

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493132029532

# Form **990**

Department of the Treasury

### **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)

2010

OMB No 1545-0047

2010

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

Open to Public Inspection

			<del></del>					Inspection	
		2010 ca oplicable	lendar year, or tax year beg C Name of organization	ginning 07-01-2010 and ending 06-30-2	2011	D Em	ployer	identification number	
Addı			WEST VIRGINIA UNIVERSITY R	ESEARCH CORPORATION		55-	-0665	758	
Nam	ne chan	nge	Doing Business As			E Tele	ephone	number	
_ Initia	al returi	n	Number and street (or P.O. bo	ox if mail is not delivered to street address)	Room/su		•	3-4008	
Tern	nınated	1	886 CHESTNUT RIDGE ROAD N		Koom, se	(33			
□ Ame		eturn pending	City or town, state or country, MORGANTOWN, WV 26506	and ZIP + 4	•	G Gro	ss receil	ots \$ 157,758,807	
г Аррі	iication	pending	<b>F</b> Name and address o	f principal officer					
			NARVEL G WEESE JR		H(a) I	s this a group retu	rn for affi	liates? Yes No	
			886 CHESTNUT RIDGE MORGANTOWN, WV 2		1	are all affiliates			
								t (see instructions)	
<b>I</b> Tax	-exemp	pt status	▼ 501(c)(3)	) ◀ (Insert no )	H(c)	Group exem	ption n	umber 🟲	
J We	ebsite:	:► НТТ	P //RESEARCH WVU EDU						
<b>K</b> Form	of orga	anızatıon	Corporation Trust Asso	ociation Other -	<b>L</b> Year	of formation		<b>M</b> State of legal domicile WV	
Par	τI	Sumi	mary						
				iission or most significant activities ARCH AT WEST VIRGINIA UNIVERSIT	Y				
<u>ප</u>	_								
Governance	-								
<u>₹</u>	<b>2</b> C	heck th	ıs box দ ıf the organizatio	on discontinued its operations or dispose	ed of more th	an 25% of it	ts net	assets	
<u>ড</u>			•	verning body (Part VI, line 1a)			3	15	
ჯ <b>ა</b> თ	<b>4</b> N	Number o	of independent voting memb	pers of the governing body (Part VI, line	1b)		4	3	
Activities &	<b>5</b> T	otal nun	nber of individuals employe	d ın calendar year 2010 (Part V, line 2a	)		5	324	
<b>∄</b>	<b>6</b> T	otal nun	nber of volunteers (estimat	e ıf necessary)			6	C	
ব	<b>7a</b> ⊤	otal unr	elated business revenue fro	om Part VIII, column (C), line 12			7a	C	
	ьN	let unrel	ated business taxable inco	me from Form 990-T, line 34			7b	0	
						Prior Year		Current Year	
ا ۾	8	Contrib	outions and grants (Part VI		108,856	,216	122,673,870		
Ĭ.	9	Prograi		23,505		25,010,974			
Revenue	10			lumn (A), lines 3, 4, and 7d)	•		732	825,916	
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					295	,097	353,375	
	12			n II (must equal Part VIII, column (A),	line	133,200	,946	148,864,135	
	13			Part IX, column (A), lines 1-3)		26,505	,719	31,775,260	
	14	Benefit	s paid to or for members (P	art IX, column (A), line 4)			0	0	
این	15			ployee benefits (Part IX, column (A), line	es	10.440		12.460.107	
Expenses	4.0-	5-10)		h TV - a daman (A.) lana dida.)		10,448	0	13,469,187	
<u>a</u>	16a			t IX, column (A), line 11e)			- 0	0	
	ь		ndraising expenses (Part IX, colun		_	102.040	702	02.620.017	
	17			(A), lines 11a-11d, 11f-24f) (Must equal Part IX, column (A), line 25		102,949		92,628,917	
	18 19		·	line 18 from line 12		139,903		137,873,364	
		11010110	ac less expenses subtract			nning of Curr	· +	End of Year	
See See	20	Total -	scate (Part V line 15)			<b>Year</b>	211		
A B								65,792,650	
3 E								40,449,181	
				idet inte 21 nom inte 20 1 1 1 1	·	20,010	,,10 .	10,110,202	
Par Hand	penalt edge a	Total li Net ass <b>Signa</b> ties of pe	abilities (Part X, line 26). sets or fund balances Subt ature Block erjury, I declare that I have ex	ract line 21 from line 20	g schedules a	109,471 80,958 28,513	3,157 3,154 s, and	40,449	
		****				2012-05-09			
Sign		<b>Signat</b>	ture of officer			Date			
Here	•		el G Weese Jr INTERIM PRESIDEN	T					
		<u> </u>	or print name and title	Dropoundot	I <sub>n.</sub> .	Check if s	elf-	l nervi	
<b>.</b>		Print/Type preparer's		Preparer's signature	Date	employed		PTIN	
Paid		Firm's name							
Prepa Use O	11	Fırm's add	ress •					Phone no 🕨	

Par	t III	Statement of Program Serv Check if Schedule O contains a res		rt III	৮
1	Briefl	ly describe the organization's mission	1		
				VU) AND TO PROVIDE EVALUATION S BY THE FACULTY, STAFF AND STUI	
_					
2	the pr	ne organization undertake any signific rior Form 990 or 990-EZ?		year which were not listed on	es 🔽 No
		es," describe these new services on S			
3		ne organization cease conducting, or ces?			es 🗸 No
	If "Ye	es," describe these changes on Sched	ule O		
4	Section		tions and section 4947(a)(1) tru	three largest program services by expe ists are required to report the amount o gram service reported	
4a	(Code	e ) (Expenses \$	131,591,775 including grants of	\$ 31,775,710 ) (Revenue \$	25,010,974 )
	PURP EDUC TO PF WEST HIGH RECE	POSE TO FOSTER AND SUPPORT RESEARCH A CATIONAL, AND SCIENTIFIC PURPOSES, INCLU ROVIDE EVALUATION, DEVELOPMENT, PATENT IT VIRGINIA UNIVERSITY TOTAL SPONSORED F IFOR SPONSORED FUNDING AT WVU DURING	F WEST VIRGINIA UNIVERSITY (WVU) T JDING FOR SUCH PURPOSES (1) TO FO ING, MANAGEMENT AND MARKETING SI UNDING DECREASED SLIGHTLY BY 2 13 FISCAL YEAR 2010 IN FISCAL YEAR 20 T APPLICATIONS WERE FILED AND 4 US	ATED IN ACCORDANCE WITH THE STATE LAW A THE CORPORATION IS ORGANIZED EXCLUSIVELY OSTER AND SUPPORT RESEARCH AT WEST VIRG ERVICES FOR INVENTIONS BY THE FACULTY, ST. % FROM FISCAL YEAR 2010 TO FISCAL YEAR 20 111, WEST VIRGINIA UNIVERSITY SUBMITTED 73 IS PATENTS WERE ISSUED TO WVURC FINALLY, AL YEAR 2011	FOR CHARITABLE, INIA UNIVERSITY, AND(2) AFF AND STUDENTS OF 11 AFTER AN ALL TIME 32 NEW PROPOSALS AND
4b	(Code	e ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	e ) (Expenses \$	including grants of s	) (Revenue \$	)
4d	Othe	er program services (Describe in Scl	nedule O )		
			luding grants of \$	) (Revenue \$	)
4e	Tota	al program service expenses►\$	131,591,775		

art TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
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. June 2	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	50		<u>                                       </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	otatements regarding other fits innigs and rax compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 275			
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	Yes	
la	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
h	year?	3a 3b		Νo
a	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	Yes	
b	If "Yes," enter the name of the foreign country •CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
1	facilities  Section 501(c)(12) organizations Enter			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
4~	Did the organization receive any nayments for indoor tanning services during the tay year?	1/1-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Check if Schedule O contains a response to any question in this Part VI										.  ~
---	--	--	--	--	--	--	--	--	--	------

Se	ction A. Governing Body and Management						
			Yes	No			
				<del></del>			
1a	Enter the number of voting members of the governing body at the end of the tax vear						
ь	Enter the number of voting members included in line 1a, above, who are						
	Independent						
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	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
	ction B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
40-	December of the control of the contr	40-	Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		No_			
	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?	10b		<u> </u>			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
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	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14		No			
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )						
16a	<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						
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		No			
	Let the Chates with which a consentative form 000 or more want to be first WA						
17	List the States with which a copy of this Form 990 is required to be filed ₩V						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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. See Additional Data Table						

- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ALAN MARTIN SECRETARY 886 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26506

(304) 293-7398

### <u>Part VIII</u> 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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion ( that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

Form 990 (2010)

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

									1					
	(A) Name and Title	(B) Average hours		(tion that a			II		Rep comp	( <b>D</b> ) ortable ensation	(E) Reportable compensation		( <b>F)</b> Estima amount o	ited f other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	m the zation (W- 19-MISC)	from related organizations (W- 2/1099- MISC)	;	compens from t organizati relati organiza	:he on and ed
See A	Additional Data Table													
				<del>                                     </del>										
				$\vdash$										
				$\vdash$										
				<u> </u>	-							_		
				_										
				<u> </u>										
1b	Sub-Total				٠.		<del></del>	<b>-</b>						
С	Total from continuation sheets	to Part VII, Sec	tion A				<b>F</b>							
d	Total (add lines 1b and 1c) .			•			•	•		837,276	4,796,89	896 776,257		
2	Total number of individuals (inc \$100,000 in reportable compen					ted	above	) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy	ee, o	r highes	t compens	ated employee			
						•					• • •	3	Yes	
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes			
5	Did any person listed on line 1a									ganızatıon d	r ındıvıdual for			
	services rendered to the organiz	zation? <i>If</i> " <i>Yes,"</i>	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five	hıghest compei		ındep	ende	ent d	ontra	ctors	that red	ceived more	than			
	\$100,000 of compensation fron	n the organizatio (A)	n							Ī	(B)	Т	(C	)
	Mai	me and husiness ad	dracc							Descr	intion of services		Comper	

(A) Name and business address	Description of services	(C) Compensation
KAY CASTO & CHANEY PLLC PO BOX 2031 CHARLESTON, WV 25327	PROFESSIONAL SERVICES	2,500,000
ASTORINO DEVELOPMENT CO 235 FORT PITT BLVD PITTSBURGH, PA 15222	PROFESSIONAL SERVICES	2,064,679
CROTHALL FACILITIES MANAGEMENT INC 955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087	PROFESSIONAL SERVICES	1,800,173
BLANCHETTE ROCKEFELLER NEUROSCIENCE INST PO BOX 9301 MORGANTOWN, WV 26506	PROFESSIONAL SERVICES	1,696,646
ADNET SYSTEMS INC 2 BROOKCREST CT POTOMAC, MD 20854	PROFESSIONAL SERVICES	1,371,662
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►43	who received more than	

		2010) Statement of Revenu	14				Pa	ge <b>9</b>
		Statement of Revent			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e and 1f nes 1a-1f \$	122,606,082	122,673,870			
Program Service Revenue		All other program service rev		900099	25,010,974			
	3	Total. Add lines 2a-2f  Investment income (includin and other similar amounts).  Income from investment of tax-exerons	g dividends, interest  mempt bond proceeds		25,010,974 306,740 148,531			306,740
	6a b c d	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)  Gross amount from sales of assets other than inventory Less cost or other basis and	(I) Real 204,844 204,844	(II) Personal	204,844			204,844
Other Revenue	d	sales expenses c Gain or (loss)  519,176  d Net gain or (loss)			519,176			519,17
Other	c 9a	Less direct expenses  Net income or (loss) from fun  Gross income from gaming act Less direct expenses	a . b draising events ► ctivities See Part IV, line 19 .	a				
	10a b	Net income or (loss) from gal Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sal	a . b					
	11a b	Miscellaneous Revenue		Business Code				
	e	Total. Add lines 11a-11d .  Total revenue. See Instruction	•		148,864,135	25,010,974		1,179,29

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	20,402,000	20,402,000		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	29,403,090	29,403,090 2,185,126		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	187,044	187,044		
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	10,490,258	8,780,422	1,709,836	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	516,322	270,266	246,056	
9	Other employee benefits	1,703,159	1,623,201	79,958	
10	Payroll taxes	759,448	392,648	366,800	
а	Fees for services (non-employees) Management		·		
b	Legal	83,454	2,213	81,241	
c	Accounting				
d	Lobbying	59,000		59,000	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	145,080	5,899	139,181	
g	Other				
12	Advertising and promotion	501,780	419,631	82,149	
13	Office expenses	3,126,638	2,948,065	178,573	
14	Information technology	2,366,273	2,203,460	162,813	
15	Royalties	61,462		61,462	
16	Occupancy	1,819,593	1,794,036	25,557	
17	Travel	4,720,081	4,584,255	135,826	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	561,434	535,053	26,381	
20	Interest	1,101,846	1,101,846		_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	985,758	985,758		_
23	Insurance	113,109	38,067	75,042	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SHARED SERVICES	52,396,806	51,907,710	489,096	
ь	OPERATING EXP TO WVU	11,118,487	9,548,351	1,570,136	
С	RESEARCH/EDUC SUPPLIES	8,086,458	8,051,017	35,441	
d	CONSULTING/SUBCONT FEE	3,984,092	3,984,092	0	
e	SOFTWARE	464,841	417,164	47,677	-
f	All other expenses	932,725	223,361	709,364	
25	Total functional expenses. Add lines 1 through 24f	137,873,364	131,591,775	6,281,589	0
26	<b>Joint costs.</b> Check here ▶ ☐ If following			2,232,333	
- <del>-</del>	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			13,184,514	2	20,081,539
	3	Pledges and grants receivable, net			29,963,233	3	27,749,061
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			197,444	9	233,571
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	55,381,224			
	b	Less accumulated depreciation	10b	9,119,733	43,292,083	<b>10</b> c	46,261,491
	11	Investments—publicly traded securities			12,839,037	11	6,986,026
	12	Investments—other securities See Part IV, line 11			9,995,000	12	4,930,000
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	143
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			109,471,311	16	106,241,831
	17	Accounts payable and accrued expenses .			30,924,489	17	22,724,166
	18	Grants payable		18			
	19	Deferred revenue	24,240,105	19	18,465,605		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			25,623,271	23	24,602,192
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			170,292	25	687
	26	Total liabilities. Add lines 17 through 25			80,958,157	26	65,792,650
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27			
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			9,674,700	27	17,414,460
Fund Balances	28	Temporarily restricted net assets		18,838,454	28	23,034,721	
됻	29	Permanently restricted net assets			29		
臣		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	plete			
2		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
ĕ	33	Total net assets or fund balances			28,513,154	33	40,449,181
_	34	Total liabilities and net assets/fund balances		109,471,311	34	106,241,831	

4.	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	1			364,135
3	Revenue less expenses Subtract line 2 from line 1	2	137,873,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 4			990,771
5	Other changes in net assets or fund balances (explain in Schedule O)	5			945,256
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		40,4	149,181
Par	The Financial Statements and Reporting  Check If Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

WEST	VIRGI	VIA UNIVERSITY RESEARCH CORPORATION							
			55-0665758						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this p	art.) See instru	ctions					
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one b	ox)						
1	Г	A church, convention of churches, or association of churches described in section 170(I	o)(1)(A)(i).						
2	$\sqcap$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )							
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)	(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>sec</b> hospital's name, city, and state	tion 170(b)(1)(A)	<b>)(iii).</b> Ente	r the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II)	a governmental un	ıt describe	ed in				
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)	\(A\(\v)						
7	Ë	An organization that normally receives a substantial part of its support from a government		ao gonoral	nublic	-			
,	,	described in section 170(b)(1)(A)(vi) (Complete Part II)	intal unit of from th	ie gelierai	public				
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )							
9	$\Gamma$	An organization that normally receives (1) more than 331/3% of its support from contri	butions, membersh	nip fees, ai	nd gro	SS			
		receipts from activities related to its exempt functions—subject to certain exceptions, a	ind (2) no more tha	an 331/3%	of				
		its support from gross investment income and unrelated business taxable income (less	section 511 tax) f	rom busin	esses				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Pal	tIII)						
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section</b>							
11	<u>\</u>	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e through a very Type I b Type II c Type III - Functionally integrate	509(a)(2) See <b>se</b> e gh 11h		a)(3).	Check			
e		By checking this box, I certify that the organization is not controlled directly or indirect other than foundation managers and other than one or more publicly supported organization 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Typ check this box	e II or Type III su	ipporting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any following persons?							
		(i) a person who directly or indirectly controls, either alone or together with persons des	cribed in (ii)		Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)		No			
		(ii) a family member of a person described in (i) above?		11g(ii)		No			
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		No			
h		Provide the following information about the supported organization(s)							

(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?  (v) Did you notify the organization in col (i) of your support?		on in your	(vi) Is the organizat col (i) org	e Ion In anized	<b>(vii)</b> A mount of support		
			inst ruct ions))	Yes	No	Yes	No	Yes	No	
(A) WEST VIRGINIA UNIVERSITY	556000842	IRC SECTION 115	Yes		Yes		Yes		137,873,363	
-										
-										
									127.27.262	
Total									137,873,363	

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			out complete				
	endar year (or fiscal year beginning									
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude 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 through 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									
Ū	line 4									
S	ection B. Total Support		<u> </u>	<b>I</b> I.						
	endar year (or fiscal year beginning									
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
7	A mounts from line 4									
8	Gross income from interest,									
Ū	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)					<u> </u>				
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12				
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı				
	check this box and <b>stop here</b>						<b>►</b>			
	-tiC Ct-ti	L'a Carana at B								
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))						
	· ·		•	II Column (1))		14				
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15				
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check				
_	and <b>stop here.</b> The organization qua						<b>▶</b> □			
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14									
1/a										
	is 10% or more, and if the organization made						rt a d			
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo				
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □			
D	• 10%-facts-and-circumstances test—2009. 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						v			
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯			
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1			
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □			

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH

**CORPORATION** 

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (check all Reportable Reportable Estimated that apply) hours compensation compensation amount of other per from the from related compensation Highest employe week organization (Worganizations from the Individual trustee or director Institutional Š (W- 2/1099-2/1099-MISC) organization and MISC) related Former employ O∰15@ t compensated ee organizations l Trustee 99 JAMES PCLEMENTS 20 Χ Χ 0 463,725 33,931 CHAIRMAN MICHELE WHEATLY 2 0 0 Χ Х 0 273,114 36,729 VICE-CHAIRMAN BARBARA DUCATMAN 20 Χ 0 131,664 8,281 DIRECTOR CHRISTOPHER COLENDA 1 00 Χ 0 188,554 12,846 DIRECTOR **EUGENE CILENTO** 2 0 0 X 0 216,732 21,563 DIRECTOR CAMERON HACKNEY 57,022 1 00 Χ 183,223 DIRECTOR NARVEL WEESE 5 0 0 Χ 0 204,855 30,519 DIRECTOR BOJAN CUKIC 179,928 0 19.453 30 Х DIRECTOR JIM ANDERSON 1 00 Χ 129,715 22,478 DIRECTOR LAURIE GUTMANN 1 00 Χ 0 43,194 15,417 DIRECTOR ROBERT JONES 0 60,700 6,897 1 00 Х DIRECTOR ARTHUR J ROSS III 0 82,862 13,000 50 Χ DIRECTOR JULIE SMITH 1 00 Χ 0 0 DIRECTOR MIKE GREEN 0 50 Χ 0 DIRECTOR MARK WISE 50 0 Χ 0 DIRECTOR ANJALI HALABE 0 111,387 9,928 5 0 0 Χ ASSISTANT TREASURER MARY JANE BUCKLAND 1 00 0 79,611 Х 18,643 ASSISTANT SECRETARY CURT PETERSON 60 00 Χ 이 194,766 15,025 PRESIDENT ALAN MARTIN 1 00 Χ 0 119,775 21.722 SECRETARY DANIEL DURBIN 15 00 Х 0 179,283 32,042 TREASURER MRIDUL GAUTAM 2 0 0 209,057 30,689 Χ 0 VICE PRESIDENT DANIEL VASGIRD DIRECTOR, OFFICE OF RESEARCH, 60 00 153,916 23,411 Х INTEGRITY & COMPLIAN JOSEPH HRABIK 40 00 Χ 122,753 21,457 GENERAL COUNSEL MELVIN CROUCHER 40 00 Х 117,811 20,351 MANAGER, RESEARCH & ECONOM PHILIP SPARKS 65 00 Χ 175,803 30,118 DIRECTOR, OFFICE OF TECH T

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

(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOSEPH KOZUCH INTERIM DIRECTOR OF ADVANCE ENERGY INITIATIVE	40 00					х		193,111	0	20,498
RUDOLPH ALMASY FORMER DIRECTOR	0 00						х	0	169,855	30,981
EARL SCIME FORMER DIRECTOR	0 00						х	0	165,576	29,324
ELIZABETH JANE MARTIN FORMER V-CHAIR & DIR	0 00						х	0	123,483	12,188
JAMES BRICK FORMER DIRECTOR	0 00						х	0	160,119	16,993
FRED BUTCHER FORMER DIRECTOR	0 00						х	0	307,783	38,847
GEORGE SPIROU FORMER DIRECTOR	0 00						х	0	220,881	35,343
DAVID HARDESTY JR FORMER CHAIRMAN & DIR	0 00						х	0	193,172	30,408
GERALD LANG FORMER V-CHAIR & DIR	0 00						Х	0	252,106	33,182
PATRICK CALLERY FORMER DIRECTOR	0 00						х	0	151,776	26,971
THOMAS SABA FORMER DIRECTOR	18 00						х	73,882	0	0

DLN: 93493132029532

OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public

IIII EII I	ai Neveriue Service				Inspe	ction
	•	nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line	46 (Political C	am pa	ign Activit	ies),
the						
	` ', ' '	anizations Complete Parts I-A and B Do not complete Part I-C				
		than section 501(c)(3)) organizations Complete Parts I-A and C below Do not co	omplete Part I-B	ı		
	•	tions Complete Part I-A only				
	_	nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line			•	n
	, ,, ,	anizations that have filed Form 5768 (election under section 501(h)) Complete Pa				
	, , , , ,	anizations that have NOT filed Form 5768 (election under section 501(h)) Complete section 501(h)) Complete section 501(h))			•	
	_	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, I n, or (6) organizations  Complete Part III	Part V, line 35	a (Pro	оху гах), т	nen
	ame of the organiza	· · · ·	Employeride	ntifica	ation numb	
		TY RESEARCH CORPORATION	Linployer ide	iitiiica	icion numb	CI
			55-0665758	}		
Par	rt I-A Comple	te if the organization is exempt under section 501(c) or is a	section 52	7 org	ganizatio	n.
1	Provide a descri	ption of the organization's direct and indirect political campaign activities in Pa	art IV			
2	Political expendi	tures	<b>-</b>	\$		
3	Volunteer hours					
Pai	rt I-B Comple	te if the organization is exempt under section 501(c)(3).				
1	Enter the amoun	t of any excise tax incurred by the organization under section 4955	▶	\$ <u>_</u>		
2	Enter the amoun	t of any excise tax incurred by organization managers under section 4955	<b>-</b>	\$ <u></u>		
3	If the organization	on incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction	made?			☐ Yes	┌ No
ь	If "Yes." describ	e in Part IV				

Par	t I-C Complete if the organization is exempt under section 501(c) except section	n 50	)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	F	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	<b>-</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b>-</b>	\$		
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	┌ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election						
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply								
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)								
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)								
C	Total lobbying expenditures (add lines 1a and 1	Fotal lobbying expenditures (add lines 1a and 1b)								
d	O ther exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount to columns									
	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								
	Grassroots nontaxable amount (enter 25% of lir	e 1f)								
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -								
i	Subtract line 1f from line 1c If zero or less, ente	r-0-								
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ 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 on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(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										

Tiedule C (F	Jill 990 01 990-L2/2010		Page
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has (election under section $501(h)$ ).	NOT filed Fo	orm 5768
	(ciection ander section sorting):		

		(6	a)	(b)	
		Yes	No	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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes			
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		162,056	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1:			162,056	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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).		
а	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 (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		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

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029532

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990.

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? 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 for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

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

Cat No 52283D

Schedule D (Form 990) 2010

**▶**\$\_\_\_\_\_

Per	Organizations maintaining Collections of Art,	піз	LOF	C	i iieasuies, oi	Othie	r Sillillar AS	<u> </u>	(con	tinuea)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fo	llo	ıng that are a sıgnıfı	cant (	use of its collect	tion		
а	Public exhibition	d	Γ		oan or exchange pro	grams	5			
b	Scholarly research	e	Γ		ther					
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	ı hov	w the	y	urther the organization	n's e	xempt purpose	ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p							┌ Yes	;	_ No
Par	rt IV Escrow and Custodial Arrangements. Complet Part IV, line 9, or reported an amount on Form 990					ed "\	es" to Form 9	90,	,	
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	lıary	for	0	tributions or other as	sets		┌ Yes	;	No
b	If "Yes," explain the arrangement in Part XIV and complete the fo	llow	ving t	at	e		I An	nount		
С	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	212					1	┌ Yes		
	If "Yes," explain the arrangement in Part XIV	21,						ı res	'	140
	rt V Endowment Funds. Complete if the organization	ans	:Wer	.e.	"Yes" to Form 990	) Pa	rt IV line 10			
	(a)Current Year		<b>)</b> Prior				Three Years Back	(e)Fou	r Yea	rs 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	;								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
3a	Are there endowment funds not in the possession of the organizat	ion	that	ar	held and administer	ed for	the	_		
	organization by						[2-4		es	No
	(i) unrelated organizations		•				3a(		+	
b	(ii) related organizations						31		十	
4	Describe in Part XIV the intended uses of the organization's endo					•				
Pai	t VI Investments—Land, Buildings, and Equipmen	t. S	ee l	Fo	m 990, Part X, lin	e 10.				
	Description of investment				ost or other (b)Cost or nvestment) basis (other		(c) Accumulated depreciation	(d)	Bool	k value
1a	Land		1		2,3:	34,855			2,	334,855
b	Buildings					)3,794		3		684,061
	Leasehold improvements							1		<u> </u>
	Equipment									
e	Other				24	12,575				242,575
	II. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	n (B)	), line	e 1	)(c).)		▶	1		261,491

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability		
	(b) A mount	
Federal Income Taxes	607	
Other Liabilities	687	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	148,864,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	137,873,364
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,990,771
4	Net unrealized gains (losses) on investments	4	945,223
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	33
9	Total adjustments (net) Add lines 4 - 8	9	945,256
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,936,027
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	149,809,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	945,223
3	Subtract line <b>2e</b> from line <b>1</b>	3	148,863,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 358		
C	Add lines 4a and 4b	4c	358
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	148,864,135
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	137,874,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	137,874,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b -636	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	-636
			137,873,364
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	137,673,304

additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		PRIOR PERIOD ADJUSTMENT (\$33)
Part XII, Line 4b - Other Adjustments		FINANCIAL STATEMENT ROUNDING (\$358)
Part XIII, Line 4b - Other Adjustments		FINANCIAL STATEMENT ROUNDING (-\$636)

DLN: 93493132029532

OMB No 1545-0047

#### **SCHEDULE F** (Form 990)

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

Statement of Activities Outside the United States

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Nam	e of the organization T VIRGINIA UNIVERSITY RESE	A D C H C O D D O D	ATION		Employer ident	ification number
					55-0665758	
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the of assistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	tance, and the selecti	on criteria used to awa	ard
2	For grantmakers. Describe in Pa					
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	See Add'l Data			region)		
_	Cub hatal	0	0			1 262 264
	<ul> <li>Sub-total</li> <li>Total from continuation sheets</li> <li>to Part I</li> </ul>	0				1,262,364 389,240

c Totals (add lines 3a and 3b)

1,651,604

Pa	Part IV,	line 15, for an	sistance to Orga y recipient who rec I space is needed.	nizations or Entiticely electrons or Entiticely more than \$5,	<b>es Outside the Un</b> 000. Check this box	<b>lited States.</b> Composite of the composi	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	RESEARCH	129,563	CHECK			
			SUB-SAHARAN AFRICA	RESEARCH		СНЕСК			
			EUROPE	RESEARCH	21,782	CHECK			
2	Enter total nu tax-exempt b	mber of recipions y the IRS, or f	ent organizations li for which the grante	sted above that are reed or counsel has pro	recognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	_
3	Enter total nu	mber of other	organızatıons or eı	ntities				. ►	(5 000) 2010

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 Part V if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (h) Method of (a) Type of grant or (b) Region (f) A mount of (g) Description recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance assistance appraisal, other) 2,750 POSTED TO EDUCATIONAL EAST ASIA AND INDIVIDUAL STUDENT **GRANTS TO** THE PACIFIC ACCOUNTS AND STUDENTS REFUNDED BY CHECK

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	Γ	Yes	[৴	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<b>▽</b>	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	৮	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Procedure for Monitoring Grants Outside the US		Schedule F, Part I, Line 2 SUB-RECIPIENTS ARE PAID ON A COST REIMBURSABLE OR FIXED PRICE BASIS IN BOTH INSTANCES, THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENTS' ACCOUNTS THE STUDENTS' ACCOUNTS ARE REVIEWED BY WVU STUDENT AFFAIRS TO DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS

ldentifier	Return Reference	Explanation
Other Information	Schedule F, Part V	GRANT ELIGIBILITY AND SELECTION OF RECIPIENTS ARE DETERMINED BY THE PRINCIPAL INVESTIGATOR FOR EACH INDIVIDUAL GRANT EDUCATIONAL GRANTS ARE AWARDED BASED ON ACADEMIC MERIT IF THE RECIPIENT IS KNOWN AT THE TIME THE PRINCIPAL INVESTIGATOR WRITES THE GRANT PROPOSAL, THAT INFORMATION IS INCLUDED IN THE PROPOSAL FOR SPONSOR APPROVAL IF THE RECIPIENT IS DETERMINED AT A LATER DATE, THE PRINCIPAL INVESTIGATOR SUBMITS A REQUEST FOR A SUB-AWARD TO THE SPONSOR FOR APPROVAL AT THAT TIME

Schedule F (Form 990) 2010

## Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH

CORPORATION

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

Part 1 - Activi	ties Outsiae i	ne United States		
(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
0	0	PROGRAM SERVICES	RESEARCH	131,191
0	0	PROGRAM SERVICES	RESEARCH	31,321
0	0	PROGRAM SERVICES	RESEARCH	21,782
0	0	PROGRAM SERVICES	EDUCATIONAL GRANTS TO STUDENTS	2,750
0	0	INVESTMENTS		566,000
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	237,609
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	191,899
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	79,812
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	43,606
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	27,150
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	26,854
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	10,915
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	3,910
0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	2,988
0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	212,378
0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	37,073
0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	21,546
0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	2,420
0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	400
	(b) Number of offices in the region  O O O O O O O O O O O O O O O O O O	(b) Number of offices in the region       (c) Number of employees or agents in region         0       0 <td>offices in the region signature of agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES  0 0 0 INVESTMENTS  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES</td> <td>(c) Number of offices in the employees of agents in region of region of region agents in region agents in region or agents in recipients or ecopients.  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES DUCATIONAL GRANTS TO STUDENTS  O O INVESTMENTS  O O PROGRAM SERVICES FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION  O PROGRAM SERVICES OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION</td>	offices in the region signature of agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES  0 0 0 INVESTMENTS  0 0 0 PROGRAM SERVICES  0 0 0 PROGRAM SERVICES	(c) Number of offices in the employees of agents in region of region of region agents in region agents in region or agents in recipients or ecopients.  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES RESEARCH  O O PROGRAM SERVICES DUCATIONAL GRANTS TO STUDENTS  O O INVESTMENTS  O O PROGRAM SERVICES FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION  O PROGRAM SERVICES OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493132029532

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

Part II Grants and Other A Form 990, Part IV, lir duplicated if additional	ne 21 for any recip	ient that received r	nore than \$5,000. Ch		recipient receive	d more than \$5,000.	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Data Table							

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SUB-AWARD		21,000		воок	
(2) EDUCATIONAL GRANTS TO STUDENTS		2,164,126		воок	

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

Identifier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 SUB-RECIPIENTS ARE PAID ON A COST-REIMBURSABLE OR FIXED PRICE BASIS IN BOTH
Grants in the U S		INSTANCES, THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT THE PRINCIPAL
		INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM
		SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENTS' ACCOUNTS
		THE STUDENTS' ACCOUNTS ARE REVIEWED BY WVU STUDENT AFFAIRS TO DETERMINE IF ANY MONEY IS OWED BY
		THE STUDENT OR OWED TO THE STUDENT AS A REFUND STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO
		ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS

Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCED VEHICLE RESEARCH CENTER2905 PLEASANT UNION CHURCH ROAD RALEIGH,NC 27614	83-0448275		60,000		воок		PUBLIC SERVICE
ALDERSON BROADDUS COLLEGEBUSINESS OFFICE - BOX 2004 PHILIPPI,WV 26416	55-0357072	501(C)(3)	204,600		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY SCIENCE AND TECHNOLOGY CORP1000 GALLIHER DRIVE SUITE 237 FAIRMONT, WV 26554	26-4559720		16,643		воок		RESEARCH
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES1629 K STREET NW SUITE 503 WASHINGTON, DC 20006	52-1930174	501(C)(3)	24,056		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF THE MID-ATLANTIC3001 OLD GETTYSBURG ROAD CAMP HILL,PA 17011	25-1825116	501(C)(3)	9,262		воок		RESEARCH
AMERICAN SCIENCE AND TECHNOLOGY512 NORTH ASHLAND AVENUE CHICAGO,IL 60622	20-0757263		514,098		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF MID-OHIO VALLEY INC912 MARKET STREET PARKERSBURG,WV 26101	55-0451401	501(C)(3)	6,000		воок		PUBLIC SERVICE
AUBURN UNIVERSITY381 MELL STREET AUBURN,AL 36849	63-6000724	SECTION 115	127,924		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTO EXPOSURE1796 SEVERN CHAPEL ROAD MILLERSVILLE,MD 21108	20-8533059		23,002		воок		PUBLIC SERVICE
BANNER RESEARCH INSTITUTE10515 W SANTA FE DRIVE SUN CITY,AZ 85351	86-0768795	501(C)(3)	61,397		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEFIELD STATE COLLEGE RESEARCH AND DEVELOPMENT219 ROCK STREET BLUEFIELD, WV 24701	55-0785437	501(C)(3)	54,472		воок		RESEARCH
BUCKHANNON RIVER WATERSHED ASSOCIATION INCBOX 1 BUCKHANNON, WV 26201	55-0783924	501(C)(3)	184,104		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABELL COUNTY BOARD OF EDUCATIONPO BOX 446 HUNTINGTON,WV 25709	55-6000306	SECTION 115	5,007		воок		PUBLIC SERVICE
CABIN CREEK HEALTH CENTERPO BOX 70 DAWES, WV 25054	55-0709223	501(C)(3)	106,100		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAAN VALLEY INSTITUTE INCPO BOX 673 DAVIS,WV 26260	55-0747132	501(C)(3)	530,034		воок		RESEARCH
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	35,140		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSON UNIVERSITY PO BOX 5546 POSTDAM,NY 13699	15-0543659	501(C)(3)	67,250		воок		RESEARCH
CLEAN CITITES OF MIDDLE TENNESSEE9050 CAROTHERS PARKWAY SUITE 104 FRANKLIN,TN 37067	62-1229352	SECTION 115	5,000		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAN COMMUNITIES OF CENTRAL NEW YORK3320 ROCK ROSE CIRCLE BALDWINSVILLE, NY 13027	16-1549350	SECTION 115	5,000		воок		PUBLIC SERVICE
CONCEPTS INC18200 WICKHAM ROAD OLNEY,MD 20832	52-2029941		142,864		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORD UNIVERSITY RESEARCH AND DEVELOPMENTPO BOX 1000 ATHENS, WV 24712	55-0769622	501(C)(3)	5,779		воок		RESEARCH
CORNELL UNIVERSITY216 WARREN HALL ITHACA,NY 14851	15-0532082	501(C)(3)	84,614		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITYPO BOX 90122 DURHAM,NC 27708	56-0532129	501(C)(3)	19,258		воок		RESEARCH
EAST CAROLINA UNIVERSITY2200 SOUTH CHARLES BLVD SUITE 2900 GREENVILLE,NC 27858	56-6000403	SECTION 115	7,403		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TEXAS CLEAN CITITES COALITION3800 STONE ROAD KILGORE,TX 75662	75-1327222	SECTION 115	5,000		воок		PUBLIC SERVICE
EASTERN AREA HEALTH EDUCATION CENTER2500 FOUNDATION WAY MARTINSBURG, WV 25401	35-2174239	501(C)(3)	69,362		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ED VENTURE GROUP1290 SUNCREST TOWN CENTRE MORGANTOWN,WV 26501	55-0765182	501(C)(3)	34,139		воок		INSTRUCTION
FAIRMONT STATE UNIVERSITY1201 LOCUST AVENUE FAIRMONT, WV 26554	55-6000778	SECTION 115	14,113		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FILTERSURE INC6612 DENNY PLACE MCLEAN,VA 22101	22-3859383		257,619		воок		RESEARCH
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	SECTION 115	174,608		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE CHEAT 119 SOUTH PRICE STREET SUITE 206 KINGWOOD, WV 26537	55-0739158	501(C)(3)	283,505		воок		RESEARCH
GEORGE MASON UNIVERSITY4400 UNIVERSITY DRIVE MS 4C6 FAIRFAX, VA 22030	54-0836354	SECTION 115	72,347		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAFTECH INCPO BOX 6116 CLEVELAND,OH 44101	06-1249029		19,981		воок		RESEARCH
GRANT MEMORIAL HOSPITALPO BOX 1019 PETERSBURG,WV 26847	55-0562976	501(C)(3)	5,000		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER INDIANA CLEAN CITIES INC6283 CENTENARY ROAD MOORESVILLE,IN 46158	35-2141203	SECTION 115	5,000		воок		PUBLIC SERVICE
GREATER SACRAMENTO REGIONAL CLEAN AIR COALITION6525 PUERTO DRIVE RANCHO MURIETA, CA 95683	81-0575508	SECTION 115	5,000		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALLIBURTON ENERGY SERVICES10200 BELLAIRE BLVD HOUSTON,TX 77072	73-0271280		112,500		воок		RESEARCH
ICF INCORPORATED LLC PO BOX 7777 PHILADELPHIA,PA 19175	52-0893615		11,926		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICS LEARNING GROUP8221 RITCHIE HIGHWAY SUITE 303 PASADENA,CA 21122	52-2083479		15,969		воок		PUBLIC SERVICE
INDIANA UNIVERSITY1121 WEST MICHIGAN STREET INDIANAPOLIS,IN 46202	35-6001673	SECTION 115	7,400		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATION DRIVE285 SUNSET DRIVE HENAGER,AL 25978	20-3023167		100,000		воок		PUBLIC SERVICE
IOWA STATE UNIVERSITY 3609 ADMINISTRATIVE SERVICES AMES,IA 50011	42-6004224	SECTION 115	103,162		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH HOSPITAL LLC 4777 EAST GALBRAITH ROAD CINCINNATI,OH 45236	27-1408630	501(C)(3)	10,858		воок		RESEARCH
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	67,419		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOPPERS INC1005 WILLIAM PITT WAY PITTSBURGH,PA 15238	25-1588399		31,912		воок		RESEARCH
LAFAYETTE COLLEGE702 HIGH STREET EASTON,PA 18042	24-0795686	501(C)(3)	11,808		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE LIVERMORE NATIONAL LABORATORY PO BOX 5516 LIVERMORE,CA 94550	94-6031193		450,000		воок		RESEARCH
LOS ALAMOS NATIONAL LABORATORYPO BOX 1663 LOS ALAMOS,NM 87545	20-3104541		204,668		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL UNIVERSITY RESEARCH CORPORATION 401 11TH STREET SUITE 1400 HUNTINGTON,WV 25701	55-0683361	501(C)(3)	687,576		воок		PUBLIC SERVICE
MICHIGAN STATE UNIVERSITY394 HANNAH ADMINISTRATION BUILDING EAST LANSING,MI 48824	38-6005984	SECTION 115	936,732		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTORWEEK11767 OWINGS MILLS BLVD OWINGS MILLS,MD 21117	52-6002033		38,000		воок		PUBLIC SERVICE
MSOPTI400 NORTH LEE STREET LEWISBURG,WV 24901	55-0763235	501(C)(3)	68,807		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COUNCIL OF LA RAZA INC1126 16TH NW WASHINGTON, DC 20036	86-0212873	501(C)(3)	39,864		воок		RESEARCH
NATIONAL BUSINESS AND DISABILITY COUNCIL201 IU WILLETS ROAD ALBERTSON,NY 11507	13-1850854	501(C)(3)	33,798		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CONSORTIUM FOR HEALTH SYSTEMS DEVELOPMENT205 WEST MONROE 3RD FLOOR CHICAGO,IL 60606	36-4042562	501(C)(3)	40,000		воок		PUBLIC SERVICE
NATIONAL GAY AND LESBIAN CHAMBER OF COMMERCE729 15TH STREET NW 9TH FLOOR WASHINGTON, DC 20005	13-4219714	501(C)(3)	12,720		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL RENEWABLE ENERGY LAB1617 COLE BLVD GOLDEN,CO 80234	44-0545878	SECTION 115	15,000		воок		RESEARCH
NEW RIVER HEALTH ASSOCIATION INCPO BOX 337 SCARBORO, WV 25917	55-0581968	501(C)(3)	10,000		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBERLIN COLLEGE BURSARS OFFICE OBERLIN,OH 44074	34-0714363	501(C)(3)	12,598		воок		RESEARCH
OHIO STATE UNIVERSITY 1680 MADISON AVENUE WOOSTER,OH 44691	31-6025986	SECTION 115	50,269		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION11710 BELTSVILLE DRIVE SUITE 900 CALVERTON, MD 20705	94-2243283	501(C)(3)	151,517		воок		RESEARCH
PENNSYLVANIA STATE UNIVERSITY120 SOUTH BURROWES STREET UNIVERSITY PARK,PA 16801	24-6000376	SECTION 115	25,000		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE DESIGNS INC1304 BROAD STREET DURHAM,NC 27705	56-1912337		24,544		воок		RESEARCH
PINNACLE TECHNOLOGIES INC140 CHESTNUT STREET SAN FRANCISCO, CA 94111			27,000		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO,IL 60673	35-6002041	SECTION 115	8,156		воок		RESEARCH
REGENTS UNIVERSITY OF MICHIGAN3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	SECTION 115	22,591		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF SUNYPO BOX 90122 ALBANY,NY 12001	14-1368361	501(C)(3)	70,458		воок		RESEARCH
RL ENVIRONMENTAL SOLUTIONSPO BOX 2 MORGANTOWN,WV 26507	15-5421850		9,000		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY MEDICAL SYSTEMPO BOX 1146 MARTINSBURG, WV 25402	55-0563741	501(C)(3)	34,851		воок		PUBLIC SERVICE
SHEPHERD UNIVERSITYPO BOX 5000 SHEPHERDSTOWN, WV 25443	55-6000799	SECTION 115	70,480		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIPSHAPER LLCPO BOX 2 MORGANTOWN,WV 26507	20-1499622		58,050		воок		RESEARCH
SPECIAL OLYMPICS1133 19TH STREET NW WASHINGTON,DC 20036	52-0889518	501(C)(3)	37,267		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LAWRENCE UNIVERSITYVILAS HALL CANTON,NY 13617	15-0632239		22,566		воок		RESEARCH
TRI COUNTY HEALTH CLINIC INCPO BOX 217 ROCK CAVE, WV 26234	55-0599096	501(C)(3)	89,761		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY136 HARRISON AVENUE BOSTON,MA 02111	04-2103634	501(C)(3)	43,093		воок		RESEARCH
TUG RIVER HEALTH ASSOCIATION INCPO BOX 507 GARY,WV 24836	31-0889458	501(C)(3)	64,229		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	SECTION 115	8,318		воок		RESEARCH
UNIVERSITY OF CHARLESTON2300 MACCORKLE AVENUE SE CHARLESTON, WV 25304	55-0357039	501(C)(3)	85,762		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTERPO BOX 6508 AURORA,CO 80045	84-6000555	SECTION 115	61,051		воок		RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION337 PETERSON SERVICE BUILDING LEXINGTON,KY 40506	61-6033693	501(C)(3)	414,968		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION223 SERVICE COMPLEX LOUISVILLE, KY 42092	61-1029626	501(C)(3)	24,808		воок		RESEARCH
UNIVERSITY OF MARYLANDOFFICE OF THE COMPTROLLER COLLEGE PARK, MD 20742	52-6002033	SECTION 115	80,780		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND AT BALTIMOREPO BOX 41428 BALTIMORE,MD 21203	52-6002036	SECTION 115	40,543		воок		RESEARCH
UNIVERSITY OF MASSACHUSETTS405 GOODING BUILDING AMHURST,MA 01003	04-3167352	SECTION 115	5,184		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES,FL 33124	59-0624458	501(C)(3)	31,318		воок		RESEARCH
UNIVERSITY OF MISSOURI - KANSAS CITY2411 HOLMES STREET KANSAS CITY, MO 64108	43-6003859	SECTION 115	47,034		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	SECTION 115	136,581		воок		RESEARCH
UNIVERSITY OF OKLAHOMA - FAMILY AND PREVENTIVE MEDICINE 900 NE 10TH STREET OKLAHOMA CITY, OK 73104	73-6017987	SECTION 115	15,636		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH3100 CATHEDRAL OF LEARNING PITTSBURGH,PA 15260	25-0965591	501(C)(3)	110,307		воок		PUBLIC SERVICE
UNIVERSITY OF VIRGINIA PO BOX 800724 CHARLOTTESVILLE,VA 22908	54-6001796	SECTION 115	49,973		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	SECTION 115	61,554		воок		RESEARCH
US BUSINESS LEADERSHIP NETWORK1501 M STREET NW 7TH FLOOR WASHINGTON,DC 20005	26-0482057	501(C)(3)	44,969		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US-CHINA CLEAN ENERGY FORUM1301 FIFTH AVENUE SUITE 2500 SEATTLE, WA 98101	26-2792356	501(C)(3)	265,000		воок		RESEARCH
USDA FOREST SERVICE CAMPUS BOULEVARD SUITE 200 NEWTOWN SQUARE,PA 19073	72-0564824	SECTION 115	24,500		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH CLEAN CITITES COALITION451 SOUTH STATE STREET SUITE 345 SALT LAKE CITY, UT 84111	87-0610870	SECTION 115	5,000		воок		PUBLIC SERVICE
UW MILWAUKEE CTIPO BOX 742 MILWAUKEE,WI 53201	39-1805963	SECTION 115	56,095		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY201 SOUTHGATE CENTER BLACKSBURG,VA 24061	54-6001805	SECTION 115	40,960		воок		RESEARCH
WEST LIBERTY UNIVERSITYPO BOX 295 WEST LIBERTY,WV 26074	55-6000822	SECTION 115	248,535		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING JESUIT UNIVERSITY316 WASHINGTON AVENUE WHEELING,WV 26003	55-0394213	501(C)(3)	316,808		воок		RESEARCH
WILKES UNIVERSITY84 WEST SOUTH STREET WILKES BARRE,PA 18766	24-0795506	501(C)(3)	23,002		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD RESOURCES INSTITUTEPO BOX 4852 BALTIMORE, MD 21211	52-1257057	501(C)(3)	95,490		воок		RESEARCH
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES CAPITAL COMPLEX BUILDING 3 ROOM 451 451 CHARLESTON, WV 25305	55-6000810	sECTION 115	159,612		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE400 NORTH LEE STREET LEWISBURG, WV 24901	55-0561541	SECTION 115	65,302		воок		INSTRUCTION
WEST VIRGINIA STATE UNIVERSITYPO BOX 368 INSTITUTE,WV 25112	55-6000839	SECTION 115	20,792		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA WESLEYAN COLLEGE59 COLLEGE AVENUE BOX 89 BUCKHANNON,WV 26201	55-0357056	501(C)(3)	227,917		воок		RESEARCH
WVHTC FOUNDATION1000 TECHNOLOGY DRIVE SUITE 1000 FAIRMONT, WV 26554	55-0727658	501(C)(3)	561,821		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XORAN TECHNOLOGIES 5210 SOUTH STATE ROAD ANN ARBOR,MI 48108	32-0039864		22,430		воок		RESEARCH
BLANCHETTE ROCKEFELLER NEUROSCIENCES INSTITUTE8 MEDICAL CENTER DRIVE MORGANTOWN, WV 26505	55-0771139	501(C)(3)	1,750,000		воок		SUPPORT TO FURTHER BRNI'S RESEARCH OF NEUROLOGICAL DISESASES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN,WV 26506		SECTION 115	17,165,770		воок		EXPENDITURES ON GRANTS AWARDED TO WURC ON BEHALF OF WVU FOR THE ACQUISITION OF CAPITAL ASSETS OR CONSTRUCTION WHERE THE ASSET WAS TRANSFERRED TO WVU AS A BENEFICIARY OF THE ASSET

DLN: 93493132029532

OMB No 1545-0047

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

55-0665758

Pa	Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	(, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A	A.lıne 1a	. did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs :	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 4b	DAVID HARDESTY, JR - \$36,000 FROM RELATED ORGANIZATION WEST VIRGINIA UNIVERSITY

Schedule J (Form 990) 2010

Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Schedule J, Pa	rt II	- Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JAMES PCLEMENTS	(I) (II)	0 437,521	0 0	0 26,204	0 14,700	0 19,560	0 497,985	0 0
MICHELE WHEATLY	(I) (II)	0 248,436	0 0	0 24,678	0 14,700	0 22,092	0 309,906	0 0
CHRISTOPHER COLENDA	(ı) (ıı)	0 188,554	0	0	0 11,400	0 1,509	0 201,463	0 0
EUGENE CILENTO	(ı) (ıı)	0 214,865	0	0 1,867	0 13,247	0 8,595	0 238,574	0 0
CAMERON HACKNEY	(ı) (ıı)	0 164,697	0	0 18,526	0 31,778	0 25,624	0 240,625	0
NARVEL WEESE	(ı) (ıı)	0 204,801	0	0 54	0 12,771	0 17,924	0 235,550	0
BOJAN CUKIC	(ı) (ıı)	0 142,560	0 24,674	0 12,694	0 10,972	0 8,991	0 199,891	0
JIM ANDERSON	(ı) (ıı)	0 123,575	0 5,658	0 482	0 8,093	0 14,894	0 152,702	0
CURT PETERSON	(ı) (ıı)	0 172,766	0	0 22,000	0 11,875	0 3,191	0 209,832	0 0
DANIEL DURBIN	(ı) (ıı)	0 178,291	0	0 992	0 11,441	0 20,741	0 211,465	0
MRIDUL GAUTAM	(ı) (ıı)	0 176,284	0 32,773	0	0 12,919	0 17,832	0 239,808	0
DANIEL VASGIRD	(ı) (ıı)	153,916 0	0	0 0	5,925 0	17,844 0	177,685 0	0 0
PHILIP SPARKS	(ı) (ıı)	175,803 0	0	0 0	12,775 0	17,715 0	206,293 0	0 0
JOSEPH KOZUCH	(ı) (ıı)	193,111 0	0	0	13,680 0	7,191 0	213,982 0	0
RUDOLPH ALMASY	(ı) (ıı)	0 169,634	0	0 221	0 10,481	0 20,761	0 201,097	0
EARL SCIME	(I) (II)	0 157,604	0 7,276	0 696	0 10,527	0 19,165	0 195,268	0 0
ELIZABETH JANE MARTIN	(I) (II)	0 109,692	0 0	0 13,791	0 7,012	0 5,197	0 135,692	0 0
JAMES BRICK	(ı) (ıı)	0 138,119	0 0	0 22,000	0 9,775	0 7,335	0 177,229	0 0
FRED BUTCHER	(I) (II)	0 307,766	0 0	0 17	0 18,999	0 19,888	0 346,670	0 0
GEORGE SPIROU	(ı) (ıı)	0 208,552	0 10,500	0 1,829	0 13,980	0 21,426	0 256,287	0 0
DAVID HARDESTY JR	(ı) (ıı)	0 154,685	0 36,000	0 2,487	0 9,980	0 21,230	0 224,382	0 0
GERALD LANG	(I) (II)	0 230,106	0 0	0 22,000	0 15,653	0 18,021	0 285,780	0 0
PATRICK CALLERY	(ı) (ıı)	0 151,725	0	0 51	0 9,619	0 17,742	0 179,137	0 0
THOMAS SABA	(I) (II)	73,882 0	0	0	0	0	73,882 0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029532

OMB No 1545-0047

2010

Open to Public
Inspection

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

**Employer identification number** 

55-0665758

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THERE IS A COMMON EMPLOYMENT RELATIONSHIP AMONGST THE MAJORITY OF MEMBERS OF THE BOARD OF DIRECTORS WITH THE EXCEPTION OF THE THREE EXTERNAL MEMBERS, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7a		THE VOTING MEMBERSHIP OF THE BOARD OF DIRECTORS INCLUDES THE PRESIDENT OF WEST VIRGINIA UNIVERSITY (WVU) AND UP TO FOURTEEN ADDITIONAL VOTING DIRECTORS SEVEN OF THE BOARD DIRECTORS ARE APPOINTED BY THE UNIVERSITY PRESIDENT, THREE OF WHICH ARE EXTERNAL TO BOTH WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION AND WEST VIRGINIA UNIVERSITY THREE OF THE BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION THE REMAINING FOUR BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITHIN A COLLEGE WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH WITH THE EXCEPTION OF THREE EXTERNAL BOARD DIRECTORS, EACH OF THE APPOINTED DIRECTORS MUST BE EMPLOYEES OF WEST VIRGINIA UNIVERSITY DURING THE TERM OF APPOINTMENT NON-VOTING DIRECTORS MAY BE ELECTED BY THE VOTING MEMBERS OF THE BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF FINANCE, THE WVURC INTERIM PRESIDENT, THE WVURC TREASURER, AND EXTERNAL LEGAL COUNSEL REVIEW A DRAFT OF THE FORM 990 ON BEHALF OF THE WVURC A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE SERVICE

Identifier Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION REQUIRES EACH OFFICER AND BOARD DIRECTOR TO FILE CONFLICT OF INTEREST DISCLOSURES TO THE BOARD WHEN A POTENTIAL CONFLICT ARISES THE WVU OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE REQUIRES AND MONITORS ANNUAL DISCLOSURES BY ANY EMPLOYEE CONDUCTING RESEARCH INCLUDING BOARD DIRECTORS OR OFFICERS IN ADDITION, THE WVU OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE MAINTAINS AND MONITORS ANY CONFLICT OF INTEREST DISCLOSURE MADE BY NON-RESEARCH EMPLOYEES ADDITIONALLY, WITH THE EXCEPTION OF THE THREE EXTERNAL DIRECTORS WHO ARE NOT EMPLOYED BY EITHER WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION OR WEST VIRGINIA UNIVERSITY, ALL WVURC BOARD DIRECTORS WERE EMPLOYEES OF WVU DURING THE FISCAL YEAR 2011 CONSEQUENTLY, THESE BOARD DIRECTORS ARE SUBJECT TO WWU'S POLICIES AND PROCEDURES WHICH INCLUDE THE STATE OF WEST VIRGINIA ETHICS ACT, AND THE COMPENSATION, FRINGE BENEFIT AND ACCOUNTABLE PLAN POLICIES AND PROCEDURES THE STATE OF WEST VIRGINIA ETHICS COMMISSION COMPILES ON AN ANNUAL BASIS FINANCIAL DISCLOSURES SUBMITTED BY WVU EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE

Identifier Return Reference	Explanation
Form 990, Part VI, Section B, line 15	WITH THE EXCEPTION OF THE THREE EXTERNAL DIRECTORS WHO ARE NOT EMPLOYED BY EITHER WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION NOR WEST VIRGINIA UNIVERSITY, THE ORGANIZATIONS OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY THE WURC ESTABLISHED A HUMAN RESOURCES COMMITTEE IN APRIL 2010 WHOSE DUTIES INCLUDE ENSURING THAT PROCEDURES FOR APPROVING COMPENSATION ARE FOLLOWED FOR THE ORGANIZATIONS CEO, TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES THIS PROCESS INCLUDES INSURING THAT EACH MEMBER OF THE HR COMMITTEE DOES NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT SECONDLY, THIS COMMITTEE RELIES ON COMPARABILITY DATA TO DEMONSTRATE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION COMPENSATION FOR EVERY POSITION IS DETERMINED BY SEVERAL FACTORS INCLUDING JOB ANALYSIS AND EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION, AND SALARY SURVEY DATA ON PAY PRACTICES WE PERIODICALLY REVIEW OUR SALARY ADMINISTRATION PROGRAM AND RESTRUCTURE IT AS NECESSARY MARKET AND/OR COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON ONE'S EMPLOYMENT FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW IN ADDITION, EMPLOYEES MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR PERFORMANCE AS DOCUMENTED BY OUR PERFORMANCE EVALUATION PROCESS

Identifier	Return Reference	Explanation
	VI, Section C,	PURSUANT TO CHAPTER 31, ARTICLE I, SECTION 28 OF THE OFFICIAL CODE OF WEST VIRGINIA, 1931, AS AMENDED, A CERTIFICATE OF INCORPORATION WAS ISSUED BY THE WEST VIRGINIA SECRETARY OF STATE ON JUNE 26, 1985 TO THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THIS CERTIFICATE IS AFFIXED TO THE ARTICLES OF INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THAT CERTIFICATE ALONG WITH THE WVURC'S IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S WEBSITE. THE AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST.

ldentifier	Return Reference	Explanation
Contact Addresses for Officers, Directors, Etc	Form 990, Part VII	JULIE SMITH - 3313 FOUR-H CAMP ROAD, MORGANTOWN, WV 26508-2428 MIKE GREEN - 5000 GREY STONE DRIVE, MORGANTOWN, WV 26508-8616 MARK WISE - 1031 IMPERIAL DRIVE, MORGANTOWN, WV 26508-9180

Identifier	Return Reference	Explanation
F	FORM 990, PART VII, LINE 1A	THE FOLLOWING BOARD DIRECTORS AND/OR OFFICERS WORKED THE LISTED AVERAGE HOURS PER WEEK FOR WEST VIRGINIA UNIVERSITY, A RELATED ORGANIZATION TO WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION, THE FILING ORGANIZATION THESE HOURS WOULD BE IN ADDITION TO THE AVERAGE HOURS REPORTED BASED ON THEIR BOARD DIRECTOR AND/OR OFFICER POSITION FOR THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION SHOWN ON PART VII, LINE 1(B) JAMES P CLEMENTS - 70 HOURS PER WEEK (HPW), MICHELE WHEATLY - 75 HPW, BARBARA DUCATMAN - 50 HPW, CHRISTOPHER COLENDA - 65 HPW, EUGENE CILENTO - 75 HPW, CAMERON HACKNEY - 55 HPW, NARVEL WEESE - 60 HPW, BOJAN CUKIC - 40 HPW, JIM ANDERSON - 67 HPW, LAURIE GUTMANN - 55 HPW, ROBERT JONES - 58 HPW, ARTHUR J ROSS, III - 50 HPW, ANJALI HALABE - 55 HPW, MARY JANE BUCKLAND - 37 5 HPW, ALAN MARTIN - 50 HPW, DANIEL DURBIN - 35 HPW, MRIDUL GAUTAM - 75 HPW, RUDOLPH ALMASY - 37 5 HPW, EARL SCIME - 95 HPW, ELIZABETH JANE MARTIN -75 HPW, JAMES BRICK - 60 HPW, FRED BUTCHER - 60 HPW, GEORGE SPIROU - 40 HPW, DAVID HARDESTY JR - 37 5 HPW, GERALD LANG - 37 5 HPW, PATRICK CALLERY - 40 HPW

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 945,223 PRIOR PERIOD ADJUSTMENTS (\$33)

Identifier	Return Reference	Explanation
	PART XII FINANCIAL STATEMENTS AND REPORTING, LINE 2C	THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2010 TO FISCAL YEAR 2011 IN THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

DLN: 93493132029532

2010

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

(Form 990)

**Employer identification number** 

55-0665758

Part I Identification of Disregarded Entities (Comp	lete ıf the organızatıo	n answered "Yes"	on Form 990, Pai	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete i the tax year.)	f the organization	answered "Yes" (	on Form 990, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		g) 512(b)(1 rolled nization
(1) WEST VIRGINIA UNIVERSITY						Yes	No
PO BOX 6001  MORGANTOWN, WV 265066001  55-6000842	EDUCATION AND RESEARCH	wv					No
For Privacy Act and Panerwork Reduction Act Notice see the Instruct	ions for Form 990	Cat No. 50	1 3 5 Y	ı	Schedule R (I	Form 990'	2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)										
		(c)		(-)			(h)	(i)	(j)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Part TV Identif	ication of Bolat	od Ora	ani-ations Tava	ble se s Corners	tion or Truct (C.	amplata if the ara	20172	tion or	acwared "Vec" on	Eorm	000	Dowt IV

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership			
(1) F & P REALTY COMPANY 409 MARINA TOWER PO BOX 6555 MORGANTOWN, WV26506 55-0571302	BUILDING LESSOR	W/V	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	С	100	100	100 000 %			
Sahadula B (Farma 2001) 2010										

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered '	"Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)				
Not	Note. Complete line 1 if any entity is listed in Parts II, III or IV							
<b>1</b> During	g the tax year, did the orgranization engage in any of the following transactions with one or more related o	rganızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
<b>b</b> Gift	<b>b</b> Gift, grant, or capital contribution to other organization(s)							
<b>c</b> Gıft	c Gift, grant, or capital contribution from other organization(s)							
<b>d</b> Loa	d Loans or loan guarantees to or for other organization(s)							
<b>e</b> Loa	ans or loan guarantees by other organization(s)			<u>1e</u>		No		
				1f		No		
	f Sale of assets to other organization(s)							
	change of assets			1h		No		
i Lea	se of facilities, equipment, or other assets to other organization(s)			1i		No		
<b>j</b> Lea	se of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No		
=	rformance of services or membership or fundraising solicitations for other organization(s)			1k		No		
	Performance of services or membership or fundraising solicitations by other organization(s)							
	n Sharing of paid employees							
<b>o</b> Rei	imbursement paid to other organization for expenses			10	1			
<b>p</b> Rei	imbursement paid by other organization for expenses			1p	Yes			
<b>q</b> Otl	her transfer of cash or property to other organization(s)			1q	Yes	<del>                                     </del>		
	ner transfer of cash or property from other organization(s)			1r		No		
<b>2</b> If th	he answer to any of the above is "Yes," see the instructions for information on who must complete this lin		ionships and transact					
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount		
(1)								
(2)								
(3)								
(4)								
(5)								

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	1
							$\vdash$		+	╁
									-	-
									+	-
										t

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule R (Form 990) 2010