See a Social Security Number? Say Something!
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Form **990**

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)

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09

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

Please use IRS label or print or type See Specific Instructions

C Name of organization **West Virginia University Research Corporation**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
886 Chestnut Ridge Road 408

City or town, state or country, and ZIP + 4
Morgantown, WV 26506

D Employer identification number **55 0665758**

E Telephone number **(304) 293-4008**

G Gross receipts $ **143,922,398**

F Name and address of principal officer. **Curt M. Peterson, Ph.D.**
886 Chestnut Ridge Rd Ste 408 Morgantown, WV 26506

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

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

H(c) Group exemption number ▶

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

J Website: ▶ **http://www.wvu.edu/research**

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

L Year of formation **1985**

M State of legal domicile **WV**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To foster and support research at West Virginia University

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	217
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	104,317,000	103,974,000
9	Program service revenue (Part VIII, line 2g)	19,465,460	24,205,292
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,525,064	-156,889
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		334,709
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,307,524	128,367,112
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,205,504	22,190,388
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,128,966	8,014,475
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	98,083,589	102,793,625
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	122,418,059	132,998,488
19	Revenue less expenses Subtract line 18 from line 12	2,889,465	-4,631,376

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	97,930,000	110,982,000
21	Total liabilities (Part X, line 26)	57,823,000	77,174,000
22	Net assets or fund balances Subtract line 21 from line 20	40,107,000	33,808,000

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 6/29/11

Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO OPERATE A 501(C)(3) CORPORATION TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY AND TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF WEST VIRGINIA UNIVERSITY (WVU).

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 126,920,020. including grants of $ 22181388.) (Revenue $ 24205292.)
IN 1985, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (WVURC) WAS CREATED IN ACCORDANCE WITH THE STATE LAW AND WITH THE EXPRESSED PURPOSE TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU).

WVURC EXPEDITES PROCUREMENT OF EQUIPMENT, MATERIALS AND SERVICES NEEDED TO SUCCESSFULLY PERFORM RESEARCH. THROUGH WVURC, WVU IS ABLE TO TRANSACT BUSINESS QUICKLY AND EFFICIENTLY. WVURC HAS PROCURED A WIDE VARIETY OF SCIENTIFIC, EXPERIMENTAL AND LABORATORY EQUIPMENT NEEDED BY WVU RESEARCHERS. SPECIAL PRODUCTS HAVE BEEN PURCHASED FROM MANUFACTURERS AROUND THE WORLD. UNIQUE RESEARCH-RELATED SERVICES HAVE BEEN PROCURED PROMPTLY TO MEET IMMEDIATE NEEDS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 126,920,020. *(Must equal Part IX, Line 25, column (B).)*

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	249		
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		X	
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	217		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-*file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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			X
b	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other 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: N/A				
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: N/A				
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body	1a 12		
b	Enter the number of voting members that are independent	1b 0		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		X
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	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
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	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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

ALAN MARTIN, SECRETARY - 304-293-3379
P.O. BOX 6005, MORGANTOWN, WV 26506-6005

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRED BUTCHER DIRECTOR	2.00	X						0.	287,047.	36,477.
EUGENE V. CILENTO DIRECTOR	2.00	X						0.	202,886.	24,288.
MRIDUL GAUTAM DIRECTOR-EXIT 10/7/08	2.00	X						0.	174,611.	19,465.
CAMERON R. HACKNEY DIRECTOR	2.00	X						0.	173,533.	0.
MARY ELLEN MAZEY DIRECTOR-EXIT 1/1/09	2.00	X						0.	177,014.	19,239.
JOHN PRESCOTT DIRECTOR-EXIT 1/08	2.00	X						0.	115,884.	12,147.
THOMAS SABA DIRECTOR-ENT 1/08	2.00	X						0.	218,111.	30,791.
NARVEL WEESE DIRECTOR	2.00	X						0.	195,886.	28,638.
RUDOLPH ALMASY DIRECTOR-ENT 2/09	2.00	X						0.	120,301.	23,805.
PATRICK CALLERY FAC MBR-EXIT 5/09	2.00	X						0.	155,745.	26,153.
LARRY HORNACK FAC MBR-EXIT 1/13/09	2.00	X						0.	179,313.	24,391.
EARL SCIME FAC MBR-EXIT 1/13/09	2.00	X						0.	139,273.	23,781.
BOJAN CUKIC FACULTY MEMBER	2.00	X						0.	148,699.	15,168.
JIM ANDERSON FACULTY MEMBER	2.00	X						0.	118,740.	18,502.
JIM BRICK FAC MBR-EXIT 1/13/09	2.00	X						0.	130,846.	14,689.
PETER MACGRATH CHAIRMAN-ENT 9/1/08	2.00	X		X				0.	126,048.	7,669.
MIKE GARRISON CHAIRMAN-EXIT 9/1/08	2.00	X		X				0.	206,341.	22,546.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE MARTIN VICE CHAIRMAN-ENT 7/1/08	2.00	X		X				0.	200,583.	19,281.
CURT PETERSON PRESIDENT	10.00			X				0.	184,128.	14,152.
ALAN B. MARTIN SECRETARY	5.00			X				0.	105,445.	22,230.
DAN DURBIN TREASURER	5.00			X				0.	188,335.	30,000.
PHILIP SPARKS DIR TECH TRANSFER	40.00					X		157,457.	0.	14,201.
CLIFTON DEDRICKSON EXEC DIRECTOR	40.00					X		125,593.	0.	7,737.
MELVIN CROUCHER MGR RES & ECON DEV	40.00					X		102,086.	0.	10,364.
1b Total ▶								385,136.	3,548,769.	465,714.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

		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		X
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	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
CHARLESTON AREA MEDICAL CENTER 3410 STAUTON AVENUE, CHARLESTON, WV 25304	PROFESSIONAL SERVICES	9,831,122.
WVU MEDICAL CORPORATION PO BOX 897, MORGANTOWN, WV 26507	PROFESSIONAL SERVICES	1,918,079.
CROTHALL FACILITIES MANAGEMENT, 955 CHESTERBROOK BLVD, STE 300, WAYNE, PA	PROFESSIONAL SERVICES	1,468,050.
ADNET SYSTEMS INC., 164 ROLLINS AVE, STE 303, ROCKVILLE, MD 20852	PROFESSIONAL SERVICES	1,018,785.
RURAL COMMUNITY ASSISTANCE PARTNERSHIP 522 K ST N.W. STE 400, WASHINGTON, DC 20005	PROFESSIONAL SERVICES	966,231.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 30

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e 103,818,000.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 156,000.				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f	103,974,000.			
Program Service Revenue		Business Code			
	2a SPONSORED RESEARCH	900099	24,205,292.	24,205,292.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	24,205,292.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	709,711.			709,711.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	149,709.			149,709.
		(i) Real / (ii) Personal			
	6a Gross Rents 195000.				
	b Less: rental expenses				
	c Rental income or (loss) 195000.				
	d Net rental income or (loss)	195,000.			195,000.
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 14,688,686.				
	b Less: cost or other basis and sales expenses 15,555,286.				
	c Gain or (loss) -866,600.				
	d Net gain or (loss)	-866,600.			-866600.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events				
	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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	128,367,112.	24,205,292.	0.	187,820.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U S. See Part IV, line 21	20,385,352.	20,385,352.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	1,667,388.	1,667,388.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	137,648.	137,648.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	6,334,064.	6,085,902.	248,162.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	327,330.	313,303.	14,027.	
9 Other employee benefits	881,089.	843,332.	37,757.	
10 Payroll taxes	471,992.	451,766.	20,226.	
11 Fees for services (non-employees):				
a Management				
b Legal	147,837.	1,250.	146,587.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,007.	2,445.	1,562.	
g Other				
12 Advertising and promotion	511,463.	469,926.	41,537.	
13 Office expenses	5,773,464.	5,390,476.	382,988.	
14 Information technology	2,547,200.	2,439,885.	107,315.	
15 Royalties	54,596.		54,596.	
16 Occupancy	1,047,591.	997,384.	50,207.	
17 Travel	3,752,857.	3,597,444.	155,413.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	942,599.	942,599.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	498,555.	498,555.		
23 Insurance	2,070,831.	37,019.	2,033,812.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SHARED SERVICES	52,363,907.	50,283,038.	2,080,869.	
b CONSULTANTS/SUBCONT FEE	15,521,511.	14,887,618.	633,893.	
c OPERATING EXP TO WVU	9,685,854.	9,685,854.		
d RESEARCH/EDUC SUPPLIES	7,265,150.	7,222,698.	42,452.	
e SOFTWARE	485,250.	476,636.	8,614.	
f All other expenses	120,953.	102,502.	18,451.	
25 **Total functional expenses** Add lines 1 through 24f	132998488.	126920020.	6,078,468.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	15,035,000.	1	22,977,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	26,288,000.	3	25,654,000.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	134,000.	9	10,000.
	10a	Land, buildings, and equipment cost basis 10a 45,317,000.			
	b	Less. accumulated depreciation. Complete Part VI of Schedule D 10b 7,577,000.	34,122,000.	10c	37,740,000.
	11	Investments - publicly traded securities	22,351,000.	11	24,601,000.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	97,930,000.	16	110,982,000.
Liabilities	17	Accounts payable and accrued expenses	22,604,000.	17	31,225,000.
	18	Grants payable		18	
	19	Deferred revenue	19,527,000.	19	20,701,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	15,000,000.	23	25,203,000.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	692,000.	25	45,000.
	26	**Total liabilities.** Add lines 17 through 25	57,823,000.	26	77,174,000.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	20,314,000.	27	20,494,000.
	28	Temporarily restricted net assets	19,793,000.	28	13,314,000.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, 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	40,107,000.	33	33,808,000.
	34	Total liabilities and net assets/fund balances	97,930,000.	34	110,982,000.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	55-0665758

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 the Part III.)

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

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

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

		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?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
W.V. UNIV	55-6000842	SEC 115	X		X		X		132,998,488.
Total									132998488.

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 - 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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 ▶ ☐

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	55-0665758

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
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.
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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		160,089.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			160,089.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES CONSIST OF IDENTIFYING FEDERAL AND STATE FUNDED RESEARCH AND DEVELOPMENT PROGRAMS WHICH CAN BE PERFORMED BY RESEARCHERS AND STAFF, UTILIZING THE LABORATORIES AND EQUIPMENT AVAILABLE TO THE ORGANIZATION. LOBBYING ACTIVITIES FOCUS UPON ENGINEERING, MEDICAL, AND ENERGY RELATED RESEARCH OPPORTUNITIES.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number: 55-0665758

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
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 XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		705,000.		705,000.
b Buildings		27,828,000.	7,577,000.	20,251,000.
c Leasehold improvements		16,784,000.		16,784,000.
d Equipment				
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,740,000.

Schedule D (Form 990) 2008

832052
12-23-08

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER	45,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	45,000.

In Part XIV, 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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	128,367,112.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	132,998,488.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,631,376.
4	Net unrealized gains (losses) on investments	4	-1,667,979.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	355.
9	Total adjustments (net) Add lines 4-8	9	-1,667,624.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,299,000.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	126700000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-1,667,979.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-1,667,979.
3	Subtract line 2e from line 1			3	128367979.
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			
b	Other (Describe in Part XIV)	4b	-867.		
c	Add lines 4a and 4b			4c	-867.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	128367112.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	132999000.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	132999000.
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			
b	Other (Describe in Part XIV)	4b	-512.		
c	Add lines 4a and 4b			4c	-512.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	132998488.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FINANCIAL STATEMENT ROUNDING $355

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL STATEMENT ROUNDING ($867)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

FINANCIAL STATEMENT ROUNDING ($512)

Schedule F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number
55-0665758

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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . [X] Yes [ ] No

2 For **grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
NORTH AMERICA	0	0	PROGRAM SERVICE	TECH TRANSFER	0.
NORTH AMERICA	0	0	PROGRAM SERVICE	SUBRECIPIENT GRANTEE	50,036.
NORTH AMERICA	0	0	PROGRAM SERVICE	SUBRECIPIENT GRANTEE	87,612.
Totals . . . . . ▶					137,648.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008

832071
12-18-08

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐

Use Schedule F-1 (Form 990) 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)
		NORTH AMERICA	SUBCONTRACTED RESEARCH	50,036.	CHECK	0.		
		NORTH AMERICA	SUBCONTRACTED RESEARCH	87,612.	CHECK	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶ 0

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) 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)

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: SUB-RECIPIENTS ARE PAID ON A COST REIMBURSABLE OR FIXED PRICE BASIS. IN BOTH CASES THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT. THE PRINCIPAL INVESTIGATOR IS ALSO THE PERSON WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS. INVOICES AND TECHNICAL REPORTS CAN BE MATCHED TO ENSURE APPROPRIATE PAYMENTS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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? ... [X] 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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ADNET SYSTEMS INC 2 BROOKCREST CT POTOMAC, MD 20852	52-1731576		1,018,785.	0.			SUBCONTRACT
AEOLUS RESEARCH INC 18 CECIL DR DUNBAR, PA 15431	25-1877546		120,336.	0.			SUBCONTRACT
ALDERSON BROADDUS COLLEGE INC PO BOX 2004 PHILIPPI, WV 26416	55-0357072	501(C)(3)	165,108.	0.			SUBCONTRACT
ALPHA ASSOCIATES INC PO BOX 1200 MORGANTOWN, WV 26507	55-0516286		241,536.	0.			SUBCONTRACT
AM ASSOC OF PEOPLE WITH DISABILITIES - 1629 K STREET NW SUITE 950 - WASHINGTON, DC 20006	52-1930174	501(C)(3)	40,806.	0.			SUBCONTRACT
ARC OF MID OHIO VALLEY INC 521 MARKET ST PARKERSBURG, WV 26101	55-0451401	501(C)(3)	5,475.	0.			SUBCONTRACT

2 Enter total number of section 501(c)(3) and government organizations ▶ 82.

3 Enter total number of other organizations ▶ 32.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2008

832101 12-18-08

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL GRANTS TO STUDENTS	0	1,667,388.	0.		

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

SCHEDULE I, PART I, LINE 2: SUB-RECIPIENTS ARE PAID ON A COST REIMBURSABLE OR FIXED PRICE BASIS. IN BOTH CASES THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT. THE PRINCIPAL INVESTIGATOR IS ALSO THE PERSON WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS. INVOICES AND TECHNICAL REPORTS CAN BE MATCHED TO ENSURE APPROPRIATE PAYMENTS.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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
AXIOM RESOURCE MANAGEMENT INC 5203 LEESBURG PIKE STE 300 FALLS CHURCH, VA 22041	52-1828936		30,376.	0.			SUBCONTRACT
BATTELLE DEPT L998 COLUMBUS COLUMBUS, OH 43260	31-4379427	501(C)(3)	11,734.	0.			SUBCONTRACT
BETHANY COLLEGE CRAMBLET HALL MAIN ST BETHANY, WV 26032	55-0356985	501(C)(3)	32,996.	0.			SUBCONTRACT
BLACK HILLS CENTER FOR AM INDIAN HEALTH - 701 JOSEPH STREET, SUITE 204 - RAPID CITY, ND 57701	46-0451715	501(C)(3)	22,716.	0.			SUBCONTRACT
BLUEFIELD STATE COLLEGE RESEARCH & DEV - 704 BLAND ST - BLUEFIELD, WV 24701	55-0785437	501(C)(3)	35,791.	0.			SUBCONTRACT
BOARD OF REGENTS /UNIV OF WI SYSTEMS - DRAW 538 - MILWAUKEE, WI 53278	39-6006492	SEC 115	10,631.	0.			SUBCONTRACT
BRIDGEMONT COMMUNITY & TECHNICAL COLLEGE - PO BOX 201 - MONTGOMERY, WV 25136	55-6000830		8,708.	0.			SUBCONTRACT
BUREAU FOR PUBLIC HEALTH ONE DAVIS SQUARE STE 200 CHARLESTOWN, WV 25301	55-6000771		58,635.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(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
CABIN CREEK HEALTH CENTER PO BOX 70 DAWES, WV 25054	55-0709223	501(C)(3)	206,774.	0.			SUBCONTRACT
CACAPON INSTITUTE PO BOX 68 HIGH VIEW, WV 26808	31-1139553	501(C)(3)	9,953.	0.			SUBCONTRACT
CHARLESTON AREA MEDICAL CENTER PO BOX 684 CHARLESTON, WV 25332	55-0526150	501(C)(3)	9,831,122.	0.			SUBCONTRACT
CLARKSON UNIVERSITY BOX 5805 POSTDAM, NY 13699	15-0543659	501(C)(3)	20,795.	0.			SUBCONTRACT
COMMUNITY LIVING INITIATIVES CORP PO BOX 674 MORGANTOWN, WV 26507	55-0693200	501(C)(3)	18,442.	0.			SUBCONTRACT
CONCEPTS INC 18200 WICKHAM RD OLNEY, MD 20832	52-2029941		272,343.	0.			SUBCONTRACT
CONCORD COLLEGE RESEARCH & DEVELOPMENT CORP - CAMPUS BOX D-101, PO BOX 1000 - ATHENS, WV 24712	55-0769622	501(C)(3)	29,651.	0.			SUBCONTRACT
CROTHALL FACILITIES MANAGEMENT INC 955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087	23-2746892		1,040,936.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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
CTR FOR DISABILITY & SPECIAL NEEDS/DPC - 1010 WISCONSIN AVE NW STE 340 - WASHINGTON, DC 20007	52-2272438	501(C)(3)	135,614.	0.			SUBCONTRACT
DUKE UNIV 2218 ELDER ST STE 128 DURHAM, NC 27705	56-0532129	501(C)(3)	7,792.	0.			SUBCONTRACT
EAST CAROLINA UNIV FICKLEN DR GREENVILLE, NC 27858	56-6000403	SEC 115	5,096.	0.			SUBCONTRACT
EASTERN WV RURAL HEALTH EDUC CONSORTIUM - PO BOX 1019 - PETERSBURG, WV 26847	55-0562976	501(C)(3)	7,500.	0.			SUBCONTRACT
ED VENTURE GROUP 63 WHARF ST MORGANTOWN, WV 26501	55-0765182	501(C)(3)	44,126.	0.			SUBCONTRACT
ENGINOMIX LLC PO BOX 850 MENLO PARK, CA 94026	20-1234529		193,147.	0.			SUBCONTRACT
FAIRMONT STATE UNIV 1000 TECHNOLOGY DR STE 1120 FAIRMONT, WV 26554	55-6000778	SEC 115	185,331.	0.			SUBCONTRACT
FLORIDA INTL UNIV PO BOX 659003 MIAMI, FL 33265	65-0177616	SEC 115	33,989.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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
FRIENDS OF THE CHEAT 119 S PRICE ST STE 206 KINGWOOD, WV 26537	55-0739158	501(C)(3)	261,666.	0.			SUBCONTRACT
GEORGE MASON UNIV 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	SEC 115	59,577.	0.			SUBCONTRACT
GRAFTECH INC 4285 PAYSPHERE CIRCLE CHICAGO, IL 60674	06-1249029		9,555.	0.			SUBCONTRACT
GUARDIANS OF THE WEST FORK WATERSHED GROUP - 830 BENONI AVE - FAIRMONT, WV 26554	55-0784772	501(C)(3)	191,685.	0.			SUBCONTRACT
HOWARD UNIVERSITY 2244 10TH ST NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	81,466.	0.			SUBCONTRACT
INNOVATIVE MANAGEMENT & TECHNOLOGY SERVICES - 1000 TECHNOLOGY DR STE 3220 - FAIRMONT, WV 26554	55-0766021		18,638.	0.			SUBCONTRACT
KOPPERS INC 1800 KOPPERS BLDG PITTSBURGH, PA 15222	25-1588399		10,281.	0.			SUBCONTRACT
LEAVITT BRUCE 2776 S BRIDGE RD WASHINGTON, PA 15301	38-5523715		55,160.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶

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832241 12-17-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008
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Employer identification number 55-0665758

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(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
LOUISIANA STATE UNIV 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-6000848	501(C)(3)	19,095.	0.			SUBCONTRACT
MARSHALL UNIV RESEARCH CORP 401 11TH ST STE 1400 HUNTINGTON, WV 25701	55-0683361	501(C)(3)	383,387.	0.			SUBCONTRACT
MICHIGAN STATE UNIV 110 JOHN HANNAH ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501(C)(3)	160,769.	0.			SUBCONTRACT
MONTANA STATE UNIV EXTENSION SERVICES - 111 TAYLOR HALL - BOZEMAN, MT 59717	81-6010045	SEC 115	30,305.	0.			SUBCONTRACT
NATL BUSINESS & DISABILITY COUNCIL 201 IU WILLETS RD. ALBERTSON, NY 11507	13-1850854	501(C)(3)	14,869.	0.			SUBCONTRACT
NATL CONSORTIUM FOR HEALTH SYSTEMS DEV - 205 W MONROE 3RD FL - CHICAGO, IL 60606	36-4042562	501(C)(3)	60,000.	0.			SUBCONTRACT
NATL CTR FOR ELECTRONICS RECYCLING 1 POLYMER WAY DAVISVILLE, WV 26142	87-0744940	501(C)(3)	50,525.	0.			SUBCONTRACT
NATL READY MIXED CONCRETE ASSOC PO BOX 79433 BALTIMORE, MD 21279	52-0116046		11,398.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶

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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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
NATL WHITE COLLAR CRIME CTR INC 7401 BEAUFONT SPRINGS DR STE 300 RICHMOND, VA 23060	54-1393537	501(C)(3)	16,029.	0.			SUBCONTRACT
NEW RIVER HEALTH ASSOC INC PO BOX 337 SCARBRO, WV 25917	55-0581968	501(C)(3)	15,000.	0.			SUBCONTRACT
NORTHEAST ADVNACED VEHICLE CONSORTIUM - PO BOX 52150 - BOSTON, MA 02205	04-3202444		22,383.	0.			SUBCONTRACT
NORTHERN WV CTR FOR INDEPENDENT LIVING - 601-3 E BROCKWAY - MORGANTOWN, WV 26505	55-0724177	501(C)(3)	7,717.	0.			SUBCONTRACT
NORTHERN WV RURAL HEALTH EDUCATION CENTER INC - LBH COMPLEX 200 HIGH ST MAILBOX 2803 - GLENVILLE, WV 26351	32-0099870	501(C)(3)	14,345.	0.			SUBCONTRACT
PA GEOLOGIC SURVEY DCNR TOPOGRAPHIC & GEOLOGIC - 3240 SCHOOLHOUSE RD - MIDDLETOWN, PA 17057	25-1773197		50,000.	0.			SUBCONTRACT
PACIFIC INSTITUTE FOR RESEARCH & EVALUATION - 11710 BELTSVILLE DR STE 300 - CALVERTON, MD 20705	94-2243283	501(C)(3)	17,004.	0.			SUBCONTRACT
PARABON COMPUTATION INC 3930 WALNUT ST STE 205 FAIRFAX, VA 22030	54-1957190		58,560.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
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Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(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
PENNSYLVANIA STATE UNIV 125 LAND & WATER BLDG UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	67,265.	0.			SUBCONTRACT
PEOPLE DESIGNS INC 1200 BROAD ST ST 302 DURHAM, NC 27705	56-1912337		18,750.	0.			SUBCONTRACT
PINNACLE TECHNOLOGIES INC 140 CHESTNUT ST SAN FRANCISCO, CA 94111	94-3165205		13,500.	0.			SUBCONTRACT
PRECISION GEOPHYSICAL INC 2695 SR 83 2695 SR 83 MILLERSBURG, OH 44654	34-1653513		138,387.	0.			SUBCONTRACT
REGENTS OF THE UNIV OF CALIFORNIA OLD DAVIS RD DAVIS, CA 95616	94-6036494	SEC 115	9,708.	0.			SUBCONTRACT
REGENTS OF UNIV OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	SEC 115	15,293.	0.			SUBCONTRACT
REI CONSULTANTS INC PO BOX 286 BEAVER, WV 25813	55-0668654		36,344.	0.			SUBCONTRACT
REM 3537 COLLINS FERRY RD MORGANTOWN, WV 26505	55-0782970		60,860.	0.			SUBCONTRACT

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SCHEDULE I-1 (Form 990)
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Continuation Sheet for Schedule I (Form 990)
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2008
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Employer identification number 55-0665758

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RESEARCH FOUNDATION FOR MENTAL HYGIENE - 1051 RIVERSIDE DR NY ST PSYCHIATRIC INST LIB - NEW YORK, NY 10032	14-1410842	501(C)(3)	31,627.	0.			SUBCONTRACT
RESEARCH FOUNDATION OF SUNY 1 FORESTRY DR SYRACUSE, NY 13210	14-1368361	501(C)(3)	32,102.	0.			SUBCONTRACT
RURAL COMMUNITY ASSISTANCE PARTNERSHIP - 1522 K ST NW STE 400 - WASHINGTON, IL 20005	23-7367533	501(C)(3)	966,231.	0.			SUBCONTRACT
SHENANDOAH VALLEY MEDICAL SYS PO BOX 1146 MARTINSBURG, WV 25402	55-0563741	501(C)(3)	50,169.	0.			SUBCONTRACT
SHEPHERD UNIV PO BOX 5000 SHEPHERDSTOWN, WV 25443	55-6000799	SEC 115	17,000.	0.			SUBCONTRACT
SHIPSHAPER LLP PO BOX 2 MORGANTOWN, WV 26507	20-1499622		22,456.	0.			SUBCONTRACT
SOUTHERN CALIFORNIA EDISON 2244 WALNUT GROVE AVE ROSEMEAD, CA 91770	95-1240335		32,900.	0.			SUBCONTRACT
SOUTHERN ILL UNIV AT CARBONDAL SOUTHERN ILLINOIS UNIV CARBONDALE, IL 62901	37-6005612	SEC 115	100,708.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
(Form 990)
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Continuation Sheet for Schedule I (Form 990)

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SOUTHERN WV COMM & TECH COLLEGE PO BOX 2900 MT. GAY, WV 25637	55-0524702	SEC 115	395,805.	0.			SUBCONTRACT
SPECIAL OLYMPICS 1133 19TH ST NW WASHINGTON, DC 20036	52-0889518	501(C)(3)	33,315.	0.			SUBCONTRACT
SRI INTERNATIONAL PO BOX 2767 MENLO PARK, CA 94025	94-1160950	501(C)(3)	93,653.	0.			SUBCONTRACT
STANLEY BEAMAN & SEARS INC 135 WALTON ST NW ATLANTA, GA 30303	58-1969476		606,162.	0.			SUBCONTRACT
SUN HEALTH RESEARCH INSTITUTE 10515 W SANTA FE DR PHOENIX, AZ 85006	86-0768795	501(C)(3)	11,970.	0.			SUBCONTRACT
TENNESSEE VALLEY AUTHORITY PO BOX 1010 MUSCLE SHOALS, AL 35662	62-0474417		6,473.	0.			SUBCONTRACT
TEXAS A&M UNIV SYSTEM HSC RESEARCH FOUNDATION - 3000 BRIARCREST DR STE 200 - DALLAS, TX 77802	74-1238434	501(C)(3)	11,418.	0.			SUBCONTRACT
TRANSIT RESOURCE CENTER 5840 RED BUG LAKE RD #165 WINTER SPRINGS, FL 32708	59-3426841		5,208.	0.			SUBCONTRACT

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SCHEDULE I-1 (Form 990)
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TRI COUNTY HEALTH CLINIC INC PO BOX 217 ROCK CAVE, WV 26234	55-0599096	501(C)(3)	210,589.	0.			SUBCONTRACT
UNIV OF CA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	SEC 115	10,825.	0.			SUBCONTRACT
UNIV OF CHARLESTON 2300 MACCORKLE AVE SE CHARLESTON, WV 25304	55-0357039	501(C)(3)	19,990.	0.			SUBCONTRACT
UNIV OF COLORADO HEALTH SCIENCES CT - 1945 WHEELING ST - AURORA, CO 80045	84-6000555	SEC 115	62,394.	0.			SUBCONTRACT
UNIV OF IOWA PO BOX 222 DES MOINES DES MOINES, IA 50940	42-6004813	SEC 115	19,530.	0.			SUBCONTRACT
UNIV OF KANSAS CTR FOR RESEARCH INC - YOUNGBERT HALL 2385 IRVING HILL RD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	5,987.	0.			SUBCONTRACT
UNIV OF KY RESEARCH FOUNDATION PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(C)(3)	6,166.	0.			SUBCONTRACT
UNIV OF LOUISIANA AT LAFAYETTE 104 UNIVERSITY CIRCLE LAFAYETTE, LA 70503	72-6000820	SEC 115	32,689.	0.			SUBCONTRACT

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UNIV OF LOUISVILLE RESEARCH FOUNDATION - CONTROLLERS OFFICE 223 SERVICE COMPLEX - LOUISVILLE, KY 42092	61-1029626	501(C)(3)	21,254.	0.			SUBCONTRACT
UNIV OF MARYLAND OFFICE OF THE BURSAR LEE BLDG COLLEGE PARK, MD 20742	52-6002033	SEC 115	84,412.	0.			SUBCONTRACT
UNIV OF MASSACHUSETTS 102 STOCKBRIDGE HALL AMHERST, MA 01003	04-3167352	SEC 115	32,456.	0.			SUBCONTRACT
UNIV OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	23,516.	0.			SUBCONTRACT
UNIV OF MISSOURI PO BOX 675 COLUMBIA, MO 65205	43-6003859	SEC 115	128,874.	0.			SUBCONTRACT
UNIV OF MISSOURI KANSAS CITY 2411 HOLMES ST KANSAS CITY, MO 64108	43-6003859	SEC 115	65,684.	0.			SUBCONTRACT
UNIV OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	SEC 115	16,287.	0.			SUBCONTRACT
UNIV OF NORTH DAKOTA TWAMLEY HALL RM 115 264 CENTENNIAL GRAND FORKS, ND 58202	45-6002491	SEC 115	26,727.	0.			SUBCONTRACT

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UNIV OF PITTSBURGH 4200 5TH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	40,000.	0.			SUBCONTRACT
UNIV OF SOUTHERN CA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	39,996.	0.			SUBCONTRACT
UNIV OF TENNESSEE 410 ACONDA CT KNOXVILLE, TN 37996	62-6001636	501(C)(3)	28,393.	0.			SUBCONTRACT
UNIV OF WASHINGTON T-252 HEALTH SCIENCES BOX 357161 SEATTLE, WA 98195	91-6001537	SEC 115	24,471.	0.			SUBCONTRACT
US BUSINESS LEADERSHIP NETWORK 1501 M ST NW 7TH FL WASHINGTON, DC 20005	26-0482051		59,752.	0.			SUBCONTRACT
VIRGINIA COMMONWEALTH UNIV 901 PARK AVE RICHMOND, VA 23284	54-6001758	SEC 115	76,887.	0.			SUBCONTRACT
VISHWAMITRA RESEARCH INSTITUTE 368 56TH ST CLAREDON HILLS, IL 60514	37-1490397	501(C)(3)	116,355.	0.			SUBCONTRACT
WAYNE STATE UNIV PO BOX 2788 DETROIT, MI 48202	38-6028429	SEC 115	29,863.	0.			SUBCONTRACT

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SCHEDULE I-1 (Form 990)
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WEST LIBERTY UNIVERSITY ATHLETIC DEPT CSC 103 WEST LIBERTY, WV 26074	55-6000822	SEC 115	130,531.	0.			SUBCONTRACT
WHEELING JESUIT COLLEGE 316 WASHINGTON AVE WHEELING, WV 26003	55-0394213	501(C)(3)	28,029.	0.			SUBCONTRACT
WHEELING JESUIT UNIV 316 WASHINGTON AVE WHEELING, WV 26003	55-0394213	501(C)(3)	191,728.	0.			SUBCONTRACT
WINDING ROADS HEALTH CONSORTIUM 146 WILLIAMS DR SPENCER, WV 25276	55-0627933	501(C)(3)	6,851.	0.			SUBCONTRACT
WOLFE ENGINEERING & CONSULTING PO BOX 1274 BANNER ELK, NC 26804	54-1943279		16,432.	0.			SUBCONTRACT
WORLD RESOURCES INSTITUTE PO BOX 4852 BALTIMORE, MD 21211	52-1257057	501(C)(3)	155,386.	0.			SUBCONTRACT
WV DEPT OF HEALTH & HUMAN RESOURCES - 815 QUARRIER ST STE 418 - CHARLESTON, WV 25301	55-6000810		224,007.	0.			SUBCONTRACT
WV GEOLOGICAL & ECONOMIC SURVE 1 MONT CHATEAU RD MORGANTOWN, WV 26508	55-6000936		68,062.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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(Form 990)
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WV SCHOOL OF OSTEOPATHIC MEDIC 400 N LEE ST LEWISBURG, WV 24901	55-0561541		91,736.	0.			SUBCONTRACT
WV STATE UNIV PO BOX 368 INSTITUTE, WV 25112	55-6000839	SEC 115	16,269.	0.			SUBCONTRACT
WV WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	16,484.	0.			SUBCONTRACT
WVU MED CORP DBA UNIV HEALTH ASSOC PO BOX 785 MORGANTOWN, WV 26508	55-0492006	501(C)(3)	162,270.	0.			SUBCONTRACT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number: 55-0665758

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	If line 1a is 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ 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:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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 must complete lines 5-8.			
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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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				
	(i)	0.	0.	0.	0.	0.	0.	0.
FRED BUTCHER	(ii)	265,487.	0.	21,560.	17,823.	18,654.	323,524.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
EUGENE V. CILENTO	(ii)	190,325.	0.	12,561.	12,561.	11,727.	227,174.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MRIDUL GAUTAM	(ii)	164,066.	0.	10,545.	10,941.	8,524.	194,076.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
CAMERON R. HACKNEY	(ii)	150,599.	0.	22,934.	0.	9,422.	182,955.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MARY ELLEN MAZEY	(ii)	124,972.	0.	52,042.	10,860.	8,379.	196,253.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
THOMAS SABA	(ii)	164,003.	0.	54,108.	13,608.	17,183.	248,902.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
NARVEL WEESE	(ii)	163,160.	0.	32,726.	12,226.	16,412.	224,524.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
PATRICK CALLERY	(ii)	145,931.	0.	9,814.	9,814.	16,339.	181,898.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
LARRY HORNACK	(ii)	152,640.	0.	26,673.	11,173.	13,218.	203,704.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
EARL SCIME	(ii)	130,464.	0.	8,809.	8,809.	14,972.	163,054.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
BOJAN CUKIC	(ii)	128,597.	0.	20,102.	9,102.	6,066.	163,867.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
MIKE GARRISON	(ii)	195,503.	0.	10,838.	10,838.	11,708.	228,887.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
JANE MARTIN	(ii)	147,374.	0.	53,209.	12,209.	7,072.	219,864.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
CURT PETERSON	(ii)	131,907.	0.	52,221.	11,221.	2,931.	198,280.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
DAN DURBIN	(ii)	176,460.	0.	11,875.	11,875.	18,125.	218,335.	0.
	(i)	136,957.	0.	20,500.	9,742.	4,459.	171,658.	0.
PHILIP SPARKS	(ii)	0.	0.	0.	0.	0.	0.	0.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number: 55-0665758

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

WVURC'S OFFICE OF TECHNOLOGY TRANSFER (OTT) PROVIDES PATENTING, COPYRIGHT, TRADEMARK, LICENSING, MANAGEMENT AND MARKETING SERVICES FOR ALL INTELLECTUAL PROPERTY DEVELOPED BY WVU FACULTY, STAFF AND STUDENTS. THE OTT HAS FILED AND PROCURED 66 PATENTS AND 47 COPYRIGHTS, AND DEVELOPED 63 LICENSE AGREEMENTS SINCE 2004. ALSO DURING THIS TIME PERIOD, OTT PREPARED 368 NON-DISCLOSURE AGREEMENTS, 189 MATERIAL TRANSFER AGREEMENTS AND REVIEWED MORE THAN 200 OTHER RESEARCH-RELATED AGREEMENTS. THE PROTECTIONS PROVIDED BY OTT ENABLE FACULTY, STAFF AND STUDENTS TO PUBLISH AND PRESENT THEIR RESEARCH WHILE MAINTAINING INTELLECTUAL PROPERTY RIGHTS.

OTT PERSONNEL ALSO MANAGE THE WVU SMALL BUSINESS INCUBATOR (SBI). THE SBI PROMOTES ECONOMIC DEVELOPMENT BY SUPPORTING ENTREPRENEURS, ADVANCING ENTREPRENEURIAL ACTIVITIES, AND NURTURING EARLY-STAGE BUSINESSES. SEVENTY FIVE (75) WVU STUDENTS HAVE WORKED AT SBI SINCE 2004. ALMOST EVERY COLLEGE AND SCHOOL OF WVU HAS BEEN REPRESENTED IN THE SBI INTERNSHIP PROGRAM.

WVURC RECEIVES, PURCHASES, HOLDS, LEASES, USES, SELLS AND DISPOSES OF REAL AND PERSONAL PROPERTY OF ALL CLASSES IN SUPPORT OF RESEARCH AND RELATED EDUCATIONAL AND ECONOMIC DEVELOPMENT PROGRAMS IN A COST EFFECTIVE AND TIMELY MANNER. WVURC IS CURRENTLY DEVELOPING THE WVU RESEARCH PARK ON LAND OWNED BY THE UNIVERSITY. THE RESEARCH PARK OFFERS A UNIQUE ENVIRONMENT FOR INNOVATION, COMMERCIALIZATION AND ECONOMIC COMPETITIVENESS THROUGH THE COLLABORATIVE EFFORTS OF HIGHER

EDUCATION, INDUSTRY AND GOVERNMENT.

IN ADDITION, WVURC OWNS AND HAS FISCAL RESPONSIBILITY FOR THE NASA INDEPENDENT VALIDATION AND VERIFICATION (IV&V) FACILITY. THIS 50,000 SQUARE FOOT FACILITY IS LOCATED ON A TWELVE ACRE SITE IN FAIRMONT, WEST VIRGINIA.

WVURC'S HUMAN RESOURCES OFFICE EMPLOYS SCIENTISTS, LABORATORY ASSISTANTS, ENGINEERS, TECHNICIANS, ADMINISTRATORS AND OTHER AT-WILL PERSONNEL, AS NEEDED TO SUPPORT WVU RESEARCH PROGRAMS. THE OTT PREPARES AND NEGOTIATES MATERIAL TRANSFER AGREEMENTS CONTAINING LIABILITY LIMITATIONS AND INDEMNIFICATION PROVISIONS WHICH CANNOT BE ACCEPTED BY WVU. THESE AGREEMENTS ARE EXECUTED BY WVURC.

FORM 990, PART VI, SECTION A, LINE 7A: THE VOTING MEMBERSHIP OF THE BOARD OF DIRECTORS INCLUDES THE PRESIDENT OF WEST VIRGINIA UNIVERSITY (WVU) AND UP TO TEN ADDITIONAL VOTING DIRECTORS APPOINTED BY THE UNIVERSITY PRESIDENT. EACH OF THE APPOINTED DIRECTORS MUST BE EMPLOYEES OF WEST VIRGINIA UNIVERSITY DURING THE TERM OF APPOINTMENT. IN ADDITION, THE UNIVERSITY'S FACULTY SENATE EXECUTIVE COMMITTEE SELECTS THREE WEST VIRGINIA UNIVERSITY FACULTY MEMBERS TO SERVE AS VOTING MEMBERS OF THE BOARD. NON-VOTING DIRECTORS MAY BE ELECTED BY THE VOTING MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B: THE EXECUTIVE COMMITTEE OF THE ORGANIZATION DOES NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	55-0665758

FORM 990, PART VI, SECTION A, LINE 10: THE WEST VIRGINIA UNIVERSITY TAX DEPARTMENT, PRESIDENT AND TREASURER OF THE BOARD OF DIRECTORS REVIEW A DRAFT OF THE FORM 990. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS WITHIN THE ORGANIZATION AND WITH WEST VIRGINIA UNIVERSITY. ALL BOARD MEMBERS ARE EMPLOYEES OF WEST VIRGINIA UNIVERSITY AND AS SUCH ARE SUBJECT TO POLICIES OF THE UNIVERSITY INCLUDING, BUT NOT LIMITED TO, ITS CODE OF ETHICS, COMPENSATION AND ACCOUNTABLE PLAN POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S LEGISLATIVE AUTHORITY & OPERATING DOCUMENTS ARE AVAILABLE ON THE INTERNET, AFFIRMATIVE ACTION PLANS ARE AVAILABLE FOR INSPECTION IN-HOUSE BY REQUEST, AND THE CONFLICT OF INTEREST POLICY IS MAINTAINED IN AND BY THE WVURC HR OFFICE AND IS AVAILABLE BY REQUEST.

FORM 990, PART XI, QUESTION 2C

OVERSIGHT OF FINANCIAL STATEMENT AUDIT

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT

ACCOUNTING FIRM. IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, LINES 13 AND 14

POLICIES

THE OPERATIONAL ACTIVITIES OF WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION ARE GOVERNED BY THE DOCUMENT DESTRUCTION AND RETENTION POLICY OF WEST VIRGINIA UNIVERSITY.

FORM 990, PART VI, SECTION C, LINES 16

JOINT VENTURE POLICY

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DOES NOT HAVE A JOINT VENTURE POLICY AT THE TIME OF FILING. A DRAFT POLICY HAS BEEN DEVELOPED. THE OFFICE OF TECHNOLOGY TRANSFER DOES MANAGE A BUSINESS INCUBATOR. THERE ARE SOME WRITTEN RULES AND PROCEDURES PERTAINING TO THE INCUBATOR.

FORM 990, PART VII, OFFICERS/BOARD DIRECTOR LIST

HOURS DEVOTED TO RELATED ORGANIZATION

DIRECTORS AND OFFICERS OF THE BOARD THAT ARE COMPENSATED BY A RELATED ORGANIZATION ARE EMPLOYED FULL TIME AND AS SUCH DEVOTE 37.5 HOURS PER WEEK TO THE RELATED ORGANIZATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
West Virginia University Research Corporation	55 0665758

New Information: IRS Form 926 was added to report a transfer of cash to an investment management entity on March 31, 2009.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number: 55-0665758

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
WEST VIRGINIA UNIVERSITY - 55-6000842 P.O. BOX 6201 MORGANTOWN, WV 26506	EDUCATION & RESEARCH	WEST VIRGINIA	SEC 115	N/A	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

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Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Form **8868** (Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- 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).

A corporation 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 a corporation 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	Employer identification number
File by the due date for filing your return See instructions.	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	55-0665758
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6005	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MORGANTOWN, WV 26506	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ ALAN MARTIN, SECRETARY P.O. BOX 6005 - MORGANTOWN, WV 26506-6005
  Telephone No. ▶ 304-293-3379 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 corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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	$
b	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	$
c	**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	$ N/A

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION		55-0665758
	Number, street, and room or suite no. If a P.O box, see instructions.		For IRS use only
	P.O. BOX 6005		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	MORGANTOWN, WV 26506		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ALAN MARTIN, SECRETARY

- The books are in the care of ▶ P.O. BOX 6005 - MORGANTOWN, WV 26506-6005
  Telephone No. ▶ 304-293-3379 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	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.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. 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.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] CPA Title ▶ CPA Date ▶ 2/8/2010

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