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De out enter SSN nembers on this form as it may be made public if your organization is \$10(c)(3). \$20(c)(3) \$20(c)(3)									_	
Bearm Lumber and Color Print SOCIATION INC. I		▶ Do).	Open to Public Inspection for 501(c)(3) Organizations Only
B Exempt under section		Na W	ame of organization (L RST VIRGIN	Check box if name c	hanged TY	AT TRACT	Internal	Revenue Serv	Emp	loyees' trust, see
August 1920	B Exempt under section	Print A	SSOCIATION	, INC.		•	4000110	u us bank - u	PB 5	5-0372697
408A 539(c) 509(c) 509					ς see ir	nstructions.		313 ·····		
Soliton Soliton Soliton MORIGARTONN, MV 26504-4269 722320 72232	`` _ ``	"					NC.	N 2 3 2020]	·
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Treate in Institute of the plant 2018 of the profit of the plant 3 of the plant 4 of the plant 3 of the plant	18,259,6	33. 6	Check organization typ	e ► 501(c) corp	oration) <u> </u>				
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional brade or business, then complete Parts III-V. 1 During the tary was the compretion a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No II 'Yes,' enter the name and identifying number of the parent corporation. ▶ Jees the control of the complete Parts III-V. 1 During the tary year, was the comporation as subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No II 'Yes X No III' '	u curet are implimen of are i	organization	i s unirelated trades of t	Jusiliesses	<u> </u>					
Durling the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?					do Las					
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No			at the end of the previou	is sentence, complete Pa	u us i an	ia II, complete	a Scheduk	e W for each addition	iai u aud	8 Or
If Yes, enter the name and identifying number of the parent corporation. ► The books are in care of ► LOUIS HART Telephone number ► 304-293-9820 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 476, 926. Less returns and allowances telephone number ► 304-293-9820 2 Cost of goods sold (Schedule A, line 7) 2 590, 315. 3 Gross profit. Subtract line 2 from line 1c 3 -1113, 389. -11,3,389. 4 Capital gain ent learnow (attach Schedule D) 44 5 Hat gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 49 40 6 Capital loss deduction for trusts 4c 4 7 Increased additional for trusts 4c 4 8 Interest, amounties, royalties, and ents from a controlled organization (Schedule 6) 7 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9 10 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9 10 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 10 17 Advertising income (Schedule 4) 11 11 11 11 11 11 18 Total, Combine lines 3 through 12 11 11 11 11 11 19 Total, Combine lines 3 through 12 11 11 11 11 11 19 Total, Combine lines 3 through 12 12 13 11, 7777 18 10, 563. 19 Total, Combine lines 3 through 12 19 10, 563. 19 Total, Combine lines 3 through 12 19 10, 563. 10 Total deductions Not Taken Elsawhere (See instructions for limitations prid adductions.)			tion a cubeldiary in an	affiliated group or a parer	nt-eube	idiary controlle	d group?		Tv	ac X No
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Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net							Teleph	one number 🕨 3	04-	293-9820
b Less returns and allowances				ome		(A) Inco				
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Depletion 22 23 23 23 24 25 25 26 29 29 29 29 29 29 29 29 29 29 29 29 29	21 Less depreciation cla	aimed on Sc	hedule A and elsewher	e on return			21a	141,777.	21b	0.
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Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 4 10 0 11 Unrelated business taxable income. Subtract line 30 from line 29 31 -197, 210.	21 Outer deductions (at	ugen schedi	ne)			चवद	DIWI	PITPINI 2	-	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 4 30 0. 1 Unrelated business taxable income. Subtract line 30 from line 29 31 -197, 210.	28 Total deductions A	dd lines 14 i	through 27						-	
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31 / Unrelated business taxable income. Subtract line 30 from line 29 31 -197, 210.							Om s co	ENGENIES 4		_
	(see instructions)		ma Cubbonat Eng 00 for			PRE	STAT	PWRNT. 4		
							······		31	

Form 999	भै (2019)	WEST VIRGINIA UNIVERSITY ALUMNI ASSOCIATION, INC.	55-0	372697	/ Page
Part	iii 🗀	Total Unrelated Business Taxable Income			
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -	-197,2	<u> 110.</u>
33	Amount	ts paid for disallowed fringes	3,3		
34	Charitat	ole contributions (see instructions for limitation rules)	34		0.
35	Total un	orelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 335	35	-197,2	210.
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	87 -	-197,2	210.
		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		000.
39	Unrelat	led business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
		e smaller of zero or line 37	39	-197,2	210.
	_	Tax Computation	- - - - - - - - - -		
		rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	-	0.
	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		•	
	_	ax rate schedule or Schedule D (Form 1041)	41		
42		ax. See instructions	42		
	_	live minimum tax (trusts only)	43		
		Noncompliant Facility Income. See instructions	44		
411		add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Part		Tax and Payments	1 40		
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	T		
		redits (see instructions)	1		
		business credit. Attach Form 3800 46c	1		
		or prior year minimum tax (attach Form 8801 or 8827)	1		
		redits. Add lines 46a through 46d	46e		
		at line 46e from line 45	47		0.
		ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
		ix. Add lines 47 and 48 (see instructions)	49		0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
		nts: A 2018 overpayment credited to 2019	"		
	-	stimated tax payments 51b	-{		
		oosited with Form 8868 51c	-		
		organizations: Tax paid or withheld at source (see instructions) 516	-{		
	_	withholding (see instructions) 51e	1		
		or small employer health insurance premiums (attach Form 8941) 511	┥ ┃		
		redits, adjustments, and payments: Form 2439	┥ ┃		
9	$\overline{}$	orm 4136 Other Total 51g			
52		ayments. Add lines 51a through 51g	52		
		ed tax penalty (see instructions). Check if Form 2220 is attached	53		
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overgaid	55		
		The state of the s	56		
Part		Statements Regarding Certain Activities and Other Information (see instructions)	1 30		
		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		163	 ""
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1
	here	Tomi 114, neport of roteigh bank and rinancial Accounts. If tes, enter the hame of the foreign country			x
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	 		X
		see instructions for other forms the organization may have to file.	. •	<u> </u>	╀┻
		e amount of tax-exempt interest received or accrued during the tax year		ľ	
			wiedge and bel	ef. it is true.	Ь
Sign	co	nder ponalties of perjury, I declare that I have examined this return, including accompanying schodules and statements, and to the best of my kno rroct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here			lay the IRS disci		with
			structions)?		No
			if PTIN	<u> </u>	
D-i-i		Self- employed	. ' '''		
Paid		BRANT T. MOORHEAD /1/1/2 020	P101	282659)
Prep		Firm's name ► THE RODEHEAVER GROUP, P.C. Firm's EIN ►		200695	
Use	Unly	6000 THAYER CENTER			-
		Firm's address ► OAKLAND, MD 21550 Phone no. 3	01-334	4-3127	,
		Think the s			

Form 990-T (2019)

Form 990-T (2019) ASSOCIATION, INC.

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A		· · · · · · · · · · · · · · · · · · ·				
1 Inventory at beginning of year		0.	6	Inventory at end of year			6	T		0.
2 Purchases		214,722.	7	Cost of goods sold. Su						
3 Cost of labor	3	224,965.		from line 5. Enter here						
4a Additional section 263A costs				line 2			7	59	0,3	15.
(attach schedule)	4a		8	Do the rules of section		with respect to			Yes	No
b Other costs (attach schedule)**	4b	150,628.		property produced or a	cquired	d for resale) apply to				
5 Total. Add lines 1 through 4b		590,315.		the organization?	<u></u>		,.			X
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Per	rsonal Property	Leas	ed With Real Pro	per	ty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)	<u> </u>							·		
·		red or accrued				3(a) Deductions directly	/ COND	acted with the i	ncome u	n
(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	usu usu	` 'of rent for pe	reonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ogo			(attach schedu		.•
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 20	a) and 2(b). Er	nter				(b) Total deductions. Enter here and on page 1.				
here and on page 1, Part I, line 6, column (<u>0.</u>	Part I, line 6, column (B)	<u> </u>			<u>0.</u>
Schedule E - Unrelated Debt	-Financed	I Income (see i	nstru	ctions)				_		
			2	- Gross income from		3. Deductions directly con to debt-finant			bte	
1. Description of debt-finer	ced property			or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other de	duction	8
						(attach schedule)		(attach sc	hedule)	
(4)						····	╀			
<u>(1)</u> (2)							╁			
(3)						· ·	+-			
(4)							┿			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocuble (column 6 x to 3(a) an	ted of cot	
(1)				%		· · ·	+	·		
(2)				%			十			
(3)				%			1			
(4)	· · · · · · · · · · · · · · · · · · ·			%			十			
•						nter here and on page 1, Part I, line 7, column (A).	T	Enter here and Part I, line 7, o		
Totals				_	·	0				0.
Total dividends-received deductions inclu	ided in cobimi		• • • •				+			~

Form 990-T (2019) ASSOCIATION, INC.

Identification Payments made Inducted in the contexting Connected Payments made Inducted in the contexting Connected Payments	
(4) Nonexempt Controlled Organizations 7. Taxable browne 8. Nat verticated income (lease) (see hybructlens) 9. Total of specified payments made 10. Pert of column 8 that is brickeded in the controlling exegnitations grows income (see hybructlens) 11. Deductions of the controlling exegnitations grows income 12. Amount of income 13. Deductions 14. Set column (A). 15. Conse income 15. Conse income 16. Expenses of explaints of cities in exhabiting in the controlling income (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions of descript connected (ratio exhabiting) (into	ctions directly ad with income column 5
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(1) (2) (3) (4) Foter here and on page 1, Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unveited business income brade or business	Total deductions and set-paides of, 3 plus col. 4)
(2) (3) (4) Totals Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unveiled business income brade or business income page 1, Part I, line 10, cot. (A). (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, cot. (A). page 1, Part I, line 10, cot. (B). Totals 0. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Expenses discriptional advertising and or page 1, Part I, line 10, cot. (B). Totals 2. Gross advertising and or good (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excending pain or good (see instructions) 8. Drect of good (see Instructions) 9. Croulbluan 6. Readership Control or good (see Instructions) 7. Excending pain or good (see Instructions) 7. Excending pain or good (see Instructions) 8. Drect of good (see Instructions) 9. Croulbluan 6. Readership Control or good (see Instructions) 7. Excending pain or good (see Instructions) 7. Excending pain or good (see Instructions) 8. Drect of good (see Instructions) 9. Croulbluan 6. Readership Control or good (see Instructions)	
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Companies Comp	
Totals	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (A). Compared to the page 1, Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross directly connected with production from urrelated trade or business (cotumn 2 to business (cotumn 2 to business) from urrelated trade or business (cotumn 2 to business) from urrelated trade or business (cotumn 2 to business) from urrelated trade or business (cotumn 3). If a gain, compute cols. 5 through 7. 5. Gross income from activity that is not urrelated business income from cotumn 5 to turnelated business income from page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). O . O . Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Exception (Column 5) 4. Nationome (sos) from urrelated trade or business income from activity that is not urrelated business income from continue column 3). If a gain, compute from activity that is not urrelated business income from activity that is not urrelated business income from activity that is not urrelated business income from business income from activity that is not urrelated business income from activity that is not urrelat	ere and on page 1 ine 9, cotumn (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Grass unrelated business directly connected with production of unrelated musiness (column 2 minus column 3), if a gain, compute cols. 5 (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Income (see instructions) Totals 0. Consolidated Basis 2. Grass 3. Expenses directly connected with production of unrelated business (column 2 minus column 3), if a gain, compute cols. 5 through 7. 5. Grass income from activity that is not unrelated business income business income 1. Name of paradical 2. Grass advertising 3. Expenses directly connected business (column 2 minus column 3), if a gain, compute cols. 5 5. Grass income from activity that is not unrelated business income business income 5. Grass income from activity that is not unrelated business income 6. Expenses attributable to column 5 6. Expenses attributable to column 5 6. Expenses attributable to column 5 7. Expenses attributable to column 5 1. Name of paradical 2. Grass advertising column 2 minus column 3), if a gain compute and content is not unrelated business income from activity that is not unrelated busin	0 .
1. Description of exploited activity 1. Description of exploited business income trade or business (column 5). If a gain, compute cols, 5 through 7. 1. Description of exploited business income trade or business (column 5). If a gain, compute cols, 5 through 7. 1. Description of exploited business income trade or business (column 5). If a gain, compute cols, 5 through 7. 1. Description of exploited business income trade or business (column 5). If a gain, compute cols, 5 through 7. 1. Description of exploited business income trade or business (column 5). If a gain compute cols, 5 through 7. 1. Description of exploited business income trade or business income to mactivity that is not unrelated business income to column 5. Gross income to	
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals	Excess exempt lenses (column linus column 5, not more than column 4).
(3) (4) Enter here and on page 1, Part I, line 10, col. (A). line 10, col. (B). Totals	
(4) Enter here and on page 1, Part 1, line 10, col. (A). Inne 10, col. (B). Totals	
Enter here and on page 1, Part I, line 10, col. (A). line 10, col. (B). Totals	
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2. Gross 8. Direct of (Seas) (co.) 2 minus 5. Curculation 6. Readership costs (co.) 2 minus 6. Readership co. 2 minus 6. Readership costs (co.) 2 minus 6. Readership co. 2 minus 6. Readership co. 2 m	
2. Gross 3. Direct or (loss) (col. 2 minus 5. Circulation 6. Readership costs (col. 2 minus 5. Circulation 6. Readership costs (col. 3) Magazine compared income	
I IRRAMA DOTTING TOTAL DOTTING DOTTING DOTTING	cess readership column 6 minus 6, but not more n column 4).
(1)	
(2)	
(3)	
(4)	
Totals (carry to Part II, line (5)) O. 0.	0 .

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (cot. 2 minus cot. 3). If a gain, compute cots. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6, but not more than column 4).
(1)	寸						
(2)							
(3)			-		-		
(4)	Î						
Totals from Part I	▶	0.	0.			•	0
		Enter here and on page 1, Pert I, ime 11, col. (A).	Enter here and on page 1, Part I, Izne 11, cct. (B).			٠	Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)		0.	0.				l 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrainted business
(1)		%	
(2)		%	
(3)		%	
(4)	-	%	
Total. Enter here and on page 1, Part II, line 14	···· ··· ··· ···		0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

HOLD EVENTS AT THE ALUMNI CENTER FOR INDIVIDUALS AND COMPANIES NOT AFFILIATED WITH THE ORGANIZATION'S EXEMPT PURPOSE.

TO FORM 990-T, PAGE 1

FORM 990-T	STATEMENT	2		
DESCRIPTION			AMOUNT	
ALLOCATED INTEREST EXPEN	SE RELATED TO BUILD	ING	10,50	63.
TOTAL TO FORM 990-T, PAG	E 1, LINE 18		10,50	63. —
FORM 990-T	OTHER DEDUC	TIONS	STATEMENT	3
DESCRIPTION			AMOUNT	
UTILITIES INSURANCE PRINTING AND ADVERTISING SUPPLIES	:		32,32 15,60 5,53 7,42	03. 38.
TOTAL TO FORM 990-T, PAG	E 1, LINE 27		60,88	85.
FORM 990-T	NET OPERATING LOSS	DEDUCTION	STATEMENT	4
TAX YEAR LOSS SUSTAIN	LOSS PREVIOUSLY ED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19 102,85	88. 0.	102,858.	102,85	8.
NOL CARRYOVER AVAILABLE	MUTO VEND	102,858.	102,858	_

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
EQUIPMENT RENTAL DEPRECIATION		8,851. 141,777.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	150,628.