34 Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

22 334.

30

31

(see instructions)

30

	1			
Form 990		WEST VIRGINIA UNIVERSITY FOUNDATION, INC.	55-6017181	Page 2
Part	NI .	Total Unrelated Business Taxable Income		
-32	Total 01	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		22,334.
33,	Amoun	ts paid for disallowed fringes	3,3	
34	Charita	ble contributions (see instructions for limitation rules)	34	0.
		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	22,334.
36	Deducti	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	22,334.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelat	led business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter th	e smaller of zero or line 37	39	0.
Part	IV :	Tax Computation		
40	Organiz	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Ta	ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
43	Alternat	tive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	XI .	Tax and Payments		
46 a '	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	_	
b	Other c	redits (see instructions)]	
C	General	business credit. Attach Form 3800]	
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total ci	redits. Add lines 46a through 46d	46e	
47	Subtrac	t line 46e from line 45	47	0.
48	Other to	exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	0.
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019]	
ь	2019 es	stimated tax payments 51b	1	
C	Tax dep	posited with Form 8868 51c	1	
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	1	
е	Backup	withholding (see instructions)]	
f	Credit f	or small employer health insurance premiums (attach Form 8941)]	
g	Other c	redits, adjustments, and payments: Form 2439		
	Fo	orm 4136 Other Total ▶ 51g		
52	Total p	ayments. Add lines 51a through 51g	52	2,000.
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔛	53	
54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,000.
		e amount of line 55 you want: Credited to 2020 estimated tax	56	2,000.
Part	VI :	Statements Regarding Certain Activities and Other Information (see instructions)	······································	
57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority	<u> Y</u>	es No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		_
	here	>		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	<u> </u>	X
	If "Yes,"	see instructions for other forms the organization may have to file.		
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
C:		nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief, it is true,	
Sign	1.	ASS F	lay the IRS discuss this retu	ırn with
Here		e00/CFO/TREASURER th	e preparer shown below (s	
		Signature of officer Date Title in	structions)? X Yes	No
		Print/Type preparer's name Preparer's signature Date Check	f PTIN	
Paid		self- employed		
Prep		AMY BIBBY July Bibby 3/16/21	P00445891	
Use		Firm's name ► DIXON HUGHES GOODMAN LLP U U Firm's EIN ►	56-0747981	<u> </u>
	-	500 RIDGEFIELD COURT		
		Firm's address ASHEVILLE, NC 28806 Phone no. (828) 254-2254	
923711 0	1-27-20		Form 990	-T (2019)

58

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	tr		6	
2 Purchases	2	7 Cost of goods sold. Subtr			line 6		
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,	<u>·_</u>	
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to	1	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued			24.32.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			connected with the income in d 2(b) (attach schedule)	
(1)						· -	
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column				0.	Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from		Deductions directly conn to debt-finance		
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions (attach schedule)	
, <u> </u>			illianced property		(attach schedule)		
/4\				-			
(1) · (2)				-		 	
(3)							
(4)		-		_			
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	R Allocable deductions	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	allocable to nced property n schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
(1)		<u> </u>	%				
(2)			%		.		
(3)			%				
(4)			%				
				E	nter here and on page 1,	Enter here and on page 1,	
					Part I, line 7, column (A)	Part I, line 7, column (B)	
Totals			▶.		0.	0.	
Total dividends-received deductions in	ncluded in column	18	<u> </u>			0.	

Form 990-T (2019) INC.

Schedule F - Interest, A	Innuities, Royal	ties, and Rent	s From Co	ntrolle	d Organiza	ations	(see ins	structions	s)
		Exemp	t Controlled C	rganızatı	ons				
Name of controlled organizati	identif		unrelated income see instructions)	4 , To pay	tal of specified ments made	include	of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)				1		 			
(2)	-			1				<u>_</u>	
(3)	-			1				<u> </u>	<u>-</u>
(4)				†					
Nonexempt Controlled Organiz	zations					<u></u>			
7. Taxable Income	8. Net unrelated incor (see instruction		al of specified pay made	ments	10 Part of colu in the controll gross	mn 9 that ing organi s income	is included zation's		ductions directly connected income in column 10
(1)									
(2)		- 							
_(3)								<u></u>	
(4)		1						1	
					Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				•			0.		0.
Schedule G - Investmer (see instr		Section 501(c)	(7), (9), or (17) Org	ganization				
1. Descri	ription of income		2. Amount of	Income	 Deduction directly connected (attach sched) 	ected	4. Set-	asides schedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)	<u></u>								<u></u>
(4)									
Totals		ı	Enter here and Part I, line 9, co						Enter here and on page 1, repart I, line 9, column (B)
Schedule I - Exploited I (see instru	• •	Income, Othe	r Than Ad	vertisir	ng Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelate business (ci minus colur gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inco from activity is not unrelated business inco	that ted	attribut	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		+		,					<u> </u>
(2)			 						†
(3)			†						
(4)								-	· †
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)						6	Enter here and on page 1, Part II, line 25
Schedule J - Advertisir			1		** -/		• •		
Part I , Income From F			nsolidated	Basis					**
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	or (loss) (o ts col 3) If a g	tising gain ol 2 minus jain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			10%	W None Co	5				State of the state
(2)			* C. S. J. S.	13.27	E-				大道 1000 年 1
(3)			100 A	3 18 4					原產品。學學
(4)	-			يونونونونونونونونونونونونونونونونونونون	35				the second second
									
Totals (carry to Part II, line (5))		0.	0.			1			0

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)			<u> </u>			
(3)						
(4)						
Totals from Part I) 0.	0.	A WASH TON	Pharadaide	ASSESS OF THE PERSON OF THE PE	0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

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

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

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER EXPENSES SUPPLIES		19,843. 23.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	19,866.

NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
1,100,069.	1,100,069.	0.	0.
1,407,741.	519,227.	888,514.	888,514.
812,713.	0.	812,713.	812,713.
274,679.	0.	274,679.	274,679.
VER AVAILABLE THIS	YEAR	1,975,906.	1,975,906.
	1,100,069. 1,407,741. 812,713. 274,679.	LOSS PREVIOUSLY APPLIED 1,100,069. 1,100,069. 1,100,069. 519,227. 812,713. 0.	PREVIOUSLY LOSS REMAINING 1,100,069. 1,100,069. 0. 1,407,741. 519,227. 888,514. 812,713. 0. 812,713. 274,679. 0. 274,679.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

_, and ending JUN 30, 2020

Employer identification number

ENTITY

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

For calendar year 2019 or other tax year beginning $\ \ JUL\ 1$, $\ 2019$

WEST VIRGINIA UNIVERSITY FOUNDATION

501(c)(3) Organizations Only

OMB No 1545-0047

1

INC. 55-6017181 Unrelated Business Activity Code (see instructions) LIMITED PARTNER Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 -1,036,895 -1,036,895. 5 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) g organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 12 Other income (See instructions, attach schedule) -1,036,895 -1,036,895. Total. Combine lines 3 through 12 13 13 Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be

directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	·
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-1,036,895.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29	31	-1,036,895.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTN	ERSHIPS STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
LIMITED PARTNER - ORDINARY BUSINESS INCOME (LOSS	-1,036,895.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-1,036,895.