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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C 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 province, country, and ZIP or foreign postal code
MORGANTOWN, WV 265071650

D Employer identification number
55-6017181

E Telephone number
(304) 284-4000

G Gross receipts $ 233,014,319

F Name and address of principal officer
CYNTHIA L ROTH
ONE WATERFRONT PLACE
MORGANTOWN, WV 26507

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WVUF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile WV

Part I Summary

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 ▶☐ 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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	177
6	Total number of volunteers (estimate if necessary)	6	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	19,965
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	74,460,418	72,739,663
9	Program service revenue (Part VIII, line 2g)	2,757,993	2,691,847
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,545,660	46,984,066
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	792,261	373,729
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,556,332	122,789,305
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,502,848	17,132,990
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)	20,405,095	18,752,672
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,662,875		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,284,762	37,729,717
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	63,192,705	73,615,379
19	Revenue less expenses Subtract line 18 from line 12	52,363,627	49,173,926

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,245,464,811	1,437,355,409
21	Total liabilities (Part X, line 26)	572,797,460	664,699,987
22	Net assets or fund balances Subtract line 21 from line 20	672,667,351	772,655,422

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

****** | 2015-02-16
Signature of officer | Date

MICHAEL E AUGUSTINE COO/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SUSAN S DULL				P00233523

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981

Firm's address ▶ PO BOX 1556
MORGANTOWN, WV 265071556 | Phone no (304) 292-7343

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 $ 17,132,990 including grants of $ 17,132,990) (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 $ 10,624,240 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 $ 18,460,869 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

(Code) (Expenses $ 15,609,977 including grants of $) (Revenue $ 3,147,944)

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 $ 15,609,977 including grants of $) (Revenue $ 3,147,944)

4e Total program service expenses ▶ 61,828,076

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 for escrow or custodial account liability, 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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	295		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	177		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line 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**	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	22		
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 this 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 ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ JEFFREY K DUNN ONE WATERFRONT PLACE 7TH FLOOR
MORGANTOWN, WV 26507 (304) 284-4000

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,199,621	0	390,303

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 12

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
THE CARLYLE GROUP 520 MADISON AVE 41ST FL NEW YORK NY 10022	INVESTMENT MANAGER	467,954
STATE STREET BANK & TRUST 2 AVENUE DELAFAYETTE 6TH FLOOR BOSTON MA 02111	INVESTMENT MANAGER	331,402
DIXON HUGHES GOODMAN LLP PO BOX 1556 MORGANTOWN WV 26507	ACCOUNTING	164,982
BLACKBAUD INC PO BOX 930256 ATLANTA GA 311930256	SOFTWARE CONSULTING	155,085
NCH CAPITAL INC 712 FIFTH AVENUE NEW YORK NY 10019	INVESTMENT MANAGER	153,667

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 ▶ 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	396,167			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	3,322,332			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	69,021,164			
	g	Noncash contributions included in lines 1a-1f $		5,351,535			
	h	**Total.** Add lines 1a-1f . . . . . ▶		72,739,663			
Program Service Revenue			Business Code				
	2a	AGENCY FEES	611710	2,127,392	2,127,392		
	b	CONTRACTUAL AGREEMENTS	611710	513,796	513,796		
	c	STUDENT LOAN INTEREST	611710	50,659	50,659		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,691,847			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		19,875,217		19,965	19,855,252
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		104,011			104,011

		(i) Real	(ii) Personal				
	6a	Gross rents	2,059,745					
	b	Less rental expenses	1,603,648					
	c	Rental income or (loss)	456,097					
	d	Net rental income or (loss) . . . . . ▶			456,097	456,097		

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	135,260,830				
	b	Less cost or other basis and sales expenses	108,151,981				
	c	Gain or (loss)	27,108,849				
	d	Net gain or (loss) . . . . . ▶		27,108,849			27,108,849

Other Revenue	8a	Gross income from fundraising events (not including $ 396,167 of contributions reported on line 1c) See Part IV, line 18 . . a	283,006				
	b	Less direct expenses . . . b	469,385				
	c	Net income or (loss) from fundraising events . . ▶		-186,379			-186,379
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		122,789,305	3,147,944	19,965	46,881,733

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)

Check if Schedule O contains a response or note to any line 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	17,132,990	17,132,990		
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	1,603,775		876,876	726,899
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	13,194,117	8,499,331	1,920,922	2,773,864
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	683,197	64,079	265,173	353,945
9 Other employee benefits	2,762,033	2,011,853	322,908	427,272
10 Payroll taxes	509,550	48,206	197,597	263,747
11 Fees for services (non-employees)				
a Management				
b Legal	149,034	27,628	60,258	61,148
c Accounting	134,577	5,525	129,052	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,745,648	1,612,992	132,656	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,219,127	1,616,895	297,142	305,090
12 Advertising and promotion	613,409	362,063	27,028	224,318
13 Office expenses	2,868,848	2,485,704	143,116	240,028
14 Information technology	531,206	178,865	150,959	201,382
15 Royalties . .				
16 Occupancy	1,131,367	688,218	193,940	249,209
17 Travel	2,343,463	2,163,177	59,086	121,200
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,558,393	2,910,231	100,532	547,630
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,460		121,408	162,052
23 Insurance	204,721	120,258	79,372	5,091
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CAPITAL PROJECTS	18,460,869	18,460,869		
b PROVISION FOR LOSSES	2,014,645	2,014,645		
c				
d				
e All other expenses	1,470,950	1,424,547	46,403	
25 **Total functional expenses.** Add lines 1 through 24e	73,615,379	61,828,076	5,124,428	6,662,875
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		250	1	251
	2	Savings and temporary cash investments		22,444,566	2	23,756,781
	3	Pledges and grants receivable, net		48,070,475	3	48,670,719
	4	Accounts receivable, net		977,174	4	1,129,865
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,731,835	7	2,743,015
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		215,840	9	180,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,768,480			
	b	Less accumulated depreciation	10b 15,069,763	19,790,295	10c	18,698,717
	11	Investments—publicly traded securities		685,226,854	11	834,472,595
	12	Investments—other securities See Part IV, line 11		429,666,535	12	468,566,624
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,340,987	15	39,136,410
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,245,464,811	16	1,437,355,409
Liabilities	17	Accounts payable and accrued expenses		4,110,537	17	4,567,038
	18	Grants payable			18	
	19	Deferred revenue		5,577,221	19	2,254,889
	20	Tax-exempt bond liabilities		3,000,000	20	3,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		23,063,131	23	22,168,320
	24	Unsecured notes and loans payable to unrelated third parties		10,000,000	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		527,046,571	25	622,709,740
	26	**Total liabilities.** Add lines 17 through 25		572,797,460	26	664,699,987
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,515,276	27	36,563,158
	28	Temporarily restricted net assets		243,991,507	28	304,591,782
	29	Permanently restricted net assets		407,160,568	29	431,500,482
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		672,667,351	33	772,655,422
	34	Total liabilities and net assets/fund balances		1,245,464,811	34	1,437,355,409

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,789,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,615,379
3	Revenue less expenses Subtract line 2 from line 1	3	49,173,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	672,667,351
5	Net unrealized gains (losses) on investments	5	50,843,524
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,379
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	772,655,422

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY C BABE DIRECTOR (JUNE 2014)	2 00	X						0	0	0
W MARSTON BECKER DIRECTOR	2 00	X						0	0	0
IRENE C BERGER DIRECTOR (FEB 2014)	2 00	X						0	0	0
SUSAN S BREWER DIRECTOR	2 00	X						0	0	0
MARCIA A BROUGHTON SECRETARY	2 00	X		X				0	0	0
JAMES H CHAMBERLAIN DIRECTOR	2 00	X						0	0	0
JOHN B 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
PETER J KALIS DIRECTOR	2 00	X						0	0	0
EG KEN KENDRICK JR 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
WILLIAM H MCCARTNEY DIRECTOR	2 00	X						0	0	0
ROBERT A MCMILLAN DIRECTOR	2 00	X						0	0	0
ROBERT H MCNABB DIRECTOR (AUGUST 2013)	2 00	X						0	0	0
ROBERT O ORDERS JR DIRECTOR	2 00	X						0	0	0
GARY R PELL VICE CHAIR	2 00	X		X				0	0	0
VERL O PURDY DIRECTOR	2 00	X						0	0	0
ROBERT L REYNOLDS CHAIR	2 00	X		X				0	0	0
ROBERT D RUFFOLO JR DIRECTOR (AUGUST 2013)	2 00	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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKKI VAN WYK DIRECTOR (FEB 2014)	2 00	X						0	0	0
ALAN J ZUCCARI DIRECTOR	2 00	X						0	0	0
R WAYNE KING PRESIDENT & CEO, THROUGH 12 31 2013	45 00	X		X				336,014	0	54,987
CYNTHIA L ROTH PRESIDENT & CEO, STARTED 1 1 2014	45 00	X		X				0	0	0
MICHAEL E AUGUSTINE VP FINANCE & CFO	45 00			X				187,636	0	33,664
MARK W COTTRILL VP TECHNOLOGY & FACILITIES	45 00			X				135,170	0	29,440
D LYN DOTSON VP DEVELOPMENT	45 00			X				200,229	0	29,735
JEFFREY K DUNN ASSISTANT TREASURER	45 00			X				131,050	0	30,412
RICHARD KRAICH VP INVESTMENTS & CIO	45 00			X				388,970	0	41,925
JULIA PHALUNAS VP DEVELOPMENT	45 00			X				165,797	0	33,544
TIMOTHY BOLLING ASSOCIATE VP, DEVELOPMENT	45 00					X		122,169	0	29,583
RICHARD BRIAN CALDWELL ASSISTANT VP, INVESTMENTS	45 00					X		131,224	0	29,719
JENNIFER CUNANAN ASSOCIATE VP, INVESTMENTS	45 00					X		182,120	0	30,452
MATTHEW BORMAN SENIOR ASSOCIATE ATHLETIC DIRECTOR	45 00					X		108,691	0	27,181
DEBORAH MILLER SR DIR OF PLANNED GIVING	45 00					X		110,551	0	19,661

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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?

	Yes	No
(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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	66,923,338	76,044,824	87,157,850	74,460,418	72,739,663	377,326,093
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	66,923,338	76,044,824	87,157,850	74,460,418	72,739,663	377,326,093
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)						32,950,291
6 **Public support.** Subtract line 5 from line 4						344,375,802

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	66,923,338	76,044,824	87,157,850	74,460,418	72,739,663	377,326,093
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,632,703	12,156,162	14,517,935	17,203,141	22,089,632	76,599,573
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						453,925,666

12	Gross receipts from related activities, etc (see instructions)	12	12,689,664

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 2013 (line 6, column (f) divided by line 11, column (f))	14	75 870 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	76 130 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	452,710,666	403,579,846	380,977,888	310,607,045	274,511,000
b	Contributions	19,624,586	25,992,079	47,745,631	32,359,111	13,282,000
c	Net investment earnings, gains, and losses	76,241,801	49,052,563	145,116	61,622,353	29,077,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	26,723,827	17,921,161	17,926,249	16,406,033	8,035,000
f	Administrative expenses	6,884,613	7,992,661	7,362,540	7,204,588	4,496,000
g	End of year balance	514,968,613	452,710,666	403,579,846	380,977,888	304,339,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 1 570 %
- b Permanent endowment ▶ 98 430 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	12,468,619	16,305,115
c Leasehold improvements		67,624	18,004	49,620
d Equipment		927,532	452,669	474,863
e Other		2,388,730	2,130,471	258,259
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,698,717

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	3,310,186	F
(B) PRIVATE CAPITAL	112,795,731	F
(C) NATURAL RESOURCES	63,152,962	F
(D) REAL ESTATE FUNDS	38,175,314	F
(E) OTHER	8,545,966	F
(F) FIXED INCOME	134,817,253	F
(G) DOMESTIC EQUITY	36,324,808	F
(H) DISTRESSED DEBT	28,465,393	F
(I) VENTURE CAPITAL	42,979,011	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	468,566,624	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED SUPPLEMENTAL RETIREMENT BENEFITS	4,097,994
FUNDS HELD IN CUSTODY FOR OTHERS	606,904,279
ANNUITIES PAYABLE	11,707,467
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	622,709,740

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	174,135,427
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	50,843,524		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	50,843,524
3	Subtract line **2e** from line **1**			3	123,291,903
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	1,570,435		
b	Other (Describe in Part XIII)	4b	-2,073,033		
c	Add lines **4a** and **4b**			4c	-502,598
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	122,789,305

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	72,103,332
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 XIII)	2d	58,388		
e	Add lines **2a** through **2d**			2e	58,388
3	Subtract line **2e** from line **1**			3	72,044,944
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	1,570,435		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	1,570,435
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	73,615,379

Part XIII Supplemental Information

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

Return Reference	Explanation
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 ORGANIZATION'S SPEND POLICY AS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS
PART X, LINE 2	THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2014
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 -469,385 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -1,603,648
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES NETTED WITH REVENUE ON FORM 990 469,385 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 1,603,648 LOSS PROVISION -2,014,645

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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
(3)Other (A) HEDGE FUNDS	3,310,186	F
(B) PRIVATE CAPITAL	112,795,731	F
(C) NATURAL RESOURCES	63,152,962	F
(D) REAL ESTATE FUNDS	38,175,314	F
(E) OTHER	8,545,966	F
(F) FIXED INCOME	134,817,253	F
(G) DOMESTIC EQUITY	36,324,808	F
(H) DISTRESSED DEBT	28,465,393	F
(I) VENTURE CAPITAL	42,979,011	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			30,271,723
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			30,271,723

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARRIBEAN			VARIOUS PARTNERSHIP INTERESTS		5,990,380
EUROPE			VARIOUS PARTNERSHIP INTERESTS		9,753,658
NORTH AMERICA			VARIOUS PARTNERSHIP INTERESTS		5,535,243

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA & THE PACIFIC			VARIOUS PARTNERSHIP INTERESTS		1,641,290
MIDDLE EAST AND NORTH AFRICA			VARIOUS PARTNERSHIP INTERESTS		2,538,474
SUB-SAHARAN AFRICA			VARIOUS PARTNERSHIP INTERESTS		4,812,678

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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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CANCER CTR EVENTS (event type)	(b) Event #2 ATHLETIC EVENTS (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	246,902	279,221	153,050	679,173
	2 Less Contributions	171,657	167,472	57,038	396,167
	3 Gross income (line 1 minus line 2)	75,245	111,749	96,012	283,006
Direct Expenses	4 Cash prizes	1,095	1,625		2,720
	5 Noncash prizes	5,969	9,748	16,059	31,776
	6 Rent/facility costs	83	33,641	4,281	38,005
	7 Food and beverages	74,461	156,218	40,614	271,293
	8 Entertainment	18,350	2,000	3,150	23,500
	9 Other direct expenses	30,341	57,439	14,311	102,091
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(469,385)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-186,379

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

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. Part II can be duplicated 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 UNIVERSITY PO BOX 6201 MORGANTOWN, WV 26506	55-6000842	501(C)3	17,132,990				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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
R WAYNE KING PRESIDENT & CEO, THROUGH 12 31 2013	(I) (II)	306,164 0	0 0	29,850 0	43,000 0	11,987 0	391,001 0	0 0
MICHAEL E AUGUSTINE VP FINANCE & CFO	(I) (II)	187,084 0	0 0	552 0	19,183 0	14,481 0	221,300 0	0 0
MARK W COTTRILL VP TECHNOLOGY & FACILITIES	(I) (II)	134,138 0	0 0	1,032 0	14,135 0	15,305 0	164,610 0	0 0
D LYN DOTSON VP DEVELOPMENT	(I) (II)	195,705 0	0 0	4,524 0	21,757 0	7,978 0	229,964 0	0 0
JEFFREY K DUNN ASSISTANT TREASURER	(I) (II)	130,018 0	0 0	1,032 0	15,125 0	15,287 0	161,462 0	0 0
RICHARD KRAICH VP INVESTMENTS & CIO	(I) (II)	266,778 0	121,160 0	1,032 0	25,500 0	16,425 0	430,895 0	0 0
JULIA PHALUNAS VP DEVELOPMENT	(I) (II)	164,213 0	0 0	1,584 0	18,837 0	14,707 0	199,341 0	0 0
TIMOTHY BOLLING ASSOCIATE VP, DEVELOPMENT	(I) (II)	121,449 0	0 0	720 0	14,013 0	15,570 0	151,752 0	0 0
RICHARD BRIAN CALDWELL ASSISTANT VP, INVESTMENTS	(I) (II)	130,984 0	0 0	240 0	13,650 0	16,069 0	160,943 0	0 0
JENNIFER CUNANAN ASSOCIATE VP, INVESTMENTS	(I) (II)	143,108 0	38,796 0	216 0	19,175 0	11,277 0	212,572 0	0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	111	2,334,783	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
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	2	764,219	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EXTERNAL TRUS)	X	3	1,391,113	FMV
26 Other ▶ (LIFE INSURANC)	X	1	861,420	APPRAISAL
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**

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY FOUNDATION INC

Employer identification number
55-6017181

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

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

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

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 26	CYNTHIA ROTH RECEIVED COMPENSATION AS PRESIDENT AND CEO OF THE WEST VIRGINIA UNIVERSITY FOUNDATION STARTING ON JANUARY 1, 2014 DUE TO THE START DATE IN CALENDAR YEAR 2014, THERE IS NO REQUIRED DISCLOSURE FOR HER COMPENSATION FOR FISCAL YEAR JUNE 30, 2014 HER COMPENSATION WILL BE INCLUDED ON THE SUBSEQUENT RETURN FOR THE FISCAL YEAR END JUNE 30, 2015

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REVALUATION LOSS -29,379

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR