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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 55-6017181	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WEST VIRGINIA UNIVERSITY FOUNDATION INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite ONE WATERFRONT PLACE 7TH FLOOR  City or town, state or country, and ZIP + 4 MORGANTOWN, WV 265071650  <b>F</b> Name and address of principal officer R WAYNE KING ONE WATERFRONT PLACE MORGANTOWN, WV 26507		<b>E Telephone number</b>  (304) 284-4000
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 270,951,289	
<b>J Website:</b> WWW WVUF ORG		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1954	<b>M</b> State of legal domicile WV

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT AND BENEFIT WEST VIRGINIA UNIVERSITY AND ITS AFFILIATED ORGANIZATIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	28
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	174
6 Total number of volunteers (estimate if necessary) . . . . .	6	28	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	-1,243,909	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-1,243,909	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	76,044,824	87,157,850
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,364,634	3,275,110
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	31,389,183	24,490,131
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-890,659	1,223,179
		108,907,982	116,146,270
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	12,424,205	14,511,598
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	15,611,132	18,061,231
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>4,925,096</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	33,393,878	46,112,438
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	61,429,215	78,685,267
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	47,478,767	37,461,003
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	1,085,813,234	1,110,445,096
	21 Total liabilities (Part X, line 26) . . . . .	503,244,882	513,643,136
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	582,568,352	596,801,960

Part II		Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	***** Signature of officer		2013-02-13 Date
	MICHAEL E AUGUSTINE CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature  SUSAN S DULL	Date	Check if self-employed 
	Firm's name (or yours if self-employed), address, and ZIP + 4  DIXON HUGHES GOODMAN LLP PO BOX 1556 MORGANTOWN, WV 265071556		Preparer's taxpayer identification number (see instructions) P00233523  EIN  56-0747981  Phone no  (304) 292-7343

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 14,511,598 including grants of \$ 14,511,598 ) (Revenue \$ )

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

4b

(Code ) (Expenses \$ 11,358,772 including grants of \$ ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 19,000,554 including grants of \$ ) (Revenue \$ )

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

(Code ) (Expenses \$ 24,431,090 including grants of \$ ) (Revenue \$ 4,832,329 )

THE ORGANIZATION HAS OTHER DISBURSEMENTS IN DIRECT SUPPORT OF WEST VIRGINIA UNIVERSITY, INCLUDING FACULTY AND STAFF TRAVEL FOR EDUCATIONAL PURPOSES, CLASSROOM, LABORATORY, AND OFFICE SUPPLIES, EDUCATIONAL MATERIALS, ETC.

4d

Other program services (Describe in Schedule O )






















(Expenses \$ 24,431,090 including grants of \$ ) (Revenue \$ 4,832,329 )

4e

Total program service expenses \$ 69,302,014

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, 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	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	299		Yes	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	174		Yes	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>				
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>				No
<b>b</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.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	Yes			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	Yes			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>	Yes			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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 allocated to each state.	<b>13a</b>				
<b>b</b>	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.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	28
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		
a	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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	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
b	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?		
a	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 taxable entity during the year? . . . . .	16a	No
b	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> ME , CA , LA , MA , ND , NM , NY , OK , 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> JEFFREY K DUNN ONE WATERFRONT PLACE MORGANTOWN, WV 26507 (304) 284-4000

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,576,412	0	293,443

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **9**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SNAVELY ASSOCIATES PO BOX 1139 STATE COLLEGE, PA 16804	CONSULTING	447,180
THE CARLYLE GROUP 520 MADISON AVE 41ST FL NEW YORK, NY 10022	INVESTMENT MANAGER	433,817
STATE STREET BANK & TRUST 2 AVENUE DELAFAYETTE 6TH FLOOR BOSTON, MA 02111	INVESTMENT MANAGER	240,755
NCH CAPITAL INC 712 FIFTH AVENUE NEW YORK, NY 10019	INVESTMENT MANAGER	169,061
DIXON HUGHES GOODMAN LLP 48 DONLEY STREET MORGANTOWN, WV 26505	ACCOUNTING	162,710

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	719,704			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	10,672,006			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,766,140			
	g	Noncash contributions included in lines 1a-1f \$ 1,053,525					
	h	Total. Add lines 1a-1f . . . . .		87,157,850			
Program Service Revenue	2a	AGENCY FEES	Business Code 611710	2,155,037	2,155,037		
	b	CONTRACTUAL AGREEMENTS	611710	1,073,388	1,073,388		
	c	STUDENT LOAN INTEREST	611710	46,685	46,685		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		3,275,110			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		12,496,250		-1,243,909
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .		16,791			16,791
6a		Gross rents	(i) Real 1,975,000	(ii) Personal			
b		Less rental expenses	2,950,280				
c		Rental income or (loss)	-975,280				
d		Net rental income or (loss) . . . . .		-975,280	-975,280		
7a		Gross amount from sales of assets other than inventory	(i) Securities 163,102,063	(ii) Other			
b		Less cost or other basis and sales expenses	151,108,182				
c		Gain or (loss)	11,993,881				
d		Net gain or (loss) . . . . .		11,993,881			11,993,881
8a		Gross income from fundraising events (not including \$ 719,704 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
a			395,726				
b		Less direct expenses . . . . .	b	746,557			
c		Net income or (loss) from fundraising events . .		-350,831			-350,831
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
a							
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
a							
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue . . . . .		2,532,499	2,532,499			
e	Total. Add lines 11a-11d . . . . .		2,532,499				
12	Total revenue. See Instructions . . . . .		116,146,270	4,832,329	-1,243,909	25,400,000	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	14,511,598	14,511,598		
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,459,121		877,481	581,640
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,838,635	9,231,871	1,506,864	2,099,900
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,418,242	898,148	244,791	275,303
9	Other employee benefits	1,032,504	302,411	343,631	386,462
10	Payroll taxes	1,312,729	926,341	181,860	204,528
11	Fees for services (non-employees)				
a	Management				
b	Legal	104,056	67,357	22,600	14,099
c	Accounting	156,268	1,150	155,118	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,896,867	1,676,003	220,864	
g	Other	3,390,083	2,983,754	225,156	181,173
12	Advertising and promotion	627,204	433,791	34,626	158,787
13	Office expenses	2,427,428	2,150,624	121,117	155,687
14	Information technology	532,934	213,266	161,147	158,521
15	Royalties				
16	Occupancy	773,564	622,527	75,994	75,043
17	Travel	1,566,261	1,429,779	50,958	85,524
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,550,444	3,041,612	58,015	450,817
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	190,934		95,467	95,467
23	Insurance	199,884	135,587	64,297	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CAPITAL PROJECTS	19,000,554	19,000,554		
b	ATHLETIC CONFERENCE TRA	8,521,622	8,521,622		
c	REVALUATION OF ANNUITIE	1,669,330	1,669,330		
d	PROVISION FOR LOSSES	634,878	634,878		
e					
f	All other expenses	870,127	849,811	18,171	2,145
25	Total functional expenses. Add lines 1 through 24f	78,685,267	69,302,014	4,458,157	4,925,096
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			247	1	250
	2	Savings and temporary cash investments . . . . .			11,401,614	2	16,453,136
	3	Pledges and grants receivable, net . . . . .			41,552,584	3	50,536,890
	4	Accounts receivable, net . . . . .			1,228,786	4	970,857
	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 Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			2,818,053	7	2,566,773
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			124,934	9	0
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	33,861,828			
	b	Less: accumulated depreciation . . . . .	10b	13,681,449	21,076,046	10c	20,180,379
	11	Investments—publicly traded securities . . . . .			418,686,210	11	477,563,594
	12	Investments—other securities. See Part IV, line 11 . . . . .			551,305,104	12	509,046,652
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			37,619,656	15	33,126,565
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,085,813,234	16	1,110,445,096
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,874,197	17	5,594,523
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			3,148,468	19	10,774,668
	20	Tax-exempt bond liabilities . . . . .			27,512,125	20	3,000,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	23,929,108
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	10,000,000
	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 D . . . . .			468,710,092	25	460,344,837
	26	Total liabilities. Add lines 17 through 25 . . . . .			503,244,882	26	513,643,136
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			15,706,093	27	6,672,644
	28	Temporarily restricted net assets . . . . .			216,643,974	28	205,585,869
	29	Permanently restricted net assets . . . . .			350,218,285	29	384,543,447
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			582,568,352	33	596,801,960
	34	Total liabilities and net assets/fund balances . . . . .			1,085,813,234	34	1,110,445,096

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	116,146,270
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	78,685,267
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	37,461,003
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	582,568,352
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-23,227,396
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	596,801,960

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number  
55-6017181

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	46,795,797	62,525,867	66,923,338	76,044,824	87,157,850	339,447,676
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46,795,797	62,525,867	66,923,338	76,044,824	87,157,850	339,447,676
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,956,836
6 Public Support. Subtract line 5 from line 4						299,490,840

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	46,795,797	62,525,867	66,923,338	76,044,824	87,157,850	339,447,676
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,581,931	1,613,106	10,632,703	12,156,162	14,517,935	57,501,837
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						396,949,513

12 Gross receipts from related activities, etc (See instructions )

1210,573,985

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	75 450 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	76 650 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—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			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the 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 D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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  
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number  
55-6017181

Part I

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

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

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	380,977,888	310,607,045	274,511,000	393,126,000
b	Contributions . . . . .	47,745,631	32,359,111	13,282,000	14,241,000
c	Investment earnings or losses . . . . .	145,116	61,622,353	29,077,000	-119,980,000
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	17,926,249	16,406,033	8,035,000	8,756,000
f	Administrative expenses . . . . .	7,362,540	7,204,588	4,496,000	4,120,000
g	End of year balance . . . . .	403,579,846	380,977,888	304,339,000	274,511,000

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4 000 %

b

Permanent endowment ▶ 96 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,610,860		1,610,860
b Buildings . . . . .		28,773,734	10,550,368	18,223,366
c Leasehold improvements . . . . .		57,230	9,622	47,608
d Equipment . . . . .		1,208,788	1,025,733	183,055
e Other . . . . .		2,211,216	2,095,726	115,490
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				20,180,379



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	116,146,270
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,685,267
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	37,461,003
4	Net unrealized gains (losses) on investments	4	-22,831,670
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-395,726
9	Total adjustments (net) Add lines 4 - 8	9	-23,227,396
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,233,607

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	94,881,388
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-22,831,669
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-22,831,669
3	Subtract line 2e from line 1 . . . . .	3	117,713,057
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,734,324
b	Other (Describe in Part XIV) . . . . .	4b	-3,301,111
c	Add lines 4a and 4b . . . . .	4c	-1,566,787
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	116,146,270

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	80,647,780
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	3,696,837
e	Add lines 2a through 2d . . . . .	2e	3,696,837
3	Subtract line 2e from line 1 . . . . .	3	76,950,943
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,734,324
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	1,734,324
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	78,685,267

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ASSETS AND CONTRIBUTIONS FOR WHICH THE DONOR STIPULATES THAT RESOURCES BE MAINTAINED PERMANENTLY ARE CONSIDERED ENDOWMENT FUNDS. SUCH ASSETS ARE COMPRISED OF ENDOWMENTS, WHICH ARE SUBJECT TO THE RESTRICTIONS OF GIFT INSTRUMENTS REQUIRING THAT THE FUND BE INVESTED IN PERPETUITY. SPENDING FROM THE FUND IS GOVERNED BY THE FOUNDATION'S SPEND POLICY AS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		FUNDRAISING REVENUE -395,726
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING REVENUE -350,831. RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -2,950,280
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 746,557. RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 2,950,280
		PART X, LINE 2. THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME TAXES IN 2010. THE IMPACT OF ADOPTION WAS NOT MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012.

Additional Data

Software ID:

Software Version:

EIN: 55-6017181

Name: WEST VIRGINIA UNIVERSITY FOUNDATION INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
HEDGE FUNDS	64,741,030	F
PRIVATE CAPITAL	187,972,964	F
NATURAL RESOURCES	61,795,693	F
REAL ESTATE FUNDS	48,577,781	F
OTHER	10,206,348	F
COMMINGLED EQUITY	22,733,908	F
COMMINGLED FIXED INCOME	70,870,769	F
FIXED INCOME	42,148,159	F

OMB No 1545-0047

**Open to Public Inspection**

55-6017181

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

Schedule F (Form 990) 2011

**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



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

[illegible]

**Part IV Foreign Forms**

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☐ Yes ☒ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

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

☐ Yes ☒ No

Additional Data

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

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number  
55-6017181

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes

☐ No

b

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

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

3

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ATHLETIC PROGRAMS	MBR CANCER CENTER	14	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts . . . .	388,666	339,813	386,951
	2	Less Charitable contributions . . . .	228,819	248,223	242,662
	3	Gross income (line 1 minus line 2) . . . .	159,847	91,590	144,289
Direct Expenses	4	Cash prizes . . . .	0	0	0
	5	Non-cash prizes . . . .	4,634	0	11,336
	6	Rent/facility costs . . . .	15,330	0	8,172
	7	Food and beverages . . . .	76,596	83,450	67,459
	8	Entertainment . . . .	6,421	38,675	5,300
	9	Other direct expenses . . . .	229,277	72,855	127,052
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			( 746,557 )
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . .			-350,831

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

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

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

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

<div>a</div> <div>The organization's facility</div>	<div>13a</div>	
<div>b</div> <div>An outside facility</div>	<div>13b</div>	

14

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

Name

Address

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WEST VIRGINIA UNIVERSITY FOUNDATION INC

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
55-6017181

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN,WV 26506	55-6000842	501(C)3	14,511,599				TO SUPPORT STUDENTS OF WEST VIRGINIA UNIVERSITY

2

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

1

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

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

Part IV

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

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



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

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

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.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT WAS PROVIDED TRAVEL FOR HIS SPOUSE AND THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT. FOR THE TAXABLE PORTION OF THE BENEFIT, THE PRESIDENT RECEIVED GROSS-UP PAYMENTS FROM THE ORGANIZATION. WVU FOUNDATION MAINTAINS A MEMBERSHIP WITH A LOCAL SOCIAL CLUB FOR USE BY THE PRESIDENT WHICH WAS USED EXCLUSIVELY FOR BUSINESS PURPOSES, AND THEREFORE WAS NOT TREATED AS TAXABLE COMPENSATION.
	PART I, LINE 4B	THE NONQUALIFIED PLAN FOR R. WAYNE KING REPORTED IN SCHEDULE J, PART II, COLUMN C, IS INCLUDED IN HIS RETIREMENT AND OTHER COMPENSATION AND IS PART OF HIS CONTRACT WITH THE ORGANIZATION.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number  
55-6017181

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	168	7,696,373	QUOTES
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	X	1	2,568,509	QUOTES
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .	X	1	1,690	APPRAISAL
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				

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

29

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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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

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

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



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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -22,831,670 FUNDRAISING REVENUE - 395,726 TOTAL TO FORM 990, PART XI, LINE 5 -23,227,396

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

Additional Data

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

Form 990, Special Condition Description:

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

4d. Other program services
(Code ) (Expenses \$ 24,431,090 including grants of \$ ) (Revenue \$ 4,832,329 ) THE ORGANIZATION HAS OTHER DISBURSEMENTS IN DIRECT SUPPORT OF WEST VIRGINIA UNIVERSITY, INCLUDING FACULTY AND STAFF TRAVEL FOR EDUCATIONAL PURPOSES, CLASSROOM, LABORATORY, AND OFFICE SUPPLIES, EDUCATIONAL MATERIALS, ETC

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ROBERT R RUFFOLO JR DIRECTOR	2 00	X						0	0	0	
MIKKI VAN WYK DIRECTOR	2 00	X						0	0	0	
ALAN J ZUCCARI DIRECTOR	2 00	X						0	0	0	
R WAYNE KING PRESIDENT & CEO	45 00	X		X				298,200	0	64,255	
D LYN DOTSON VP DEVELOPMENT	45 00			X				186,955	0	28,496	
JULIA W PHALUNAS VP DEVELOPMENT	45 00			X				152,419	0	33,618	
JEFFREY K DUNN ASSISTANT TREASURER	45 00			X				121,439	0	30,049	
MARK W COTTRILL VP TECHNOLOGY & FACILITIES	45 00			X				127,437	0	28,287	
RICHARD KRAICH VP INVESTMENTS & CIO	45 00			X				325,574	0	37,582	
MICHAEL E AUGUSTINE CHIEF FINANCIAL OFFICER	45 00			X				109,848	0	21,832	
TIMOTHY BOLLING ASSISTANT VP DEVELOPMENT	45 00					X		114,047	0	28,314	
JENNIFER CUNANAN ASSOCIATE VP, INVESTMENTS	45 00					X		140,493	0	21,010	