

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Name of organization
MARSHALL UNIVERSITY FOUNDATION INC.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
400 HAL GREER BOULEVARD 323

City, town or country State ZIP code + 4
HUNTINGTON WV 25755

D Employer Identification Number
55-6011111

E Telephone number
(304) 696-2826

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

- H (a)** Is this a group return for affiliates? ... Yes No
- H (b)** If 'Yes,' enter number of affiliates ▶
- H (c)** Are all affiliates included? ... Yes No (If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ... ▶
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type (check only one) ... 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **44,019,295.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	13,644,659.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 12,961,053. noncash \$ 683,606.)	1e		13,644,659.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,731.
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		2,460,161.
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	27,882,703.	8a
b	Less: cost or other basis and sales expenses		24,088,817.	8b
c	Gain or (loss) (attach schedule) See L-8. Stmt.		3,793,886.	8c
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	(B) Other		8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a	29,041.	
b	Less: cost of goods sold	10b	24,832.	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		4,209.
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		19,905,646.
13	Program services (from line 44, column (B))	13		14,540,956.
14	Management and general (from line 44, column (C))	14		2,129,461.
15	Fundraising (from line 44, column (D))	15		975,857.
16	Payments to affiliates (attach schedule)	16		0.
17	Total expenses. Add lines 16 and 44, column (A)	17		17,646,274.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		2,259,372.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		121,615,099.
20	Other changes in net assets or fund balances (attach explanation) See L-20. Stmt.	20		-5,278,835.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		118,595,636.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A. See L-25a Stmt	25a	271,356.	0.	271,356.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,289,224.	1,123,037.	1,152,577.	13,610.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	7,423.	0.	7,423.	0.
32 Legal fees	32	45,038.	750.	44,288.	0.
33 Supplies	33	152,363.	130,445.	15,042.	6,876.
34 Telephone	34	25,447.	10,590.	13,774.	1,083.
35 Postage and shipping	35	29,321.	11,207.	8,385.	9,729.
36 Occupancy	36				
37 Equipment rental and maintenance	37	1,110,553.	960,519.	105,616.	44,418.
38 Printing and publications	38	164,271.	108,469.	14,866.	40,936.
39 Travel	39	472,320.	355,558.	25,895.	90,867.
40 Conferences, conventions, and meetings	40	144,159.	126,895.	9,403.	7,861.
41 Interest	41	23,207.	23,207.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	44,576.	29,701.	14,875.	0.
43 Other expenses not covered above (itemize):					
a ADVERTISING	43a	70,035.	52,649.	1,516.	15,870.
b COMPUTER SERVICES	43b	36,025.	0.	32,516.	3,509.
c HOSPITALITY	43c	348,778.	204,688.	27,059.	117,031.
d SPECIAL RECOGNITION	43d	331,266.	286,029.	11,482.	33,755.
e INSURANCE	43e	78,207.	14,293.	42,040.	21,874.
f PROFESSIONAL FEES	43f	7,497,291.	7,145,090.	102,267.	249,934.
g See Other Expenses Stmt	43g	4,505,414.	3,957,829.	229,081.	318,504.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	17,646,274.	14,540,956.	2,129,461.	975,857.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SUPPORT TO MARSHALL UNIVERSITY</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SUPPORT TO VARIOUS MARSHALL UNIVERSITY DEPARTMENTS, FACULTY AND STUDENTS</u> ----- ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	14,540,956.
b ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	14,540,956.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	140,781.	45	25,792.	
	46 Savings and temporary cash investments	5,325,497.	46	8,821,918.	
	47a Accounts receivable		47a		
	b Less: allowance for doubtful accounts		47b	47c	
	48a Pledges receivable	5,424,313.	48a		
	b Less: allowance for doubtful accounts	145,785.	48b	48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	L-51a Stmt 153,423.	51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54a Investments – publicly-traded securities ... L-54a Stmt	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	99,667,407.	54a	93,628,042.
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments – land, buildings, & equipment: basis	55a		55c	
	b Less: accumulated depreciation (attach schedule)	55b			
	56 Investments – other (attach schedule)	L-56 Stmt 0.		56	4,498,005.
	57a Land, buildings, and equipment: basis	57a 3,115,746.			
	b Less: accumulated depreciation (attach schedule)	L-57 Stmt 382,940.	57b	57c	
58 Other assets, including program-related investments (describe ▶ See Line 58 Stmt)		9,334,544.	58	9,175,480.	
59 Total assets (must equal line 74). Add lines 45 through 58		122,263,136.	59	124,313,994.	
LIABILITIES	60 Accounts payable and accrued expenses		60	543,984.	
	61 Grants payable		61		
	62 Deferred revenue		62	96,435.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a	4,516,015.	
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ See Line 65 Stmt)		648,037.	65	561,924.
	66 Total liabilities. Add lines 60 through 65		648,037.	66	5,718,358.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	20,357,044.	67	21,596,127.	
	68 Temporarily restricted	40,220,696.	68	33,592,997.	
	69 Permanently restricted	61,037,359.	69	63,406,512.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		121,615,099.	73	118,595,636.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		122,263,136.	74	124,313,994.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	14,604,547.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	-6,018,006.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>COGS 24,832</u> <u>GIFTS IN KIND 692,075</u>	b4	716,907.
	Add lines b1 through b4	b	-5,301,099.
c	Subtract line b from line a	c	19,905,646.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	19,905,646.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	17,671,106.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>COGS 24,832</u>	b4	24,832.
	Add lines b1 through b4	b	24,832.
c	Subtract line b from line a	c	17,646,274.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	17,646,274.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
RON AREA 400 HAL GREER BOULEVARD HUNTINGTON WV 25755	CHIEF EXECUTIVE OFF 40.00	256,356.	15,000.	0.
SEE LIST ATTACHED	BOARD MEMBERS 0.00	0.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b 692,075.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
	86 a N/A		
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
	86 b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
	87 a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
	87 b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	42
91 a	The books are in care of ▶ RON AREA Telephone number ▶ (304) 696-2826 Located at ▶ 400 HAL GREER BOULEVARD, ROOM 321 HUNTINGTON WV ZIP + 4 ▶ 25755		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RENT INCOME			16	2,731.	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	2,460,161.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,793,886.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	60.	3	4,149.	
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		60.		6,260,927.	
105 Total (add line 104, columns (B), (D), and (E))					6,260,987.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A	
Yes	No

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No
-----	----

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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.

Signature of officer: *R Scott Anderson* Date: 2/17/2009

Type or print name and title: R SCOTT ANDERSON CFO

Paid Preparer's Use Only

Preparer's signature: *Daniel F. Ware, CPA* Date: 2/10/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WARE AND HALL PLLC
P.O. BOX 819
HUNTINGTON WV 25712

EIN: Phone no.: (304) 525-7202

BAA

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

MARSHALL UNIVERSITY FOUNDATION INC.

Employer identification number

55-6011111

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one, if there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ANNE MCRAE PENNINGTON ASHLAND KY 41101	Director Corp & Found R 40.00	69,100.	4,140.	0.
ROBERT GALARDI HUNTINGTON WV 25705	Yeager Major Gift Offic 40.00	74,600.	5,283.	0.
WARREN L. GRAHAM II HUNTINGTON WV 25701	Finance Manager 40.00	63,050.	3,780.	0.
ANITA M. ANDERSON ST. ALBANS WV 25177	Sr. Info. Systems Manag 40.00	50,098.	2,988.	0.
LARRY M. TEMPLETON HUNTINGTON WV 25701	LCOS Director of Develo 40.00	50,001.	3,000.	0.
Total number of other employees paid over \$50,000	NONE			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ACADEMIC RESEARCH, INC. 1825 K STREET NW SUITE 705 WASHINGTON DC 20006	EMPLOYEE SEARCH	65,000.
Total number of others receiving over \$50,000 for professional services	NONE	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MASCARO CONSTRUCTION CO. LP 1720 METROPOLITAN STREET PITTSBURGH PA 15233	CONSTRUCTION	3,082,319.
HAGER CONSTRUCTION, LLC 5192 BRALEY ROAD HUNTINGTON WV 25705	CONSTRUCTION	2,279,285.
SHERMAN-CARTER BARNHART 2405 HARRODSBURG ROAD LEXINGTON KY 40504	ARCHITECT	433,009.
E.P. LEACH P.O. BOX 1823 HUNTINGTON WV 25719	CONSTRUCTION	314,290.
CHARLES RYAN ASSOCIATES, INC. 1100 ONE VALLEY ROAD CHARLESTON WV 25329	ADVERTISING AND MARKETING	209,811.
Total number of other contractors receiving over \$50,000 for other services	10	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt.	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

▶ Attach to return

Name MARSHALL UNIVERSITY FOUNDATION INC.	Employer Identification Number 55-6011111
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	27,882,703.	Cost	24,088,817.
		Selling Expenses	0.
		Basis	24,088,817.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities	27,882,703.		24,088,817.
Gain or (Loss) from Sale of Securities			3,793,886.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----

Total Other Assets			
Gain or (Loss) from Sale of Other Assets			

Name as Shown on Return
MARSHALL UNIVERSITY FOUNDATION INC.

Employer Identification No.
55-6011111

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RON AREA	<input type="checkbox"/>	256,356.	0.	256,356.	0.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Compensation Received		256,356.	0.	256,356.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RON AREA	<input type="checkbox"/>	15,000.	0.	15,000.	0.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		15,000.	0.	15,000.	0.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RON AREA	<input type="checkbox"/>	0.			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a .. ▶		271,356.	0.	271,356.	0.

Additional Information

FORM 990 PAGE 2 PART II LINE 42 COLUMN B - DEPRECIATION EXPENSE

	COST	BEG ACC DEPR	DISPOSALS	DEP EXP	END ACC DEPR
LAND	1,510,000	-0-	-0-	-0-	-0-
BUILDINGS	595,000	201,490	-0-	14,875	216,365
OFFICE EQUIP	240,159	181,710	44,836	29,701	166,575
CONSTRUCTION					
PROGRESS	745,904	-0-	-0-	-0-	-0-
TOTAL	3,115,746	383,200	44,836	44,576	382,940

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EDUC/CLASS EXPENSE	2,600,039.	2,599,039.	1,000.	0.
UTILITIES	6,785.	0.	0.	6,785.
MISCELLANEOUS	879,662.	452,695.	161,427.	265,540.
TAXES/ROYALTIES, ETS	20,852.	20,522.	0.	330.
FEES	58,492.	11,730.	46,762.	0.
BAD DEBT EXPENSE	451,874.	451,869.	0.	5.
SUBSCRIPTIONS AND DUES	93,019.	49,828.	9,349.	33,842.
PARKING	7,422.	4,135.	3,042.	245.
SOFTWARE/WEBSITE MAINT	80,887.	64,726.	6,033.	10,128.
CORP/FOUND RELATIONS	1,263.	0.	1,263.	0.
SPECIAL EVENTS	1,750.	0.	121.	1,629.
PROPERTY PURCHASE	303,369.	303,285.	84.	0.
Total	<u>4,505,414.</u>	<u>3,957,829.</u>	<u>229,081.</u>	<u>318,504.</u>

Form 990, Part VI, Page 7, Line 90a

States Filed InWest Virginia

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	-6,018,006.
GIFTS-IN-KIND	692,075.
6/30/07 RESTATEMENT	47,096.
Total	<u>-5,278,835.</u>

Form 990, Page 4, Part IV, Line 51a

Other Notes and Loans Receivable

Description	Amount
ATHLETIC VIDEO EQUIPMENT #1	153,423.
Total	<u>153,423.</u>

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
CORPORATE STOCKS (MARKET VALUE)	FMV	50,410,195.	46,829,899.
U.S. GOVERNMENT OBLIGATIONS (MARKET VALUE)	FMV	27,022,195.	22,854,907.
OTHER	FMV	22,235,017.	23,943,236.

Form 990, Page 4, Part IV, Line 54a

Continued

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
Total		<u>99,667,407.</u>	<u>93,628,042.</u>

Form 990, Page 4, Part IV, Line 56

Investments - Other Statement

Description	Cost or FMV	Beginning of Year	End of Year
NET INVESTMENT IN DIRECT FINANCING LEASES	FMV	0.	4,498,005.
Total		<u>0.</u>	<u>4,498,005.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	1,567,000.	0.	1,567,000.
BUILDINGS	595,000.	216,364.	378,636.
OFFICE EQUIPMENT	207,842.	166,576.	41,266.
CONSTRUCTION IN PROGRESS	745,904.	0.	745,904.
Total	<u>3,115,746.</u>	<u>382,940.</u>	<u>2,732,806.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
CONTRIBUTIONS RECEIVABLE FROM REMAINDER TRUSTS	964,151.	760,868.
CASH SURRENDER VALUE - LIFE INSURANCE	239,926.	277,395.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	8,130,467.	7,381,412.
OTHER CONTRIBUTIONS RECEIVABLE	0.	141,805.
GIFTS-IN-KIND	0.	614,000.
Total	<u>9,334,544.</u>	<u>9,175,480.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ANNUITY PAYMENT LIABILITY	648,037.	561,924.

Form 990, Page 4, Part IV, Line 65

Continued

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Total	<u>648,037.</u>	<u>561,924.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part IIILine 3aExplanation of: How We Determine Which Recipients Qualify to Receive Payments

Most disbursements in furtherance of the foundation's exempt programs are made directly to or for Marshall University (an instrumentality of the state of West Virginia) for expenses incurred directly in the active conduct of the activities constituting the exempt purpose or function for which the institution is organized and operated. Otherwise disbursements are made in accordance with procedures or subject to conditions established by the foundation's board of directors designed to insure that they are qualifying recipients. Students receiving scholarships and fellowships are judged worthy by the university's assessments on the basis of academic achievement, financial need, and other similar standards.

Supporting Statement of:

Form 990 p 4/Line 64a, column (B)

Description	Amount
CITY OF SOUTH CHARLESTON, WEST VIRGINIA COMMERCIAL DEVELOPMENT REFUNDING REVENUE BONDS, SERIES 1998, ORIGINAL PRINCIPAL AMOUNT \$3,630,470, INTEREST AT 4.60%, PAYABLE IN MONTHLY INSTALLMENTS OF PRINCIPAL AND INTEREST OF APPROXIMATELY \$25,610 THROUGH FEBRUARY 1, 2016, SECURED BY REAL PROPERTY.	
	1,982,220.
CITY OF SOUTH CHARLESTON, WEST VIRGINIA COMMERCIAL DEVELOPMENT REFUNDING REVENUE BONDS, SERIES 2005, ORIGINAL PRINCIPAL AMOUNT \$3,177,495, INTEREST AT 3.99%, PAYABLE IN SEMI-ANNUAL INSTALLMENTS OF PRINCIPAL AND INTEREST OF \$161,535 THROUGH SEPTEMBER 1, 2017, SECURED BY REAL PROPERTY.	
	2,533,795.
Total	<u>4,516,015.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
COGS	24,832.
GIFTS-IN-KIND	692,075.
Total	<u>716,907.</u>

The Marshall University Foundation, Inc.
Board of Directors and Officers

Name	Held Office 2007 & 2008	City of Residence
Earleen H. Agee		Huntington, WV
William B. Andrews, II		Huntington, WV
Phyllis H. Arnold	First Vice Chair	Charleston, WV
Kimberly D. Courts-Brown		Huntington, WV
Edsel R. Burns	Treasurer	Chesapeake, OH
Roger S. Dyer		Hilliard, OH
James E. Gibson		Sarasota, FL
Joseph M. Gillette		Marietta, GA
T. Ryan Goodwin		Alhambra, IL
R. Sterling Hall		Huntington, WV
Carol J. Hartley		Charleston, WV
Monica J.W. Hatfield	Immediate Past Chair	Charleston, WV
J. Churchill Hodges		Huntington, WV
Ronald H. Hooser		Huntington, WV
J. Patrick Jones	Second Vice Chair	Huntington, WV
Drew T. Kagan		Renick, WV
John K. Kinzer		Swanton, MD
Sally B. Love		Charleston, WV
Jack E. Moore	Secretary	Westerville, OH
Edward W. Morrison, Jr.		Huntington, WV
Audy M. Perry, Jr.		Huntington, WV
Douglas V. Reynolds		Huntington, WV
Marc A. Sprouse		Huntington, WV
David G. Todd		Tacoma, WA
Paula George-Tompkins		Sausalito, CA
Joseph B. Touma	Board Chair	Huntington, WV
Charles E. Turner		Huntington, WV
Lawrence J. Tweel		Huntington, WV
Arthur Weisberg		Huntington, WV
John Jay White		Huntington, WV
Thomas D. Wilkerson		Charleston, WV
Thomas R. Wilmink, II		Huntington, WV
S. Kenneth Wolfe		Huntington, WV
Name	Foundation Position	City of Residence
Ronald G. Area	Chief Executive Officer	Huntington, WV
Scott Anderson	Chief Financial Officer	Huntington, WV

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MARSHALL UNIVERSITY FOUNDATION, INC	Employer identification number 55-6011111
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 400 HAL GREER BOULEVARD, #323	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUNTINGTON WV 25755	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ RON AREA
- Telephone No. ▶ (304) 696-2826 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ▶ . If it is for part of the group, check this box . ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 09, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
▶ calendar year 20__ or
▶ tax year beginning JULY 1, 20 07, and ending JUNE 30, 20 08.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.