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DLN: 93493032008003

OMB No 1545-0047

93

Department of the Treasury

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)

Internal	Revenue	Service	► The organization may have to	use a copy of this return to	satisfy st	ate reporting i	requirement	s Inspection
A Fo	r the 2	2011 ca	endar year, or tax year beginning	04-01-2011 and ending 03	3-31-2012		D Employer	identification number
		pplicable	C Name of organization WEST VIRGINIA HIGH TECHNOLOGY					
	dress ch	-	CONSORTIUM FOUNDATION Doing Business As				55-0727 E Telephone	
	me cha	_					(304)36	6-2577
	tıal retui		Number and street (or P O box if ma 1000 TECHNOLOGY DRIVE NO 1000	l is not delivered to street address)) Room/suit	te		pts \$ 8,870,246
_	rminate			2 4		_		
_	ended :		City or town, state or country, and ZII FAIRMONT, WV 26554	7 + 4				
i Abi	plication	n pending	E Name and address of princ	unal officer	T			_
			F Name and address of princ MR JAMES LESTEP	ipai oπicer		H(a) Is this affiliat		urn for Yes 🔽 No
			1000 TECHNOLOGY DRIVE FAIRMONT, WV 26554	SUITE 1000				
			7,777,777,777			H(b) Are all		Iuded? Yes No
I Ta	x-exem	npt status	▼ 501(c)(3)	sert no)	527	H(c) Group		•
J W	ebsite	e: ► WW	W WVHTF ORG			. ,		
K For	m of ord	ganization	Corporation Trust Association	Other ►	•	L Year of for	nation 1993	M State of legal domicile
				,				wv
Pa	rt I	Sumi	.					
			scribe the organization's mission CH AND DEVELOPMENT IN ARE			AND SCIENCE	AND ECO	NOMIC DEVELOPMENT
<u>9</u>	-							
le l	-							
Activities & Governance	2 (Check th	s box ► if the organization disc	continued its operations or d	ısposed o	f more than 25	5% of its net	t assets
ទី	1		of voting members of the governin				3	1
න් ගු	4 1	Number	f independent voting members of	the governing body (Part VI	, line 1b)		4	3
Æ	5 1	Total nur	nber of individuals employed in ca	alendar year 2011 (Part V , lı	ne 2a) .		5	75
į	1		nber of volunteers (estimate if ne				6	3
٠.			elated business revenue from Pai				76	
	Ь	Net unrei	ated business taxable income fro	m Form 990-1, line 34 .	•	Prior	7!	Current Year
	8	Contrib	outions and grants (Part VIII, line	a 1 h)		Prior	383,600	
≗	9		m service revenue (Part VIII, line		11,113,957	 		
Revenue	10		ment income (Part VIII, column (24,461	
Ť	11		evenue (Part VIII, column (A), lı				23,654	8,854
	12		evenue—add lines 8 through 11 (11,545,672	8,870,246
	13		and similar amounts paid (Part I				139,329	_
	14		s paid to or for members (Part IX				0	
σħ	15		s, other compensation, employee	benefits (Part IX, column (A	A), lines		F 720 664	F 354 710
Expenses	16a	5-10)	sional fundraising fees (Part IX, c	olumn (A.) lung 11a)			5,720,664	
क ⊕	b		draising expenses (Part IX, column (D),					0
Ţ	17		expenses (Part IX, column (A), lir	· · ·			5,652,610	4,639,144
	18		xpenses Add lines 13–17 (must				11,512,603	<u> </u>
	19	Revenu	ie less expenses Subtract line 1	8 from line 12			33,069	-1,143,800
항 왕 전			<u> </u>			Beginning		End of Year
Net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)				ar 38,246,646	
A B	21		abilities (Part X, line 26)				4,410,525	
2 E	22		sets or fund balances Subtract II				33,836,121	
Pa	rt II		ature Block					
know			rjury, I declare that I have examined, it is true, correct, and complete. D					
		*****	* cure of officer			201 Dat	3-01-30	
Sigr Her		'				₽at	C	
	_		MES L ESTEP PRESIDENT/CEO or print name and title					
		Preparer		Date	Гс	heck If	Preparer's tax	xpayer identification number
Paid		signature		2013-01-30	Se	elf- mployed 🕨 🦵	(see instruction (see i	
	arer's	Firm's na	me (or yours 👠 ARNETT FOSTER TOOT	HMAN PLLC		. /== -		
Use	Only	ıf self-em					EIN 🕨 55-04	86667
			PRINCEPORT WWW 265	220			Phone no 🕨	(304) 624-5471

BRIDGEPORT, WV 26330

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2011)					Page 2
Par	Statement Check if Sche			lishments lestion in this Part II	I	
1	Briefly describe the	organızatıon's mıssıc	n			
RESI		PMENT SUPPORT S	ERVICES TO G	OVERNMENT AGEN	CIES, TO DEVELOP BETT	IOLOGY AND PROVIDING ER EMPLOYMENT
2	the prior Form 990 o	r990-EZ?		rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on S	Schedule O			
3	Did the organization services? If "Yes," describe the			——————————————————————————————————————	onducts, any program	┌ Yes ┌ No
4	Describe the organizexpenses Section 5	ation's program serv 01(c)(3) and 501(c)(ice accomplishm (4) organizations	and section 4947 (a	hree largest program servic)(1) trusts are required to r ich program service reporte	eport the amount of
	(Code) (Expenses \$	5,156,684	ıncludıng grants of \$) (Revenue \$	5,408,008)
	ECONOMIC DEVELOPME PARTICULARLY THE UNI POTENTIAL, SUSTAINAB PRODUCT LINE ENGINE	NT AND DIVERSIFICATION TED STATES DEPARTMEN LE, TECHNOLOGY TARGET ERING, BIOMETRICS TECH	I MUCH OF THE FO T OF DEFENSE THE AREAS THAT ARE V HNOLOGIES, COMPU	UNDATION'S WORK IS PR FOUNDATION HAS STRAT IABLE FROM BOTH A BUSI TING TECHNOLOGIES, SOI	LIZATION OF TECHNOLOGY-BASEI OVIDED TO THE FEDERAL AND/OF EGICALLY DESIGNED "TECHNOLO NESS AND TECHNICAL PERSPECT FTWARE SUITABILITY TESTING, II OBOTICS AND INTERNET-BASED V	R STATE GOVERNMENT, GY CLUSTERS" AROUND HIGH IVE THESE AREAS INCLUDE DENTIFICATION TECHNOLOGIES,
4b	(Code) (Expenses \$	1,523,455	including grants of \$) (Revenue \$	1,691,957)
	ECONOMIC DEVELOPME ORGANIZATIONS AND T	NT ACTIVITIES WHICH AR ECHNOLOGY-BASED BUSIN G PERIOD THE WVHTC FO	E FOCUSED ON PLA IESSES WITHIN OR	NNING, CONSTRUCTION, ANCILLARY TO THE I-79 T	LEASING AND OPERATION OF RESECTION OF RESECT	SEARCH AND DEVELOPMENT
	(Code) (Expenses \$	417,287	ıncludıng grants of \$) (Revenue \$	436,734)
	LAW ENFORCEMENT, FI PROGRAM ("JTAP") A F STATE PENITENTIARY T TECHNOLOGIES THROU BASED PRODUCT INFOR	RST RESPONDERS AND C EW OF THE ACTIVITIES C HE EVENTS OFFER REAL! GH HANDS-ON APPLICATION MATION AND KNOWLEDG	ORRECTIONS OFFIC ARRIED ON IN THIS STIC TRAINING SCE DNS AND PROVIDE O E PORTAL TO SHOW	ERS SERVICES AND TRAII PROGRAM INCLUDE TRAINARIOS WHERE LAW ENFORPORTUNITIES FOR FEEL CASE LAW ENFORCEMENT	NING ALSO KNOWN AS THE JUSTI INING AND TECHNOLOGY SHOWC ORCEMENT AND RELATED PERSO	CE TECHNOLOGY ASSISTANCE ASE EVENTS HELD AT A FORMER WV NNEL FIELD TEST NEW ER JTAP ACTIVITIES INCLUDE A WEB- AVAILABLE ON THE MARKET AND
	(Code) (Expenses \$	1,031,469	ıncludıng grants of \$) (Revenue \$	766,558)
	AFFILIATE PROGRAMS,		AND SMALL BUSINE	SS SUPPORT SERVICES W	/HICH PROVIDE WORKFORCE EDI	· • •
	Other program serv	ıces (Describe in Sc	hedule O)			
-ru	(Expenses \$		icluding grants o	f\$) (Revenue \$	766,558)
4e	Total program servi	ce expenses►\$	8,128,89	5		

Circulate of Acquired Scriedare	art IV	Checklist of	Required	Schedules
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	·		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 instructions)? 🕏	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? <i>If</i> "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 for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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, Part 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	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		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
	5		Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
ь	year?	3b		No_
	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 or securities 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			
a	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		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		 No
_	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
£	contract?	7e 7f		
	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		
j	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	sources against amounts due or received from them)			
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
b	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c	Enter the aggregate amount of reserves on hand			
4 ~	Did the organization receive any payments for indoor tanning services during the tax year?	1/10		N o
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No_

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

Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	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?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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	16-		N.a
L	taxable entity during the year?	16a		No
D	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 exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	TOD		
47	List the States with which a conventities Form 000 is required to be filed \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			

- List the States with which a copy of this Form 990 is required to be filed►WV
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 STACEY LAYMAN 1000 TECHNOLOGY DRIVE FAIRMONT, WV 26554 (304) 366-2577

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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 (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗСУ	organizations
(1) MR JAMES L ESTEP PRESIDENT/CEO	40 00	х		Х				340,146	0	38,665
(2) DR FRANK W BLAKE DIRECTOR	1 10	х						0	0	0
(3) MR JAMES R HANEY DIRECTOR/CHAIRMAN	1 10	х						0	0	0
(4) MR MICHAEL I GREEN DIRECTOR	1 10	х						0	0	0
(5) MS NANCY TRUDEL ESQ SECRETARY/LEGAL COUNSEL	40 00			Х				135,043	0	19,928
(6) MS LORI M RHOADES ASSISTANT SECRETARY	32 00			Х				33,014	0	15,260
(7) MRS STACEY LAYMAN TREASURER	40 00			Х				88,411	0	18,612
(8) DR BRIAN LEMOFF VICE PRESIDENT	40 00			Х				164,734	0	33,927
(9) MR BRIAN STOLARIK VICE PRESIDENT	40 00			Х				124,942	0	18,236
(10) MR GEOFFREY S KIDDER ASST TREASURER	40 00			Х				73,052	0	17,978
(11) MR PETER WALSH DIRECTOR OF MASS OPERATIO	40 00					Х		128,786	0	683
(12) MR THOMAS OWENS DISTINGUISHED SCIENTIST	40 00					Х		127,178	0	24,966
(13) DR MICHAEL GOODMAN DISTINGUISHED SCIENTIST	40 00					х		121,023	0	39,735
(14) MR STEVEN YOKUM SENIOR MEMBER RESEARCH STA	40 00					х		100,775	0	23,860
(15) MS MARY ANN HARRISON PRINCIPAL SCIENTIST/PROGRA	40 00					х		100,476	0	23,941

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	per unless person is both from the week an officer and a organization (W-describe director/trustee) 2/1099-MISC) (W-2/1099-MISC)							Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related				
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	relat organiza	I .
1b	Sub-Total							►				•	
С	Total from continuation sheets	to Part VII, Sec	tion A					•					
d 	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compen		nited to	thos	e lıs		• above) who	receive	1,537,580 ed more tha	n		275,791
	\$100,000 of reportable compen	Sation nom the	Jigailiz	ation	-11							Yes	No
3	Did the organization list any for on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch					ey e	mploy	ee, o	rhighes	t compens		3	No
4	For any individual listed on line a organization and related organization and related organization.										ch	4 Yes	
5	Did any person listed on line 1a services rendered to the organiz											5	No
	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio											
	-	(A) ne and business add	dress							Descr	(B) uption of services	(C Comper	
115 M	ON FACILITIES MANAGEMENT INC NALONE DRIVE SANTOWN, WV 26501									SECURITY/J#	ANITORIAL		254,244
3109	RSITY OF PITTSBURGHOFFICE OF RESEA CATHEDRAL OF LEARNING BURGH, PA 15260	4								TECHNOLOG	Y SERVICES		191,244
1000	HMAN RICE PLLC TECHNOLOGY DRIVE STE 2210 10NT, WV 26554									ACCOUNTING	3		109,352
												1	
	Total number of independent cont \$100,000 of compensation from t			ot lin	nited	to '	those	liste	d above)	who receiv	ed more than		

rait v	<u> </u>	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					
医黄	b	Membership dues 1b					
ΣĔ	c	Fundraising events 1c					
£	d	Related organizations 1d					
<u>~</u>	l e	Government grants (contributions) 1e	274,015				
음	f	All other contributions, gifts, grants, and 1f	272,259		ŀ		
重量	'	similar amounts not included above					
皇吉	g	Noncash contributions included in					
<u> </u>	_	Innes 1a-1f \$ Total. Add lines 1a-1f	▶	546,274			
ပ္က	h	Total. Add illies 1a-11	' '	310,271			
<u>a</u>			Business Code				
ē.	2a	PROG REL INC-CONTRACT	541700	6,408,315	6,408,315		
æ	b	PROG REL INC-RENT INC	531190	1,836,230	1,836,230		
9	c	PROG REL INC-AFFILIATE	611710	58,712	58,712		
5 30	d						
ير م	e						
Program Serwce Revenue	f	All other program service revenue					
ာို န							
	g	Total. Add lines 2a-2f		8,303,257			
	3	Investment income (including dividend	. F				
		and other similar amounts)	⊢	11,861			11,861
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other					
	Ь	than inventory Less cost or					
	"	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising	F				
<u>•</u>		events (not including					
듄		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
Other Revenue		a					
Ħ.	b	Less direct expenses b					
ō	c	Net income or (loss) from fundraising	vents 🕨				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	Ь	<u>-</u>					
	C	Less direct expenses b Net income or (loss) from gaming activ	uties 🕨				
	10a	Gross sales of inventory, less					
	100	returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory 🟲				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	8,854			8,854
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
		·	` ` ` - [8,854			
	12	Total revenue. See Instructions	. ▶[8,870,246	8,303,257	0	20,715

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 response to any question in this Part IX

Grants and other assistance to governments and organizations in the United States See Part IV, line 21	Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, line 22 4 Benefits pout to or for members 5 Compensation of current officers, directors, trustees, and key employees (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f) and persons descri		<u> </u>		expenses	general expenses	expenses
United States See Part IV, line 22 3 Grints and other sessistance to governments, grammaturous and individuals outside the United States See Part IV, line 17 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employed in section 49 Set (10.1) and persons discussed in section 49 Set (10.1) and persons discussed in section 49 Set ((10.1) and persons discussed in	_		20,183	20,183		
organizations, and individuals outside the United States See Part IV, Inter I7 Interest and to or for members Response of the Professional futurents officers, directors, trustees, and key employees Response of the Professional futurents officers, directors, trustees, and key employees Response of the Section 495.8(f(1)) and persons (as defined under section 495.8(f(1)) and persons (described in section 495.8(f(1)) and person	2					
5 Compensation of current officers, directors, trustees, and key employees	3	organizations, and individuals outside the United				
Rey employees 1,191,570 241,075 950,495	4	Benefits paid to or for members				
(as defined under section 4958(f)(1) and persons described in section 4958(f)(1) for the salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Possion plan contributions (include section 401(k) and section 403(b) employer contributions) Pension plan contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and secti	5		1,191,570	241,075	950,495	
7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 9 45,544 9 045,646 102,848 1131,528 103,195 104,402 11 Fees for services (non-employees) 8 Management 101,194 113,838 114,838 115,281 1103,195 111,294 111,294 111,294 112,244 112,244 112,244 112,244 112,244 112,244 112,244 112,244 112,244 112,244 112,244 113,315 113,313 114 115,531 115,531 116,531 117 118 118 119 119 119 119 11	6	(as defined under section 4958(f)(1)) and persons				
## 403(b) employer contributions) .	7		2,713,854	2,605,837	67,901	40,116
9 Other employee benefits	8		84,504	62,807	20,805	892
10 Payroll taxes	9		945,646	702,848	232,821	9,977
11 Fees for services (non-employees) a Management b Legal 10,194 1,838 8,356 c Accounting 112,244 20,233 92,011 d Lobbying e Professional fundraising See Part IV, Inne 17 f Investment management fees g Other 87,331 42,778 44,753 12 Advertising and promotion 99,913 93,913 1 13 Office expenses 613,715 613,275 440 14 Information technology 131,518 131,518 15 Royalities <	10		419,145	311,528	103,195	4,422
b Legal	11			-		•
b Legal	а	Management				
Professional fundraising See Part IV, Ine 17	b	Legal	10,194	1,838	8,356	
Professional fundraising See Part IV, line 17	c	Accounting	112,244	20,233	92,011	
Transmer to a filiates	d	Lobbying				
2	e	Professional fundraising See Part IV, line 17				
12 Advertising and promotion	f	Investment management fees				
13 Office expenses	g	Other	87,531	42,778	44,753	
14 Information technology	12	Advertising and promotion	93,913	93,913		
15 Royalties	13	Office expenses	613,715	613,275	440	
16 Occupancy	14	Information technology	131,518	131,518		
17 Travel 149,152 129,789 17,088 2,275 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3 37,527 9,156 19 Conferences, conventions, and meetings 46,683 37,527 9,156 20 Interest 136,180 136,180 136,180 21 Payments to affiliates 2 Depreciation, depletion, and amortization 679,134 641,754 37,380 23 Insurance 673,405 611,572 61,833 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) 548,248 548,248 b OTHER COSTS 371,965 192,176 179,771 18 c SMALL BUSN LOANS/INVEST 343,500 343,500 343,500 d UTILITIES 276,170 276,170 276,170 e 4 10,014,046 8,128,895 1,827,451 57,700 25 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	271,431	269,985	1,446	
state, or local public officials 19 Conferences, conventions, and meetings 46,683 37,527 9,156 20 Interest 136,180 136,180 21 Payments to affiliates	17	Travel	149,152	129,789	17,088	2,275
20 Interest	18					
21 Payments to affiliates	19	Conferences, conventions, and meetings	46,683	37,527	9,156	
22 Depreciation, depletion, and amortization	20	Interest	136,180	136,180		
23	21	Payments to affiliates				
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 SUBCONTRACTORS 548,248 548,248 OTHER COSTS 5MALL BUSN LOANS/INVEST 343,500 4 UTILITIES 276,170 276,170 e f All other expenses 94,161 94,161 25 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 26 Joint costs. Check here F if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	22	Depreciation, depletion, and amortization	679,134	641,754	37,380	
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 SUBCONTRACTORS 548,248 548,248 b OTHER COSTS 371,965 192,176 179,771 18 c SMALL BUSN LOANS/INVEST 343,500 343,500 d UTILITIES 276,170 276,170 e f All other expenses 94,161 94,161 25 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	23	Insurance	673,405	611,572	61,833	
b OTHER COSTS 371,965 192,176 179,771 18 c SMALL BUSN LOANS/INVEST 343,500 343,500 d UTILITIES 276,170 276,170 e f All other expenses 94,161 94,161 25 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 26 Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	24	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of				
c SMALL BUSN LOANS/INVEST 343,500 343,500 d UTILITIES 276,170 276,170 e 4	а	SUBCONTRACTORS	548,248	548,248		
d UTILITIES 276,170 276,170 6 All other expenses 94,161 94,161 25 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	b	OTHER COSTS	371,965	192,176	179,771	18
e f All other expenses 94,161 94,161 Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	c	SMALL BUSN LOANS/INVEST	343,500	343,500		
All other expenses 74,161 75 Total functional expenses. Add lines 1 through 24f 76 Joint costs. Check here ► ☐ if following 87 SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	d	UTILITIES	276,170	276,170		
Total functional expenses. Add lines 1 through 24f 10,014,046 8,128,895 1,827,451 57,700 26 Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	е					
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	f	All other expenses	94,161	94,161		
SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	25	Total functional expenses. Add lines 1 through 24f	10,014,046	8,128,895	1,827,451	57,700
Form 990 (2011)	26	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,391,635 5.948.321 1 1 2 2 3 290,754 3 148,551 2.140.660 1.062.968 4 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 8 9 256,065 9 296.625 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 21,439,784 10a Part VI of Schedule D 10a 10b 6,493,395 b Less accumulated depreciation 15,545,299 10c 14,946,389 11 11 1,000 1,000 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 13,621,233 15 13,985,764 15 38,246,646 36,389,618 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 756,370 687,241 17 17 Accounts payable and accrued expenses . 18 18 19 1,245,807 19 1,161,488 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 2.408.348 23 1,843,351 24 Unsecured notes and loans payable to unrelated third parties 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 Schedule 25 D 26 4,410,525 26 3,692,080 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 33,836,121 27 32,697,538 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 33.836.121 33 32.697.538 34 Total liabilities and net assets/fund balances 38.246.646 36.389.618

Pal	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		8.8	370,246
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,046
3	Revenue less expenses Subtract line 2 from line 1	3		-1,1	.43,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33,8	336,121
5	O ther changes in net assets or fund balances (explain in Schedule O)	5			5,217
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		32,6	597,538
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			ド	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			163	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493032008003

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

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.

Public Charity Status and Public Support

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

		e organization IIA HIGH TECHNOLO	ngv				Employer identification	n number	
		FOUNDATION	001				55-0727658		
Pa	rt I	Reason for	r Pu	blic Charity Sta	tus (All organization	s must complete this pa			
The	organı			•		ugh 11, check only one bo	•		
1	Γ	A church, con	venti	on of churches, or a	ssociation of churches	section 170(b)(1)(A)(i).			
2	Г	A school desc	ribed	ın section 170(b)(1	L)(A)(ii). (Attach Sched	lule E)			
3	Г	A hospital or a	а соо	perative hospital se	rvice organization desc	ribed in section 170(b)(1)((A)(iii).		
4	Γ	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	Γ	An organizatio	n op	erated for the benefi	t of a college or univers	ity owned or operated by a	governmental unit descr	ribed in	
	_			A)(iv). (Complete P	•				
6		•	•	-	-	cribed in section 170(b)(1)			
7	ı	described in		it normally receives A)(vi) (Complete P	·	support from a governme	ntal unit or from the gene	ral public	
8	Г				1 170(b)(1)(A)(vi) (Co	mplete Part II)			
9	Ī					of its support from contrib	outions, membership fees	. and gross	
	·	=		•	• •	ct to certain exceptions, ai	·		
						ess taxable income (less s			
						509(a)(2). (Complete Part			
10	Г	An organizatio	n org	anized and operated	d exclusively to test for	public safety See section	509(a)(4).		
11						nefit of, to perform the func		ne purposes of	
	·	•	escri	, ,,	orting organi <u>za</u> tion and	tion 509(a)(1) or section 5 complete lines 11e throug I - Functionally integrated	jh 1 Ì h	111 - Other	
e	\vdash			, , ,		rolled directly or indirectly	, ,,		
Ū	,		ndatı			blicly supported organizati			
f		check this box	<			RS that it is a Type I, Type		g organization,	
g		_	-	006, has the organ	ization accepted any gif	t or contribution from any o	of the		
		following person w		rectly or indirectly c	ontrols, either alone or	together with persons desc	cribed in (ii)	Yes No	
				•	e the supported organiz	•	11g(
		, ,	•	er of a person descri			11g(
		• •		•	n described in (i) or (ii)	above?	11g(
h					the supported organiza				
					appoints of games	(-)			
	(i) Name suppoi	of (ii)	' I	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organized	(vii) A mount of	

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ıon ın your	(vi) Is the organizate col (i) organite in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Part III Support Schedule for Organizations Described in IRC 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.)

Se	ction A. Public Support	•	•		, ,	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	6,981,048	1,288,179	538,111	383,600		546,274	9,737,212
2	grants ") 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	29,539,567	19,670,809	12,741,391	11,113,957	8	,303,257	81,368,981
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	36,520,615	20,958,988	13,279,502	11,497,557	8	,849,531	91,106,193
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
c	Add lines 7a and 7b							0
8	Public Support (Subtract line 7c from line 6)							91,106,193
	ction B. Total Support		T					
care	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
9	A mounts from line 6	36,520,615	20,958,988	13,279,502	11,497,557	8,	,849,531	91,106,193
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,485	50,770	35,254	24,461		11,861	241,831
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	119,485	50,770	35,254	24,461		11,861	241,831
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	34,511	106,823					141,334
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	68,432	60,038	3,244	23,654		8,854	164,222
13	Total support (Add lines 9, 10c,	36,743,043	21,176,619	13,318,000	11,545,672	8,	,870,246	91,653,580
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fi	Ifth tax year as a	501(c)(3	3) organı	zation, ▶┌
C-	ation C. Commutation of P. I	lie Comment D						
<u>Se</u> 15	ction C. Computation of Pub Public Support Percentage for 201			13 column (f))		15		99 400 %
16	Public support percentage from 20			(1)		16		99 400 %
							-	
Se	ction D. Computation of Inv							
	Investment income necessaries for	2011 // 10	lump (f) duud-d L	u lina 10 a - lii	/ f \ \			
17	Investment income percentage for				(f))	17		0 260 %
17 18	Investment income percentage for Investment income percentage from 33 1/3% support tests—2011. If the	m 2010 Schedule <i>l</i>	A, Part III, line 1	7		18	/30% and	0 290 %

33 1/3% support tests—2010. 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 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493032008003

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION 55-0727658 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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 Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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
- 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

- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Реп	TITLE Organizations Maintaining Co	Hections of Art,	піѕ	TOFI	cai ireas	ures, or our	er Sillill	IAL ASSE	is (co	<u>ntinuea)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing that a	are a significant	use of its	collectio	n	
а	Public exhibition		d	Γ	Loan or ex	change progran	าร			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y further the	organization's	exempt pı	ırpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ımılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answered '	'Yes" to	Form 990	Ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other intermed	dıary	for c	ontributions	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	/ıng ta	able			Amoi	unt	
c	Beginning balance					10		Allio	4110	
d	Additions during the year					10				
e	- ·					16	+			
f	Distributions during the year					1f				
· -	Ending balance	0.00 Dawt V I.m.	212						V	
2a	Did the organization include an amount on Fo		217					J	Yes	│ No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		anc	WO re	ad "Vac" to	Form 990 D	art IV lu	no 10		
- (-	Endowment I unus. Complete	(a)Current Year		Prior '			d) Three Yea		Four Ye	ears Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	that a	are held and	administered fo	or the			
	organization by (i) unrelated organizations							32(i)	Yes	No
	(ii) related organizations			•				. 3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organization							. 3b		
4	Describe in Part XIV the intended uses of th								1	
Pai	rt VI Land, Buildings, and Equipme	nt. See Form 990), Pa	rt X	, line 10.					
	Description of property				Cost or other s (investment)			umulated ciation	(d) Boo	ok value
1a	Land				2,664,917	1,213,83	8			3,878,755
b	Buildings					16,230,66		5,397,720),832,949
	Leasehold improvements						1			<u> </u>
	Equipment					1,325,36	0	1,095,675		229,685
e	Other					5,00				5,000
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colum	n (B)). line	10(c).) .			-	14	1,946,389

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1		1 .
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of Cost or end-of-yea	
(1)Financial derivatives		,	
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related. S	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
		- Cost of and of year	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	•		
(a) Desc			(b) Book value
(1) RELATED PARTY RECEIVABLE - HT FOUNDATION			3,548,912
(2) RELATED PARTY RECEIVABLE - TECH PARK NON-			7,692,665
(3) RELATED PARTY RECEIVABLE - VERTEX NON-PRO			2,744,187
. ,	,		, ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)		13,985,764
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
	-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	F		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,870,24
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,014,04
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,143,80
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,21
9	Total adjustments (net) Add lines 4 - 8	9	5,21
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,138,58
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	14,336,54
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	5,466,29
3	Subtract line 2e from line 1	3	8,870,24
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,870,24
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	18,612,78
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	8,598,73
3	Subtract line 2e from line 1	3	10,014,04
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	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	
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	10,014,04
Pa	rt 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 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

	1	
Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHERE THERE IS UNCERTAINTY ABOUT WHETHER A TAX POSITION WILL ULTIMATELY BE SUSTAINED UPON EXAMINATION THE FOUNDATION HAS ADOPTED THE RECOGNITION AND DISCLOSURE PROVISIONS OF THIS STANDARD THE ADOPTION OF THIS STANDARD DID NOT HAVE AN EFFECT ON THE FOUNDATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		ROUNDING 3 ELIMINATION OF INTERCOMPANY INCOME 5,214 TOTAL TO SCHEDULE D, PART XI, LINE 8 5,217
PART XII, LINE 2D - OTHER ADJUSTMENTS		INNOVATIVE RESPONSE TECHNOLOGIES, INC REVENUE (REPORTED SEPARATELY ON 1120) 26,176 HT FOUNDATION HOLDINGS, INC REVENUE (REPORTED ON SEPARATE 990) 3,048,101 TECH PARK NON-PROFIT HOLDINGS, INC REVENUE (REPORTED ON SEPARATE 990) 101,466 VERTEX NON-PROFIT HOLDINGS, INC REVENUE (REPORTED ON SEPARATE 990) 2,290,552
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INNOVATIVE RESPONSE TECHNOLOGIES, INC EXPENSE (REPORTED SEPARATELY ON 1120) 7,061 HT FOUNDATION HOLDINGS, INC EXPENSES (REPORTED ON SEPARATE 990) 2,423,182 TECH PARK NON-PROFIT HOLDINGS, INC EXPENSES (REPORTED ON SEPARATE 990) 1,986 VERTEX NON-PROFIT HOLDINGS, INC EXPENSES (REPORTED ON SEPARATE 990) 6,166,508

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493032008003

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Name of the organization						Employer ident	ification number
WEST VIRGINIA HIGH TECHN CONSORTIUM FOUNDATION						55-0727658	
	mation on Grants	and Assistance				<u>'</u>	
Form 990, Part 1	d to award the grants or rganization's procedur her Assistance to IV, line 21 for any r	or assistance? Tes for monitoring the use Governments and Tecipient that receive		united States the United States the United State Check this box if	es. Complete if the no one recipient re		ed "Yes" to ,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	Γ	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
(1) ROBERT H MOLLOHAN FAMILY CHARITABLE FOUNDATION INC1000 TECHNOLOGY DRIVE SUITE 2000 FAIRMONT, WV 26554	54-1999671	501(C)(3)		125,848	FAIR MARKET VALUE	ADMINISTRATIVE SUPPORT (SEE PART IV)	STAFF TIME TO HELP ADMINISTER SCHOLARSHIPS, INTERNSHIPS AND PROCESS RELATED PAPERWORK
(2) ROBERT H MOLLOHAN FAMILY CHARITABLE FOUNDATION INC1000 TECHNOLOGY DRIVE SUITE 2000 FAIRMONT, WV 26554	54-1999671	501(C)(3)		41,566	FAIR MARKET VALUE	THE VALUE OF OFFICE SPACE RENT (SEE PART IV)	OFFICE SPACE FOR SCHOLARSHIP AND INTERNSHIP DOCUMENTATION STORAGE AND MEETING SPACE
(3) UNITED WAY OF MARION COUNTY112 ADAMS STREET ROOM 201 FAIRMONT, WV 26554	55-0368459	501(C)(3)	7,100		COST		CORPORATE DONATIONS

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . .

art 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) A mount of cash grant	(d)A mount 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.

		this part to provide the information required in rare 1, 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 FOUNDATION REGULARLY MONITORS CONTRIBUTION SPENDING AS PART OF ITS OVERALL MONTHLY BUDGET REVIEW
		THE WVHTC FOUNDATION HAS CONTINUED TO BE DESIGNATED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) ITS PURPOSES INCLUDE, IN PART, IMPROVING THE USE OF EDUCATIONAL TECHNOLOGY IN STATE SCHOOLS, TRAINING EDUCATORS AND EDUCATING UNEMPLOYED AND UNDEREMPLOYED CITIZENS TO BETTER TAKE ADVANTAGE OF EMPLOYMENT OPPORTUNITIES IN EMERGING TECHNOLOGICAL INDUSTRIES (SEE ORGANIZATIONAL DOCUMENTS AND THE IRS PRIVATE LETTER RULING DATED JUNE 24, 2005) IN PURSUIT OF THIS MISSION OBJECTIVE THE WWHTC FOUNDATION ENDEAVORS TO SUPPORT EDUCATIONAL INTERNSHIP AND SCHOLARSHIP PROGRAMS THAT ARE TARGETED TO WARDS THIS OUTCOME THE WWHTC FOUNDATION BELIEVES THAT STRATEGIC PARTNERSHIPS WITH OTHER NON-PROFITS IS AN EFFECTIVE WAY TO ACCOMPLISH THIS OBJECTIVE THE WWHTC FOUNDATION PROVIDES IN-KIND SUPPORT TO THE RHMFC FOUNDATION IN ITS EFFORTS TO OFFER EDUCATIONAL, INTERNSHIP AND SCHOLARSHIP PROGRAMS THE RHMFC FOUNDATION PROVIDES SCHOLARSHIPS, INTERNSHIPS AND LOANS TO WEST VIRGINIA COLLEGE STUDENTS THE RHMFC FOUNDATION IS CONTROLLED BY ITS OWN BOARD OF DIRECTORS AND HAS NO PAID EMPLOYEES THE STAFF SUPPORT PROVIDED BY THE WVHTC FOUNDATION HELPS ADMINISTER THE EDUCATIONAL, INTERNSHIP AND SCHOLARSHIP PROGRAM OFFERINGS THE SPACE PROVIDED BY THE WVHTC FOUNDATION PROVIDES A LOCATION FOR MEETINGS AND STORAGE OF THE DOCUMENTATION ASSOCIATED WITH EDUCATIONAL, INTERNSHIP AND FOR WITH NON-FEDERAL UNRESTRICTED FUNDS

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DLN: 93493032008003

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WEST VIRGINIA HIGH TECHNOLOGY

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

CONSORTIUM FOUNDATION 55-0727658 Questions Regarding Compensation Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b 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 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 Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MR JAMES L ESTEP	(ı) (ıı)	245,146 0	95,000		21,238 0	17,427 0	378,811 0	0
(2) MS NANCY TRUDEL ESQ	(1) (11)	122,543 0	12,500 0	0	13,531 0	6,397 0	154,971 0	0 0
(3) DR BRIAN LEMOFF	(1) (11)	142,415 0	22,319 0	0	16,500 0	17,427 0	198,661 0	0 0
(4) MR THOMAS OWENS	(1) (11)	127,178 0	0 0	0	7,200 0	17,766 0	152,144 0	0 0
(5) DR MICHAEL GOODMAN	(I) (II)	117,273 0	3,750 0	0	22,000	17,735 0	160,758 0	0 0
								-l- 1 (F 000) 2011

Schedule J (Form 990) 2011 Page **3**

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

Schedule J (Form 990) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493032008003

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

55-0727658

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE WYHTC FOUNDATION BOARD OF DIRECTORS REVIEWS AND APPROVES THE IRS FORM 990 BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	SUBSTANTIVE DECISIONS ARE MADE BY THE WVHTC FOUNDATION'S BOARD OF DIRECTORS AND CARRIED OUT BY THE ORGANIZATION'S MANAGEMENT IN ADDRESSING THESE DECISIONS AS WELL AS CARRYING OUT THE ORGANIZATION'S DAY-TO-DAY OPERATION AND CONTRACTUAL ACTIVITIES, ORGANIZATIONAL POLICY AND PRACTICE REQUIRES ANY DIRECTOR, OFFICER AND/OR EMPLOYEE TO (1) DISCLOSE POTENTIAL CONFLICTS, (2) WITHDRAW FROM ANY ACTIVITIES IN WHICH A POTENTIAL CONFLICT EXISTS, AND (3) NOTE THE WITHDRAWAL OR ACT OF ABSTAINING FROM THE ACTIVITY ALL POTENTIAL CONFLICTS ENCOUNTERED BY THE BOARD OF DIRECTORS AND THEIR WITHDRAWAL FROM VOTING, DECISION-MAKING OR RELATED ACTIVITY IS DULY NOTED BY THE CORPORATE SECRETARY AND MADE PART OF THE MEETING OR BOARD ACTIVITY MINUTES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND TOP MANAGEMENT OFFICIALS INCLUDES A FORMAL COMPENSATION ANALYSIS PROVIDED BY AN INDEPENDENT ACCOUNTING FIRM IN WHICH THE JOB DUTIES AND RESPONSIBILITIES FOR EACH POSITION AS WELL AS THE ACTUAL EMPLOYEE'S EXPERIENCE, SKILLS, CAPABILITIES, AND CREDENTIALS ARE BENCHMARKED BY INDUSTRY AND REGIONAL STANDARDS THE ORGANIZATION'S EXECUTIVE COMPENSATION IS DETERMINED BASED UPON (1) EXTERNAL ANALYSIS AND GUIDANCE FROM AN ACCOUNTING AND/OR EXECUTIVE COMPENSATION SPECIALIST FIRM, (2) THE ANNUAL REVIEW, (3) INDEPENDENT ANALYSIS, AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS THIS PROCESS AND THE FINAL WORK PRODUCT ARE OVERSEEN BY THE ORGANIZATION'S LEGAL COUNSEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	ROUNDING 3 ELIMINATION OF INTERCOMPANY INCOME 5,214 TOTAL TO FORM 990, PART XI, LINE 5 5,217

ldentifier	Return Reference	Explanation
AUDIT OVERSIGHT COMMITTEE	FORM 990, PART XI, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Identifier	Return Reference	Explanation
	990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Explanation WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION A WEST VIRGINIA NON-PROFIT CORPORATION WITH A PRINCIPAL PLACE OF BUSINESS LOCATED AT 1000 TECHNOLOGY OR, STE 1000, FARMONT WY 26554 THIS SUMMARY IS PROVIDED BY WINTE FOUNDATIONS LEGAL DEPT SUMMARY AND SCHEDULE OF THE ORGANIZATIONS PERPOSE OBJECTIVES AND ACTIVITY SPEEDTLE 1/1/2011- 9/19/2012 THE PURPOS E AND OBJECTIVES OF THE WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION THE "WINTER OF UNDATION"), ARE CLEARLY SET FORTH AS PART OF ITS MISSION STATEMENT, AS CONTAINED IN ITS CORE PORATE CHARTER OF AUGUST 12, 1933 AND SUMMARIZED AS FOLLOWS TO FACILITATE ECONOMIC VIABILITY BY BUILDINGS STRONG BIULSTRESS OF AVAINGED STOLLOWS TO FACILITATE ECONOMIC VIABILITY BY BUILDINGS STRONG BIULSTRESS OF AVAINGED BETTER BMILOYMENT OPPORTIVITIES AND IMPROVE THE STANDA RO OF LUMBS IN WEST VIRGINIA, TO ENCOURAGE RESEARCH AND DEVELOPMENT ORGANIZATIONS AND HIGH TECHNOLOGY MANILACTURESS TO LOCATE IN THE STATE, TO TAKE STEES TO FACILITATE DEVELOPMENT OF WEST VIRGINAS PHUMAN RESOURCES BY PROVIDING OPPORTUNITIES FOR ITS RESIDENTS, TO ENHANCE THE RESEARCH CAPABILITIES OF THE STATES PUBLIC AND PRIVATE SCHOOLS, TO ESTABLISH A CON TINUING FORM TO FOST ORGANIZATION OF THE STATE OF THE STATE OF THE STANDAY OF THE STATE OR THE STA
		WARFARE/SECURITY TECHNOLOGIES, COMPUTATIONAL GRID APPLICATIONS, ROBOTICS, BIOMET RICS
		THE FEDERAL AND/OR STATE GOVERNMENT AS CUSTOMER, PARTICULARLY THE UNITED STATES DEPARTMENT OF DEFENSE. THE APPROAC H THE WVHTC FOUNDATION USES TO ACHIEVE ITS TECHNOLOGY-BASED WORK AND OBJECTIVES IS TO STRA TEGICALLY DESIGN "TECHNOLOGY CLUSTERS" AROUND HIGH POTENTIAL, SUSTAINABLE, TECHNOLOGY TARG ET AREA THAT ARE VIABLE FROM BOTH A BUSINESS AND TECHNICAL PERSPECTIVE. THESE AREAS RANGE FROM PRODUCT LINE ENGINEERING, BIOMETRICS AND IDENTIFICATION TECHNOLOGIES, BROAD BAND AND COLLABORATIVE

Identifier	Return Reference	Explanation
	990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FOR THE FEDERAL AND STATE GOVERNMENTS THESE CLUSTERS WERE DEVELOPED AFTER A CAREFUL ANALY SIS OF THE SKILLS PRESENT IN THE AREA AND THE NEEDS AND OPPORTUNITIES OF THE MARKETRLACE THE FOLLOWING ARE SOME OF THE WINTO FOUNDATIONS TECHNOLOGY-BASED RESEARCH AND RELATED PRO GRAMS, MAINLY FUNDED BY GRANTS AND COOPERATIVE AGREEMENTS, CURRENTLY CARRIED OUT BY THE WINTO FOUNDATION (A) F-18 AND KOX AFRONAUTICS THE RESEARCH IS CARRIED OUT BY THE WINTO FOUNDATION (A) F-18 AND KOX AFRONAUTICS THE RESEARCH IS CARRIED OUT BY THE WINTO FOUNDATION (A) F-18 AND KOX AFRONAUTICS THE RESEARCH IS CARRIED OUT BY THE WINTO FOUNDATION (A) F-18 AND KOX AFRONAUTICS THE RESEARCH IS CARRIED OUT BY MASA DRY DEN FLIGHT CONTROL SYSTEMS (IFCS) THE RESEARCH IS CARRIED OUT AT AND BY NASA DRY DEN FLIGHT CONTROL SYSTEMS (IFCS) THE RESEARCH IS CARRIED OUT AT AND BY NASA DRY DEN FLIGHT CONTROL SYSTEMS (IFCS) THE RESEARCH IS CARRIED OUT AT AND BY NASA DRY DEN FLIGHT RESEARCH CENTER (DFRC) AND WINTO FOUNDATION ASSIST THEM WITH HARDWARE AND SOFTWARE APPLICATIONS (C) GODDARD INSTITUTE SYSTEMS, SOFTWARE, AND TECHNOLOGY RESEARCH (GISSTR) THIS ROJECT IS FOCUSED ON THE DEV ELOPMENT OF REMOTE SENSING INSTRUMENTATION FOR MOBILE PLATFORMS CURRENTLY THIS PROJECT IS DESIGNING AND DEVELOPING A HYPER-SPECTRALIMAGING SENSOR, A LASER-INDUCED FLUORESCENCE SEN SOR, AND A HIGH-RESOLUTION IMAGERY SYSTEM FOR DEPLOYMENT ON A 20LB PAYLOAD CAPACITY UNMANN ED AIR VEHICLE (D) ROSES THE ROSES PROGRAM IS A GRANT FROM NASA-GODDARD IN GREENBELT MAR YLAND FOR THE PURPOSE OF BASIC RESEARCH ON INTELLIGENT AGENTS FOR SENSOR-WEBS THE SENSOR WEBS ARE PURELY CONCEPTUAL AT THIS POINT (E) TAVITINDERS THIS SCIENTIFIC RESEARCH PROGRAM MROVIDES STUDIES OF CROWD AND CROWD BEHAVIOR, REDUCED TO ALGORITHMS, FOR THE OFFICE OF NAVAL RESEARCH THE PROGRAM GOAL IS TO ASSIST WITH ANTI-TERRORISM APPLICATIONS. THE TINDER S PROGRAM SPECIFICALLY ADDRESSES DETECTION TACTICS, APPLICATIONS AND PROCESSES DURING NIGHT TIME HOURS (F) LAB ACTIVITIES SUMMARY THE FOLLOWING LAB ACTIVITIES ARE CARRIED OUT IN THE RESE

ldentifier	Return Reference	Explanation
; !	990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	VI SUBSIDIARIES 1 HT FOUNDATION HOLDINGS, INC THIS SUBSIDIARY IS A 501(C)(2) NON-PROFIT TITLE HOLDING COMPANY WITH A MAILING ADDRESS OF 1000 TECHNOLOGY DRIVE, SUITE 8000, FAIRMONT, WEST VIRGINIA 26554 2 TECH PARK NON-PROFIT HOLDINGS, INC THIS SUBSIDIARY IS A 501(C)(2) NON-PROFIT TITLE HOLDINGS COMPANY WITH A MAILING ADDRESS OF 1000 TECHNOLOGY DRIVE, SUITE 8400, FAIRMONT, WEST VIRGINIA 26554 3 VERTEX NON-PROFIT HOLDINGS, INC THIS SUBSIDIARY IS A 501(C)(2) NON-PROFIT TITLE HOLDING COMPANY WITH A MAILING ADDRESS OF 1000 TECHNOLOGY DRIVE SUITE 8800, FAIRMONT, WEST VIRGINIA 26554 4 INNOVATIVE RESPONSE TECHNOLOGY DRIVE, SUITE 6000, FAIRMONT, WEST VIRGINIA 26554 4 INNOVATIVE RESPONSE TECHNOLOGY DRIVE, SUITE 6000, FAIRMONT WEST VIRGINIA 26554 THE COMPANY CARRIED OUT ROBOTIC ASSEMBLY, MANUFACTURING, SALES AND R&D ACTIVITIES 5 WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM, LLC THIS SUBSIDIARY IS A SPECIAL PURPOSE ENTITY WHICH WAS ORGANIZED WITH THE SOLE PURPOSE OF OWNING AND HOLDING THE MORTGAGE ON A SMALL FACILITY WITHIN THE 179 PARK VII FACILITY MANAGEMENT A SUBSTANTIAL AMOUNT OF ACTIVITY CARRIED OUT BY THE WHITC FOUNDATION AND ITS SUBSIDIARY COMPANIES, DURING THE ABOVE-REFERENCED TERM, INVOLVES BUILD-OUT AND LEASING ACTIVITIES WITHIN THE APPROXIMATELY 550,000 SQUARE FEET OF CLASS-A OFFICE SPACE IN THE 179 TECHNOLOGY PARK IN FAIRMONT, WEST VIRGINIA THE GOVERNMENT TENANTS FOR WHICH CURRENT BUILD-OUT AND LEASING IS UNDERWAY INCLUDE THE NASA, FBI AND NOAA FEDERAL GOVERNMENT AGENCIES IN CLOSING, THIS SUMMARY OF THE WHITC FOUNDATION AND THE NON-PROFIT ORGANIZATION'S SUBSIDIARY ACTIVITIES IS RESPECTFULLY SUBMITTED THE 19TH DAY OF SEPTEMBER, 2012 TO ASSIST WITH THE ORGANIZATION'S AUDIT AND IRS 990 SUBMISSION RESPECTFULLY SUBMITTED, NANCY E TRUDEL GENERAL COUNSEL

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Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2011

Employer identification number

DLN: 93493032008003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WEST VIRGINIA HIGH TECHNOLOGY

(Form 990)

SCHEDULE R

▶ 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.

CONSORTIUM FOUNDATION				55-072	7658			
Part I Identification of Disregarded Entities (Comp	olete if the organizati	on answered "Yes	" on Form 990	, Part IV, line 33	3.)			
(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		
(1) WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION LLC (SINGLE MEMBER LLC) 1000 TECHNOLOGY DRIVE SUITE 1000 FAIRMONT, WV 26554 20-3692939	REAL ESTATE RENTAL ACTIVITIES	wv	WV -5,501 2,5					
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	ıf the organization	answered "Yo	 es" on Form 990	l), Part	: IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	Section 5 cont organ	trolled nization
(1) HT FOUNDATION HOLDINGS INC							Yes	No
1000 TECHNOLOGY DR SUITE 8000 FAIRMONT, WV 26554 26-2294360	NON PROFIT TITLE HOLDING COMPANY	wv	501(C)(2)				Yes	
(2) TECH PARK NON-PROFIT HOLDINGS INC 1000 TECHNOLOGY DR SUITE 8400 FAIRMONT, WV 26554 26-2294764	NON PROFIT TITLE HOLDING COMPANY	wv	501(C)(2)				Yes	
(3) VERTEX NON-PROFIT HOLDINGS INC 1000 TECHNOLOGY DR SUITE 8800 FAIRMONT, WV 26554	NON PROFIT TITLE HOLDING COMPANY	wv	501(C)(2)				Yes	
26-2294925								
								igsqcup
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 5	0135Y			Schedule R (F	orm 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, F	Part IV, l	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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
											i	
											i	

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
(1) INNOVATIVE RESPONSE TECHNOLOGIES INC (WHOLLY-OWNED FOR-PROFIT SUBSIDIARY) 1000 TECHNOLOGY DRIVE SUITE 6000 FAIRMONT, WV 26554 20-3308876	SCIENTIFIC AND TECHNOLOGY- BASED RESEARCH AND DEVELOPMENT	WV		С	19,115	87,782	100 000 %
						Cahadula B (Form 000\ 2011

chedule R (Form 990) 2011			Pag	је З
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part	ts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a			No
b Gift, grant, or capital contribution to related organization(s)	1b			No
c Gift, grant, or capital contribution from related organization(s)	1c			No
d Loans or loan guarantees to or for related organization(s)	1d	Y	es	
e Loans or loan guarantees by related organization(s)	1e	:	耳	No
f Sale of assets to related organization(s)	1f	+	+	No
g Purchase of assets from related organization(s)	19			No
h Exchange of assets with related organization(s)	1h			No
i Lease of facilities, equipment, or other assets to related organization(s)	<u>1i</u>		\dashv	No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		+	No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Y	'es	
I Performance of services or membership or fundraising solicitations by related organization(s)	11			No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	n		No
n Sharing of paid employees with related organization(s)	1n	1		No
Reimbursement paid to related organization(s) for expenses	10	+	+	No
p Reimbursement paid by related organization(s) for expenses	1p	Y	'es	
Other transfer of cash or property to related organization(s)	1q		\dashv	No
r Other transfer of cash or property from related organization(s)	1r	_	\top	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) HT FOUNDATION HOLDINGS INC	D	549,686	CASH TRANSFERS
(2) HT FOUNDATION HOLDINGS INC	К	65,995	CASH PAYMENTS
(3) VERTEX NON-PROFIT HOLDINGS INC	К	108,522	CASH PAYMENTS
(4) VERTEX NON-PROFIT HOLDINGS INC	D	919,194	CASH TRANSFERS
(5) VERTEX NON-PROFIT HOLDINGS INC	D	4,601	CASH TRANSFERS
(6) HT FOUNDATION HOLDINGS INC	Р	1,111,824	CASH TRANSFERS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									
							-						

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 55-0727658

Name: WEST VIRGINIA HIGH TECHNOLOGY

CONSORTIUM FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	HT FOUNDATION HOLDINGS INC	D	549,686	CASH TRANSFERS
(2)	HT FOUNDATION HOLDINGS INC	К	65,995	CASH PAYMENTS
(3)	VERTEX NON-PROFIT HOLDINGS INC	К	108,522	CASH PAYMENTS
(4)	VERTEX NON-PROFIT HOLDINGS INC	D	919,194	CASH TRANSFERS
(5)	VERTEX NON-PROFIT HOLDINGS INC	D	4,601	CASH TRANSFERS
(6)	HT FOUNDATION HOLDINGS INC	P	1,111,824	CASH TRANSFERS

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DLN: 93493032008003

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** WEST VIRGINIA HIGH TECHNOLOGY CONSORTIUM FOUNDATION FORM 990 PAGE 10 55-0727658 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500.000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) . . . 2 **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) 16 679.115 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 679,115 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Γ _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/	(i) Elected section 1 cost		179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
27 Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1)		(c)		((≘)	(f)
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees?		y statement											our.	Y	es	No
38 Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	(A mort a mo	ızable		(d) Code section		e perio		ation	or		(f) A mortization fo this year		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			\dashv							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year					•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

Additional Data

Software ID: Software Version:

EIN: 55-0727658

Name: WEST VIRGINIA HIGH TECHNOLOGY

CONSORTIUM FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 1,031,469 including grants of \$) (Revenue \$ 766,558)

AFFILIATE PROGRAMS, WORKFORCE EDUCATION AND SMALL BUSINESS SUPPORT SERVICES WHICH PROVIDE WORKFORCE EDUCATION AND NETWORKING OPPORTUNITIES TO THE PUBLIC AND LOCAL TECHNOLOGY-BASED COMPANIES