī
~~	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
		23		X
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		├
	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	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		}	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ļ	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
С	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? If "Yes," complete Schedule L, Part IV	28c	 -	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	make the second of the second			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Ų X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	\perp
		Form	990	201

	2	3 –	7	1	2	9	2	3	5	Page	Ę
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19 Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable b Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 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 thes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? Note. If the sum of these 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? Note. If the sum of the calendar year, did the organization have an interest in. or a signature or other authority over, a financial account in a foreign country (when some some some some some some some some	_	Check if Schedule O contains a response to any question in this Part V			<u> </u>
be Enter the number of Forms W-2G included in line 1s, Enter 0-6 not applicable Of the organization comply with backup withholding rules for reportable payments to vendros and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by It also are a reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of line 1s and 2s 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 Life Yas, 1 and 1 file a form 900 Tof for the year If 1% no, provide an explanation in Schedule 0 4a At any time during the calendar year, 4d the organization have an interest in, or a signature or other authority over, a financial account? 4b If 1'vss, 1'enter the name of the foreign country; by 5c enstructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts 5s Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization and a party to a prohibited tax shelter transaction? 5c If 1'vss, 1' to line 5a or 5b, did the organization file Form 8886.17 5d Did any contributions that were not tax deductible? 6d If 1'vss, 1' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6d If 1'vss, 1' did the organization receive deductible contributions under section 170(c). 6d Did the organization state are not tax deductible? 6d Did the organization state are a symmetim excess of 5f made party is a sonitribution and party for goods and services provided to the payor? 7a If 1'vss, 1' did the organization notify the donor of the value of the goods or services provided? 7b Did the organization section and the services provided to the supporting orga				Yes	No
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (aparithing) winnings to prize winners? [aparithing) winnings to prize winnings to a prohibate tax wheter transaction 7 [aparithing) winnings to prize winnings to prize winnings to a prohibate tax wheter transaction 7 [aparithing) winnings to prize winnings to prize winnings to a prohibate tax wheter transaction? [aparithing) winnings to prize winnings to prize winnings to a prohibate tax wheter transaction? [aparithing) winnings to prize winnings to prize winnings to a prohibate tax wheter transaction? [aparithing) winnings to prize winni	1a				1
(gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If at least one is reported on time 2a, did the organization file all required federal employment tax return? Note. If the sum of lines 1 a and 2 as 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? 3b. If Yes, 1 and 1 file a form 900 1 for the year if "No., provide an explanation or other during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account?) 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? 5b. If Yes, extent the name of the foreign country; Pose instructions for finan greatments for form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yes, 1 on the 5a or 5b, did the organization file Form 8888.17 5c. Did the organization shell any contributions that were not tax deductible? 5c. If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. If Yes, 3 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Did the organization state in any receive deductible contributions under section 170(c). 8d. If Yes, 3 did the organization notify the donor of the value of the goods or services provided? 9c. Did the organization state in any receive deductible contributions under section 170(c). 9c. Did the organization state in any receive deductible organization an	_	Effect the flathbet of Forms W 2d floredeed in line fat. Effect of in floredeed in line fat.			i
2a Enter the number of employees reported on Form W3, Irramental of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 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 2 as ig greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated bissiness gross income of \$1,000 or more duming the year? b If Yes, * has if filed a Form 9901 for the year? If *No. * provide an explanation in Schedule 0 3b A ray time duming the calendar year, did the organization have an interest in, or a spatiative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) b If Yes, * fine the name of the foreign country? See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts b Was the organization fave in the foreign country? b Did any taxable party notify the organization that it was or is a party to a prohibeted tax shelter transaction? c If Yes, * to line 5 ard 5b, did the organization file Form 888617? b Did any taxable party notify the organization file Form 888617? b Did were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b Did the organization receive any purest in excess of 5% made party as a contribution and party for goods and services provided to the payor? 7 If Yes, * old the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization duming the year or the value of the goods or services provided? 8 Dot the organization received a contribution of qualified intellectual property, did the organizations file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organizations file Form 8899 as required? 1 If the	С				(
filed for the calendary year ending with or within the year covered by this return 2a	_		10		
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 Dut the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 950-T for this year? If "No.", rounde an explanation in Schedule O 4a At any time during the calendary 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 accountly? 4a At any time the hairse of the foreign country. ▶ See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that a was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization intellement and year or any to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," andicate the number of Forms 8282 filed during the year 5d If the organization received accinitution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization free and contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, explaines, or other vehicles, did the organization file a Form 1990. 5possoring organization	2a	· •			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unried and business of the control of the sum of the calendar year, did the organization have an interest is. or a signature or other authority over, a financial account in a foreign country (such as a bank account, as excertise, or a signature or other authority over, a financial account in a foreign country. ► 3a X b if "Yes," their the name of the foreign country. ► 3b if "Yes," enter the name of the foreign country. ► 3ce instructions for filing requirements for form TD F90-22.1, Report of Foreign Bank and Financial accounts 3a X b if Yes, "to fire 5a or 5b, did the organization flave and a party to a prohibited tax shelter transaction? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5b If Yes, "to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization start may receive deductible contributions under section 170(c). 6c Did the organization receive apyment in excess of 3f5 made party as a contribution and party for goods and services provided to the payor? 7a Yes, "did the organization receive a payment in excess of 3f5 made party as a contribution of the value of the goods or services provided? 6c Did the organization received and solicity of the organization fee Form 8896 as required? 7b Did the organization received an contribution of qualified intellectual property, did the organization fee Form 8890 as required? 7c Type of the organization received a contribution of caris, boats, arplanes, or other whiches, did the organization file a Form 1996 or payments of the su		, , , , , , , , , , , , , , , , , , , ,	25		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С	- · · · · · · · · · · · · · · · · · · ·			
					X
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		900	(2011)

WVU FORESTRY ENDOWMENT FUND OF THE

WVU FORESTRY ALUMNI ASSOCIATION Form 990 (2011)

23-7129235 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion 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 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a_		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		•
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l		
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	Х
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ	ļ	ļ
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕽	-	
	RALPH GLOVER - 304-343-1152			
13200	806 DAVERTON ROAD, CHARLESTON, WV 25305			

WVU FORESTRY ENDOWMENT FUND OF THE

WVU FORESTRY ALUMNI ASSOCIATION

23-7129235

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

_	Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week	box	not co , unle	ss per	TION more son i	than (h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN W. CRITES										
CHAIRMAN	1.00							0.	0.	0,
(2) EDD L. BILLS										
COMMITTEE MEMBER	1.00							0.	0.	0
(3) ANTHONY MOLLISH										
COMMITTEE MEMBER	1.00					<u></u>		0.	0.	0.
(4) RALPH GLOVER	1	1								
TREASURER	5.00							0.	0.	0.
			-							
		-								
							_			
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WVU FORESTRY ALUMNI ASSOCIATION

(A) Name and title	(B) Average hours per week	(do box offic	not ci unles	(C Post neck r ss per	tion		one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on amount of		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from from organization organization	the ation ated
	_											
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A	<u>i </u>	<u>. </u>	<u> </u>		> >	<u> </u>	0.		0.		0.
Total number of individuals (including but recompensation from the organization	not limited to the	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le	Ye	0
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si 	such individual	1									3	x
and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	0,000? If "Yes accrue compe	, * co ensat	<i>mpl</i> tion	ete : from	Sch an	<i>edul</i> y un:	e J i	for such individual		-	5	X X
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for										npensa	ation from	1
(A) Name and business			ON					(B) Description of		Co	(C) ompensa	tion
				-								
		_	_									
2 Total number of independent contractors \$100,000 of compensation from the organ	_	not l	limite	ed to	the	ose I	isted	d above) who received i	more than		Form QQ	2

e Total. Add lines 11a-11d

132009 01-23-12

Total revenue. See instructions.

WVU FORESTRY ALUMNI ASSOCIATION 23-7129235 Page 9 Form 990 (2011) Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 10 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,030. similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 9,030 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,695. 10,695. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 4,315. 900001 4,315. 11 a UNREALIZED GAINS ON SE d All other revenue . . .

4,315

24,040.

15,010.

0.

Form 990 (2011)

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)

	Check if Schedule O contains a respons		Part IX		
Do r 7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	23,000.	23,000.		
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	-			
8	Pension plan accruals and contributions (include		-		
•	section 40 1(k) and section 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes				
-	Fees for services (non-employees)				
11					
a	Management			-	
b	Legal	495.	495.		
C	Accounting	477.			
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	- F				
f	Investment management fees	475.	475.		
9	Other .	4/3.			
12	Advertising and promotion		· 	-	
13	Office expenses			-	
14	Information technology				-
15	Royalties		- <u></u>		
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		-		 .
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FIDUCIARY FEES	710.	710.		
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,680.	24,680.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		
					r 000 (2011)

Form 990 (2011)

WVU FORESTRY ALUMNI ASSOCIATION

		(A) Beginning of year		(B) End of year
•	Cash · non-interest-bearing	Bogii ii ii ig oi you	1	Line or you.
1 2	Savings and temporary cash investments	147,930.	2	258,656
3	Pledges and grants receivable, net	==://	3	
	Accounts receivable, net	-	4	
4	Receivables from current and former officers, directors, trustees, key			
5	employees, and highest compensated employees. Complete Part II]	
	of Schedule L		5	
	Receivables from other disqualified persons (as defined under section		 	 · · · · · · · · · · · · · · · · · ·
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary	i	6	
l <u> </u>	employees' beneficiary organizations (see instructions)	•	7	
7	Notes and loans receivable, net		8	· · · · · · · · · · · · · · · · · · ·
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D		10c	
b	•	775,471.	11	664,105
11	Investments - publicly traded securities	773,471.	 	004,103
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	023 401	15	922,761
16	Total assets. Add lines 1 through 15 (must equal line 34)	923,401.	16	944,761
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
22	Payables to current and former officers, directors, trustees, key employe			
	highest compensated employees, and disqualified persons. Complete Pa	art II		
1	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 (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	of		
1	Schedule D	<u> </u>	25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here	elete		
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	022 401	27	000 761
28	Temporanly restricted net assets	923,401.		922,761
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here	nd		
	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	003 401	32	000 76
33	Total net assets or fund balances	923,401 923,401		922,761 922,761

23-7129235 Page 11

WVU FORESTRY ENDOWMENT FUND OF THE 23-7129235 Form 990 (2011) WVU FORESTRY ALUMNI ASSOCIATION Page 12 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 24.040. Total revenue (must equal Part VIII, column (A), line 12) 1 24,680. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <640.> Revenue less expenses. Subtract line 2 from line 1 3 3 923,401. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Other changes in net assets or fund balances (explain in Schedule O) 922. 761. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No

Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 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? 2¢ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate 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 X Act and OMB Circular A-133? За 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. 3b

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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

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

WVU FORESTRY ENDOWMENT FUND OF THE

Open to Public Inspection

Employer identification number

		WVU FOR	ESTRY ALUMNI	ASSO	CIATI	ON			23	<u>3-7129</u> 235	
Part I	Reason		ty Status (All organiz				.) See inst	ructions			
he organ	zation is not a	private foundation l	pecause it is: (For lines 1	I through 1	1, check o	only one b	ox)				
1 🗀	A church, cor	nvention of churches	, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospit	al service organization o	described i	n ection	170(b)(1)(A)(iii).				
4	A medical res	earch organization of	perated in conjunction	with a hosi	ortal descr	ibed ın se	ction 170	b)(1)(A)(iii	i). Enter ti	he hospital's name,	
	city, and state	e:									
5	An organization	on operated for the	penefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)								
6			ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in	
	=	b)(1)(A)(vi). (Comple				_			•		
8	-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗔	•		eives. (1) more than 33			om contri	butions, m	embershij	o fees, an	nd gross receipts fro	m
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	?) no more	than 33 1	/3% of its	support	from gross investme	ent
		·	exable income (less sect							*	
		509(a)(2). (Complete	·								
10 🗔	An organizati	on organized and op	erated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4).			
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes of one or	
	more publicly	supported organiza	tions described in secti	on 509(a)(1	l) or sectio	n 509(a)(2). See sec	tion 509(a	a)(3). Che	ck the box that	
	describes the	type of supporting	organization and compl	ete lines 1°	1e through	11h.					
	a Type I	ь <u>—</u>] Type II 💢 🤄	с 🔲 Тур	e III - Func	tionally int	egrated		d 🗀	Type III · Other	
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly or	rındırectly	by one or	more disc	qualified p	persons other than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	onbed in s	ection 509	(a)(1) or s	section 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	: 111		_	
	supporting or	rganization, check th	nis box							. [_
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?		
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (i	ii) below,	Yes N	ło
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	1						11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	∍?					11g(iii)	
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).						
(i) Name	of supported	(ii) EiN	(iii) Type of organization	,	rganization		•	(vi) Is Jorganizatio	the	(vii) Amount of	
orga	anization		(described on lines 1-9		sted in your document?			(i) organiz U.S	ed in the	support	
	,		above or IRC section								
		· · · ·	(see instructions))	Yes	No	Yes	No	Yes	No		
···-				ļ <u> </u>				ļ —			
]						
				-							
					,						
				 					 		
				-							
[otal											

WVU FORESTRY ENDOWMENT FUND OF THE

Schedule A (Form 990 or 990-EZ) 2011 WVU FORESTRY ALUMNI ASSOCIATION 23-7129235 Page 2

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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	137,030.	6,975.	114,500.	18,800.	9,030.	286,335.				
2	Tax revenues levied for the organ-										
	ization'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	137,030.	6,975.	114,500.	18,800.	9,030.	286,335.				
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)						191,713.				
6	Public support. Subtract line 5 from line 4						94,622.				
Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
	Amounts from line 4	137,030.	6,975.	114,500.	18,800.	9,030.	286,335.				
8	Gross income from interest,			•							
Ū	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	29,786.	33,117.	26,409.	26,985.	11,694.	127,991.				
9	Net income from unrelated business					<u> </u>					
•	activities, whether or not the										
	business is regularly carned 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						414,326.				
12	Gross receipts from related activities	etc. (see instructi	ons)			12					
13				d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and sto	p here					<u> </u>				
Se	ction C. Computation of Pub	lic Support Pe	rcentage								
14	Public support percentage for 2011	(line 6, column (f) d	ivided by line 11,	column (f))		14	22.84 %				
15	Public support percentage from 201	0 Schedule A, Part	II, line 14			15	69.58 %				
16a	a 33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and				
	stop here. The organization qualifies	as a publicly supp	orted organization	า	•	•	▶□				
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box				
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶ X				
17a	a 10% -facts-and-circumstances tes										
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and stop h	here. Explain in Pa	rt IV how the orga	nization				
	meets the "facts-and-circumstances"						▶∟□				
1	o 10% -facts-and-circumstances tes										
	more, and if the organization meets t						e				
	organization meets the "facts-and-cil						▶∐				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17							
					Sch	edule A (Form 99	0 or 990-EZ) 2011				

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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)

Sec	etion A. Public Support	biott, picase comp		·····			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		·	1			
	membership fees received. (Do not						
	include any "unusual grants ")	•					
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, 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 bus-						
	iness under section 513				j		
4	Tax revenues levied for the organ-		-				
	ization'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		ı				
6	Total. Add lines 1 through 5						
_	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				j		
c	Add lines 7a and 7b	<u> </u>					
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				<u></u>		
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties			1			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
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 carned on	ļ					
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)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, the	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here					_	. ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2011 (line 8, column (f) d	livided by line 13,	column (f))	-	15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve					 	
	Investment income percentage for 20	•		ne 13, column (f))		17	<u>%</u>
	Investment income percentage from				٠٠ مورد	18	%
19a	33 1/3% support tests - 2011. If the	-					17 is not
	more than 33 1/3%, check this box a	•	-				. ▶∟
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	DOX ON line 14, 19	a, or 19b, check t	nis box and see in	nstructions	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

WVU FORESTRY ENDOWMENT FUND OF THE WVU FORESTRY ALUMNI ASSOCIATION

Employer identification number 23-7129235

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 f	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	* *	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	panization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	tion's imancial statements that describes the	organization's accounting for
Pa	conservation easements rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or Othe	r Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (A)		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	,, ,	•
	relating to these items	•	-
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		▶ \$

WVU FORESTRY ENDOWMENT FUND OF THE WVI FORESTRY ALUMNI ASSOCIATION

Sche	dule D (Form 990) 2011 WVU_FOR	ESTRY ALUM	NI ASSOCIA	rion		23-71	<u> 29235</u>	Page	e 2				
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simil	ar Asse	ts (contil	nued)	_				
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	following that are a s	significant	use of its	collection	rtems					
	(check all that apply):												
а	Public exhibition	d	Loan or exch	nange programs									
b	Scholarly research	е	Other	.									
С	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV												
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV												
5													
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes		No				
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" to	Form 990), Part IV, I	ine 9, or						
	reported an amount on Form 990, Pa	rt X, line 21											
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other assets no	t included		_						
	on Form 990, Part X?					_	Yes	ا لـــا	No				
b	b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount												
	Amount												
c Beginning balance 1c													
d	d Additions during the year												
е	e Distributions during the year												
f	f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21?													
<u>b</u>	b If "Yes," explain the arrangement in Part XIV.												
Par	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 ba	.ck				
1a	Beginning of year balance	923,401.	891,086,	793,515.	<u> </u>	777 <u>,063.</u>			_				
b	b Contributions 9,030, 18,800, 114,500, 6,975,												
C	c Net investment earnings, gains, and losses 16,010, 26,985, 27,489, 25,235,												
d	10 500												
е	Other expenditures for facilities												
	and programs .					1,100.			—				
f	Administrative expenses	2,680.	2,970.	1,918.		2,158,							
g	End of year balance	922,761.	923,401,	891,086,	<u>'</u>	793,515.	l						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as									
а	Board designated or quasi-endowment		_%										
þ	Permanent endowment	%											
С	Temporarily restricted endowment >	%											
	The percentages in lines 2a, 2b, and 2c show												
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administered for	the organi	zation	ſ						
	by								No_				
	(i) unrelated organizations						3a(i)		<u>X</u>				
	(ii) related organizations						3a(ii)		<u>X_</u>				
ь	If "Yes" to 3a(ii), are the related organization	•	• •			•	3b	<u> </u>					
4	Describe in Part XIV the intended uses of the			-					—				
Pa	rt VI Land, Buildings, and Equipn						(D D = -1		—				
	Description of property	(a) Cost or o	, , ,	, , ,	Accumulat epreciation		(d) Bool	k value					
		basis (investr	neilly Dasis	(other) de	-preciation	. -			—				
	Land												
b	Buildings			+					—				
C	Leasehold improvements	-					·		—				
d	Equipment								—				

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

	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1) F	inancial derivatives				
	Closely-held equity interests				·
(3) C					
	<u> </u>	ļ		<u> </u>	
	3)			·	
	<u></u>				
	D)				
	5)				
	7				
					
 (I					
	(Col (b) must equal Form 990, Part X, col (B) line 12.)			· · · · ·	
	t VIII Investments - Program Related.	See Form 990, Part X, lir	ne 13		
	(a) Description of investment type	(b) Book value		(c) Method of valua est or end-of-year mark	
(1)				
(2					
(3		ļ <u>.</u>			
(4	···			·	
(5		<u> </u>			
(6		-			
					
(8		+	 -		
(9					
(10	(Col (b) must equal Form 990, Part X, col (B) line 13.)				
Pai	rt IX Other Assets. See Form 990, Part X, line	e 15		· -	
) Description			(b) Book value
(1					
(2					
(3			· · · · · ·		<u>.</u>
- (4					
(5					
<u>(</u>	5)				- · · · - · · · · · · · · · · · · · · ·
(7	7)				
(8	3)	. —			
(9					<u> </u>
(10					
	I. (Column (b) must equal Form 990, Part X, ∞l (B) lir			>	
	rt X Other Liabilities. See Form 990, Part X	(, line 25.	(h) Deel velve		
1.	(a) Description of liability		(b) Book value		
) Federal income taxes			1	
(2				1	
(3			 	1	
			·····	†	
(C				1	
(7				1	
<u> \</u>				1	
(<u>9</u>					
(10					
(11	1)				
	1. (Column (b) must equal Form 990, Part X, col (B) link 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	20.251			

WVU FORESTRY ENDOWMENT FUND OF THE WVU FORESTRY ALUMNI ASSOCIATION 23-7129235 Page 4 Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 24,040. Total revenue (Form 990, Part VIII, column (A), line 12) 24,680. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 <640.> 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 5 A Investment expenses 6 Prior period adjustments Other (Describe in Part XIV.) 8 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 <640 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments 2<u>a</u> Donated services and use of facilities 2b Recoveries of prior year grants 2¢ d Other (Describe in Part XIV.) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 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 b Other (Describe in Part XIV.) 4h c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; 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 PART V, LINE 4: SCHOLARSHIPS FOR STUDENTS IN THE DEVISION OF FORESTRY AND NATURAL RESOURCES

Schedule I (Form 990) (2011) **2 Employer identification number** 23-7129235 DMB No 1545-0047* Open to Public Inspection (h) Purpose of grant 201 or assistance X Yes 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 address of organization (b) EIN (c) IRC section or government or government assistance or government of it applicable cash grant or government or gove 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WVU FORESTRY ENDOWMENT FUND OF THE WVU FORESTRY ALUMNI ASSOCIATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

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

WVU FORESTRY ENDOWMENT FUND OF THE

WVU FORESTRY ALUMNI ASSOCIATION

Paue 2

23-7129235

Schedule i (Form 990) (2011) WVU FORESTRY ALUMNI ASSOCIATION

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.

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.

(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
SCHOLARSHIP GRANTS	10	23,000.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	le the information	required in Part I,	line 2, and any other	additional information	

132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WVU FORESTRY ENDOWMENT FUND OF THE WVU FORESTRY ALUMNI ASSOCIATION

Employer identification number 23-7129235

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