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DLN: 93493133034403

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)

ZUI

2011

OMB No 1545-0047

Open to Public Inspection

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

	Revenue					Inspection
		2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30	-2012	D Employer i	dentification number
_	•	west virginia university research corporation	I			
	lress ch	Doing Business As			55-06657 E Telephone	
Nar	ne char	nge			•	
Inıt	ıal retur	Number and street (of F o box if mail is not delivered	to street address) Ro	om/suite	(304) 293	ts \$ 132,328,223
_ Ter	mınated	886 CHESTNUT RIDGE ROAD No 408			G Gloss receip	152,326,223
– _{Am}	ended r		I			
– _{App}	lication	MORGANTOWN, WV 26506 pending				
		F Name and address of principal officer		H(a) Ic th	∎ is a group reti	ırn for
		DANIEL DURBIN			is a group rett ites?	⊤Yes ▼ No
		886 CHESTNUT RIDGE ROAD No 408 MORGANTOWN, WV 26506				
		TIONGANTOWN, WV 2000		1 ' '	ll affiliates incl	·
[Ta:	x-exem	pt status	47(a)(1) or		o, attach a lis ip exemption i	st (see instructions) number >
ıw	ohsito	::▶ HTTP //RESEARCH WVU EDU			.,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
∢ Forn	n of org	anization Corporation Trust Association Other		L Year of fo	rmation 1985	M State of legal domicile WV
Pa	rt I	Summary				
	1 E	Briefly describe the organization's mission or most signi	ficant activities			
ų.	<u> </u>	O FOSTER AND SUPPORT RESEARCH AT WEST VIR	GINIA UNIVERSI	TY		
<u>}</u>	-					
Ě						
Activities & Governance	2 (Check this box দ if the organization discontinued its o	perations or dispo	sed of more than 2	5% of its net	assets
5	3 N	Number of voting members of the governing body (Part V	/I, line 1a)		3	15
o O	4 N	Number of independent voting members of the governing	body (Part VI, lın	e 1b)	. 4	3
	5 T	otal number of individuals employed in calendar year 2	011 (Part V, line 2	a)	5	364
3	6 ⊺	otal number of volunteers (estimate if necessary) .			6	(
₹	7 a ⊺	otal unrelated business revenue from Part VIII, colum	n (C), line 12 .		7a	316,102
	Ь≀	Net unrelated business taxable income from Form 990-1	Γ, line 34		7b	18,718
				Pric	r Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h) \cdot .		122,673,870	106,017,371	
nue	9	Program service revenue (Part VIII, line 2g)			25,010,974	20,838,257
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		825,916	494,517	
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		353,375	229,328	
	12	Total revenue—add lines 8 through 11 (must equal Pa), line	148,864,135	127,579,473
	13	Grants and similar amounts paid (Part IX, column (A),			31,775,260	23,756,824
	14	Benefits paid to or for members (Part IX, column (A), I			0	0
	15	Salaries, other compensation, employee benefits (Part				
8		5-10)	,		13,469,187	16,013,511
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		0	0
ੜੀ	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright				
	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		92,628,917	87,409,950
	18	Total expenses Add lines 13-17 (must equal Part IX	, column (A), line 2	25)	137,873,364	127,180,285
	19	Revenue less expenses Subtract line 18 from line 12			10,990,771	399,188
Net Assets or Fund Balances				_	g of Current	End of Year
gege Segge	20	Total accets (Part V. June 16)			'ear 106,241,831	101,552,316
E B	21	Total assets (Part X, line 16)			65,792,650	60,888,516
2 E	22	Net assets or fund balances Subtract line 21 from line			40,449,181	40,663,800
	t II	Signature Block		•	40,445,101	10,000,000
		signature block ties of perjury, I declare that I have examined this return, in	cluding accompany	ng schedules and s	tatements, and	to the best of my
	ledge a ledge.	and belief, it is true, correct, and complete. Declaration of p	reparer (other than	officer) is based on	all information	of which preparer has any
	cuge.					
		*****		2	013-05-13	
Sign	1	Signature of officer			ate	
Here		DANIEL DURBIN TREASURER				
		Type or print name and title				
		Preparer's	Date	Check If		payer identification number
Paid		signature		self- employed 🕨 🦵	(see instructio	ns)
	arer's	Firm's name (or yours				
Use (if self-employed), address, and ZIP + 4	EIN Þ			
					Phone no 🕨	

Pa	rt III	Statement of Program S Check if Schedule O contains					▽
1	Briefl	y describe the organization's m	ssion				
		R AND SUPPORT RESEARCH A G, MANAGEMENT AND MARKE					
2	the pr					┌ Yes ┌ No	
_		s," describe these new services					
3	servio	e organization cease conductines?				┌ Yes ┌ No	
4	Descr expen	ube the organization's program sees Section 501(c)(3) and 50; and allocations to others, the	service accomplishments L(c)(4) organizations and	section 4947(a)(1)) trusts are required to rep		
4a	(Code	e) (Expenses \$	122,111,727 inclu	ıdıng grants of \$	23,756,824) (Revenue \$	20,522,15	5)
	PURP EDUC TO PF WEST GOVE OF 20 REFO WITH MILLI DEVEL STATE BASE GOVE	85, THE WEST VIRGINIA UNIVERSITY ROSE TO FOSTER AND SUPPORT RESEAT ATIONAL, AND SCIENTIFIC PURPOSES, COVIDE EVALUATION, DEVELOPMENT, PURGINIA UNIVERSITY TOTAL REVENU COME AND CAPITAL/CAPITAL FEE O9 (ARRA) STIMULUS FUNDING THE UCUSED TO ALIGN RESEARCH INVESTMENT OF A CLINICAL TRANSLATION OF FUNDED PROGRAM TO RECRULOPMENT OF A CLINICAL TRANSLATION OF FUNDING FOR THE RESEARCH ENTRIMENT SUCH AS PRIVATE FOUNDATION OF FUNDING FOR THE RESEARCH ENTRIMENT SUCH AS PRIVATE FOUNDATION OF SUCH AND IMPLEMENT INNOVATIVE SUCH AS PRIVATE FOUNDATION OF THE PRIVATE FOUNDATION	RCH AT WEST VIRGINIA UNIVER INCLUDING FOR SUCH PURPO ATENTING, MANAGEMENT AND ES FOR FISCAL YEAR 2012 SAVIERAL GRANTS AND CONTRACT UNIVERSITY HAS BEEN TAKING ENTS TO MATCH FEDERAL AGEI WARD OF \$6 5 MILLION FOR A IT, RETAIN, AND PROMOTE WORESEARCH CENTER FINALLY, ORWARD IT IS CLEAR THAT THE REPRISE THIS WILL REQUIRE ONS, CORPORATIONS, AND CO	RSITY (WVU) THE CORF SES (1) TO FOSTER AN MARKETING SERVICES! V A DECREASE PRIMARIUS S INCLUDING THE END OF ACTIONS TO STRENGTH NCY PRIORITIES AND OP NSF FUNDED INTERNAT MEN IN THE STEM DISC THE OVERALL DECREAS E UNIVERSITY (THROUG THE DEVELOPMENT OF OF LLABORATIONS WITH IN	PORATION IS ORGANIZED EXCLU ID SUPPORT RESEARCH AT WES FOR INVENTIONS BY THE FACUL Y ATTRIBUTED TO DECREASED OF THE ONE TIME AMERICAN RE IEN THE COMPETITIVENESS OF IT PORTUNITIES MORE CLOSELY A TONAL RADIO ASTRONOMY RESI IPLINES, AND A \$19 6 MILLION A E IN REVENUES WAS OFFSET PA HIT HE RESEARCH CORPORATIO GREATER EMPHASIS ON SOURCE DUSTRY THE RESEARCH CORPO	SIVELY FOR CHARIT I VIRGINIA UNIVERS I VIRGINIA UNIVERS REVENUES FROM FI COVERY & REINVES ITS FACULTY AND HI FEW INDICATORS (EARCH PROGRAM, A AWARD FROM THE I RTIALLY BY AN INCI N) WILL NEED TO E S BEYOND THE FED	ABLE, SITY, AND(2) DENTS OF EDERAL, NON- SIMENT ACT AS OF SUCCESS A \$3 2 NIH FOR THE REASE IN KPAND ITS ERAL
4b	(Code	e) (Expenses \$	ınclu	ding grants of \$) (Revenue \$)	1
4 c	(Code	e) (Expenses \$	ınclu	ding grants of \$) (Revenue \$)	1
4d		r program services (Describe i enses \$	n Schedule O) including grants of \$) (Revenue \$)	
4e	Tota	l program service expenses►\$	122,111,727				

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part Va	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, 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
	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		N o
	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
е	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? <i>If</i> "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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		No
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	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? If "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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 $\textcircled{\textbf{5}}$	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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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
С	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 owner? If "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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		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, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
		F	orm 99 0	(2011)

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 320			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
L	return			
D	That least one is reported on line 2a, did the organization line all required lederal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country			
	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		Νo
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
h	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	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?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		N. a
_	contract?	7e 7f		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
y	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		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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.			
а	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	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			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year [12b]			
	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
_	allocated to each state	TOG		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
-	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	'		•
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17				
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 990, and 990, T (501/c)			

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 made these available. Check all that apply

Own website 🔽 Another's website 🔽 Upon request

(304) 293-7398

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thai	n one son er ar	e bo is bo nd a stee	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗСУ	organizations
(1) JAMES PCLEMENTS CHAIRMAN	20	х		Х				0	513,470	34,331
(2) MICHELE WHEATLY VICE-CHAIRMAN	2 00	х		Х				0	299,791	38,281
(3) BARBARA DUCATMAN DIRECTOR	20	х						0	133,299	8,389
(4) CHRISTOPHER COLENDA DIRECTOR	1 00	х						0	205,142	13,263
(5) EUGENE CILENTO DIRECTOR	1 00	х						0	237,754	22,957
(6) NARVEL WEESE DIRECTOR	2 00	х						0	221,422	31,923
(7) BOJAN CUKIC DIRECTOR	1 00	х						0	182,893	19,771
(8) JIM ANDERSON DIRECTOR	10	х						0	129,465	23,317
(9) LAURIE GUTMANN DIRECTOR	1 00	х						0	46,697	15,977
(10) ROBERT JONES DIRECTOR	1 50	х						0	209,808	22,250
(11) ARTHUR J ROSS III DIRECTOR	50	х						0	254,210	36,996
(12) JULIE SMITH DIRECTOR	10	х						0	0	0
(13) MIKE GREEN DIRECTOR	50	х						0	0	0
(14) MARK WISE DIRECTOR	50	х						0	0	0
(15) ANJALI HALABE ASSISTANT TREASURER	5 00			Х				0	125,466	12,609
(16) MARY JANE BUCKLAND ASSISTANT SECRETARY	2 00			Х				0	81,877	19,117
(17) ALAN MARTIN SECRETARY	1 00			Х				0	126,835	15,758

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

Name and Title	(B) A verage hours per week (describe (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(18) DANIEL DURBIN TREASURER	5 00			х				0	187,221	33,514	
(19) MRIDUL GAUTAM VICE PRESIDENT	2 00			х				0	214,592	32,187	
(20) DANIEL VASGIRD DIRECTOR, OFFICE OF RESEAR	60 00					х		160,938	0	28,989	
(21) MELVIN CROUCHER MANAGER, RESEARCH & ECONOM	40 00					х		122,933	0	21,960	
(22) PHILIP SPARKS DIRECTOR, OFFICE OF TECH T	65 00					х		182,252	0	29,880	
(23) JOSEPH KOZUCH INTERIM DIRECTOR OF ADVANC	40 00					х		200,023	0	19,465	
(24) GERALD IWAN MANAGER, NATIONAL ENVIR SERVICES CTR	40 00					х		118,022	0	7,049	
(25) CURT PETERSON FORMER PRESIDENT	0 00						х	0	198,585	15,284	
(26) ELIZABETH JANE MARTIN FORMER V-CHAIR & DIR	0 00						х	0	18,933	0	
(27) DAVID HARDESTY JR FORMER CHAIRMAN & DIR	0 00						х	0	273,178	29,159	
(28) GERALD LANG FORMER V-CHAIR & DIR	0 00						х	0	262,655	33,771	
1b Sub-Total							►				
c Total from continuation sheets	to Part VII, Sec	tion A			•		•				
d Total (add lines 1b and 1c) .	<u></u>					•	•	784,168	3,923,293	566,197	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3	Yes	
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$.	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BLANCHETTE ROCKEFELLER NEUROSCIENCE INST PO BOX 9301 MORGANTOWN, WV 26506	PROFESSIONAL SERVICES	2,579,199
CROTHALL FACILITIES MANAGEMENT INC 955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087	PROFESSIONAL SERVICES	1,746,224
ADNET SYSTEMS INC 2 BROOKCREST CT POTOMAC, MD 20854	PROFESSIONAL SERVICES	1,660,864
MICHIGAN STATE UNIVERISTY 110 JOHN HANNAH ADMIN BLDG EAST LANSING, MI 48824	PROFESSIONAL SERVICES	906,034
LAWRENCE LIVERMORE NATIONAL LAB PO BOX 5516 LIVERMORE, CA 94550	PROFESSIONAL SERVICES	900,000
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►43

Form 99			f. Davidson					Page 9
		Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated camp						
ᇎᅙ	b	Membership du	es 1b					
ું≘	С	Fundraising eve	ents 1c					
無	d	Related organiz	ations 1d					
ية E	e	Government grants	s (contributions) 1e	105,009,257				
고 교	f	All other contribution	ons, gifts, grants, and 1f	1,008,114		İ		
Contributions, gifts, grants and other similar amounts	g		ot included above butions included in					
Ş.≝	h		s 1a-1f	▶	106,017,371			
				Business Code				
E E	2a	SPONSORED RESEA	A RCH	900099	20,838,257	20,522,155	316,102	
.¥ 29	ь							
<u>.</u>	С							
SE To	d							
Ø ⊑	e							
튵	f	All other progra	ım service revenue					
Program Service Revenue				L .				
	g		s 2a – 2f		20,838,257			
	3		ome (including dividen		230,046			230,046
	١,		ar amounts) tment of tax-exempt bond		250,040			230,040
	4 5				128,665			128,665
		Royalties	(ı) Real	(II) Personal	120,000			120,000
	6a	Gross rents	100,663	(II) F ersonar				
	b	Less rental	0					
		expenses Rental income	100,663					
	C	or (loss)						
	d	Net rental incor	me or (loss)		100,663			100,663
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of	5,013,221					
		assets other than inventory						
	b	Less cost or other basis and	4,748,750					
		sales expenses						
	C	Gain or (loss)	264,471					
	d	Net gain or (los		▶	264,471			264,471
ds	8a	Gross income fi events (not incl						
Other Revenue		\$						
Φ ≳			reported on line 1c)					
œ		See Part IV, lin	a					
Ē	ь	Less direct exi	penses b					
₹	c		(loss) from fundraising	events 🕨				
	9a		rom gaming activities					
		See Part IV, lin						
	١.		a					
	b		penses b	uutuaa 🖿				
	10a	Gross sales of	loss) from gaming acti	vicies				
	100	returns and allo						
			a					
	b	=	oods sold b					
	С		loss) from sales of inve					
	<u> </u>	Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	127,579,473	20,522,155	316,102	723,845
								orm 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX			<u>l .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	21,229,392	21,229,392		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,316,170	2,316,170		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	211,262	211,262		
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	12,332,316	10,515,495	1,816,821	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	611,249	519,317	91,932	
9	Other employee benefits	2,124,032	2,103,143	20,889	
10	Payroll taxes	945,914	806,581	139,333	
11	Fees for services (non-employees)	5,221			
	Management				
a	.	02.120	22.420	50.500	
b	Legal	92,138	23,439	68,699	
C	Accounting				
d	Lobbying	5,000		5,000	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	114,815	10,151	104,664	
g	Other				
12	Advertising and promotion	315,720	285,359	30,361	
13	Office expenses	2,088,572	1,857,943	230,629	
14	Information technology	1,637,399	1,477,932	159,467	
15	Royalties	51,965		51,965	
16	Occupancy	1,396,664	1,362,600	34,064	
17	Travel	4,839,110	4,737,588	101,522	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	491,483	453,048	38,435	
20	Interest	1,076,799	1,076,799		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,090,599	1,090,599		
23	Insurance	102,030	44,912	57,118	
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)	,			
а	SHARED SERVICES	47,054,399	47,036,411	17,988	
b	CONSULTING/SUBCONT FEE	10,966,300	10,966,300		
c	OPERATING EXP TO WVU	7,075,625	5,318,030	1,757,595	
d	RESEARCH/EDUC SUPPLIES	6,943,678	6,905,963	37,715	
e		· ·	,		
f	All other expenses	2,067,654	1,763,293	304,361	
25	Total functional expenses. Add lines 1 through 24f	127,180,285	122,111,727	5,068,558	0
26		127,100,203	122,111,727	3,000,338	0
	Joint costs. Check here ► ☐ If following 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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 2 23.584.526 2 20.081.539 Savings and temporary cash investments 3 27,749,061 3 22,799,354 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 233,571 9 285.512 Prepaid expenses and deferred charges 55,412,856 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 10,210,332 b Less accumulated depreciation 46,261,491 10c 45,202,524 6,986,026 11 7,346,353 11 4,930,000 2,334,000 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 143 15 47 15 106,241,831 101,552,316 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 22,724,166 17 23,441,015 17 Accounts payable and accrued expenses . 18 18 19 18,465,605 19 14,090,408 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24.602.192 23 23,350,160 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 687 6,933 25 D 26 65,792,650 26 60,888,516 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 17,414,460 27 17,420,465 Unrestricted net assets 23,034,721 28 23,243,335 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 40,449,181 33 40.663.800 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 106.241.831 34 101.552.316

-(-)	Check if Schedule O contains a response to any question in this Part XI		•	. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		127,5	579,473
2	Total expenses (must equal Part IX, column (A), line 25)	2			.80,28
3	Revenue less expenses Subtract line 2 from line 1	3		3	399,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,4	149,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.84,569
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		40,6	63,800
Par	The triangle of the 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		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in 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 on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				1
За	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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Quento Rublic

Open to Public Inspection

WESI	VIKGIN	IIA UNIVERSITT RESEAR	CH CORPORATION				55-0665758		
Par	rt I	Reason for Pu	ıblic Charity Sta	itus (All organiza	ations mils	t complete this		uctions	
		zation is not a priva						actions	
1	Ē		ion of churches, or a		_				
2	Г	•	d in section 170(b)(
3			perative hospital se		•	section 170(b)(1	l)(A)(iii).		
4	Γ	A medical researc hospital's name, c	h organızatıon opera ıty, and state	ted in conjunction v	with a hospit	al described in s e	ection 170(b)(1)(<i>I</i>	A)(iii). Enter the	
5	Г	An organization op	erated for the benef	it of a college or un	ıversıty own	ed or operated by	a governmental u	nit described in	
		section 170(b)(1)((A)(iv). (Complete f	Part II)					
6	Γ	A federal, state, or	local government o	r governmental unit	t described i	n section 170(b) ((1)(A)(v).		
7	Γ	described in	at normally receives	•	of its suppo	rt from a governm	nental unit or from	the general public	
0	_	section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							
9	,	_	uties related to its e	` '		• •	•		
			oss investment inco						
			ganızatıon after June					nom businesses	
10	\vdash		ganized and operate						
11	<u>,</u>	_	-					rry out the purposes of	
	•							ection 509(a)(3). Check	
			ibes the type of sup						
	_	a	b Type I	, ,	•	ctionally integrat · · · ·		Type III - Other	
е	 ~	other than foundat						disqualified persons n section 509(a)(1) or	
f		section 509(a)(2)	received a written o	letermination from t	ha IDS that	itica Type I Ty	ne II or Tyne III s	supporting organization,	
•		check this box	received a written c	leteriiiiiatioii iioiii t	.iie TNJ tilat	icis a rype i, ry	pe ii or rype iii s		
g			2006, has the orgar	iization accepted ar	ny gift or cor	ntribution from an	y of the		
		following persons?						N/ N/	
			rectly or indirectly of	•	_	er with persons de	scribed iii (ii)	11q(i) No	
			governing body of t er of a person descr		yaılızatıvlir				
			er of a person descr lled entity of a perso		r (II) abovo?			11g(ii) No No	
h			ng information abou					119(III) 140	
••		1 TOVIGE CHE TOHOW	ng mormation abou	t the supported orga	a2acioii(3)				
			(iii) Type of	(iv) Is the		(v)	(vi)		

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizate col (i) organizate col (ii) organizate col (iii) organizate col (iii) organizate col (iiii) organizate col (iiiii) organizate col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	e ion in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
(A) WEST VIRGINIA UNIVERSITY	556000842	IRC SECTION 115	Yes		Yes		Yes		127,180,285
-									
-									
-									
Total									127,180,285

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133034403

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	e of the	organizatio	n	
WEST	VIRGINIA	UNIVERSITY	RESEARCH	CORPORATION

Employer identification number

Yes

Yes

55-0665758

Part I-A	Complete if the or	ganization is exem	pt under section 501	(c)) or is a	section 527	organization.
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- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV 2
- Political expenditures
- 3 Volunteer hours

art I-B	Complete	<u>if the org</u>	ganization i	s exemp	<u>t under</u>	section	501(c)(3	<u>3).</u>

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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	(c) 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 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

encadio o (i	1 49	, -
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)).	

	(a)		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		78,873	
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:			78,873	
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".

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

DLN: 93493133034403

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Inspection

	me of the organization ST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Emp	Employer identification number				
VV	ST VIRGINIA UNIVERSITY RESEARCH CORPORATION		55-0665758				
Pa	rt I Organizations Maintaining Donor Ad				Complet	e if th	e e
	organization answered "Yes" to Form 99			(h) Funda and at	haraccau	nto	—
1	Total number at and of year	(a) Donor advised funds		(b) Funds and ot	ner accour	nts	—
	Total number at end of year						—
2	Aggregate contributions to (during year)						—
3	Aggregate grants from (during year)						_
4	Aggregate value at end of year						—
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?			┌ Yes	┌ No)
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	□ No)
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	Form	n 990 Part IV	<u>'</u>	, 140	—
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	rganization (check all that apply) on or pleasure) Preservation of an Preservation of a c	histori ertified	cally importantly	y land area	a	
	easement on the last day of the tax year	Г	I	Held at the E	·		\neg
а	Total number of conservation easements	-	2a	neid at the E	na or the	теаг	\dashv
a b	Total acreage restricted by conservation easements	-	2b				\dashv
_	Number of conservation easements on a certified his	-	20 2c				\dashv
c d	Number of conservation easements included in (c) a	` '	2c 2d				ᅱ
3	Number of conservation easements modified, transfe	L		e organization d	urıng		
	the taxable year ▶						
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		llıng of	violations, and	┌ Yes	┌ No	ı
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dı	uring the year 🛌			_
7	A mount of expenses incurred in monitoring, inspecting.	ng, and enforcing conservation easements	durıng	g the year			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No)
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial					
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures, o	or Oth	ner Similar A	ssets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h in fu			2,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in					
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			_
	(ii) Assets included in Form 990, Part X			► \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan	· · ·			
а	Revenues included in Form 990, Part VIII, line 1			- \$			

b Assets included in Form 990, Part X

Par	411 Organizations Maintaining Co	ilections of Art,	HIS	tori	<u>cai ireas</u>	ures, or Oti	<u>ner</u>	Simila	r Asse	t s (co.	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that a	are a significan	t use	e of its co	ollection	ו	
a	Public exhibition		d	Γ	Loan or ex	change progra	ms				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	v the	y further the	organızatıon's	exe	mpt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						sımıla	ar	Г	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the	organizatio		"Yes	s" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions	or other asset	ts no	t	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	ıng ta	able				A		
_	Danisa da la cara					<u> </u>	_		Amou	int	
C	Beginning balance						C				
d	Additions during the year					<u> </u>	d				
e •	Distributions during the year					-	e •				
_'	Ending balance					1	т				
2a	Did the organization include an amount on Fo		217						ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				nd !!Vaa!! ta	. Farma 000 F) o ut	TV line	10		
Ра	rt V Endowment Funds. Complete	(a)Current Year		Prior '				ree Years I)Four Ye	ars Back
1a	Beginning of year balance				,,		. ,		Ì	<u>-</u>	
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	r end balance held a	S								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat a	are held and	administered 1	for th	ie			
	organization by (i) unrelated organizations								25(i)	Yes	No
	•			•			•		3a(i) 3a(ii)		
ь	(ii) related organizations						٠.		3b	<u> </u>	
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 990), Pa	rt X	, line 10.						
	Description of property				Cost or other s (investment)			(c) Accumu depreciai		(d) Boo	ok value
1a	Land					2,334,8	55		o		2,334,855
b	Buildings					52,835,4	26	10,2	10,332	42	2,625,094
c	Leasehold improvements						\top	-			
d	Equipment						\top				
е	Other					242,5	75				242,575
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	n (B)	. lıne	10(c).) .			. ▶		45	5,202,524

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(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. Se		(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, II		
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
Other Liabilities	6,933	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	6,933	
2 Fin 49 (ASC 740) Footpote In Bart VIV provide the tox	t of the feetness to the	nization's financial statements that reports the

Total 6 Exces Net un Donate Invest Prior p Other Total a Exces Part XIII	evenue (Form 990, Part VIII, column (A), line 12) expenses (Form 990, Part IX, column (A), line 25) s or (deficit) for the year Subtract line 2 from line 1 realized gains (losses) on investments ed services and use of facilities ment expenses eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements ints included on line 1 but not on Form 990, Part VIII, line 12 inrealized gains on investments	1 2 3 4 5 6 7 8 9 10 Deer Retu	127,579,473 127,180,285 399,188 -184,568 -1 -1 -184,569 214,619 Irn 127,396,000
3 Exces 4 Net un 5 Donate 6 Invest 7 Prior p 8 Other 9 Total a 10 Exces Part XII 1 Total	realized gains (losses) on investments ed services and use of facilities ment expenses eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements	3 4 5 6 7 8 9 10	399,188 -184,568 -1 -1 -184,569 214,619
4 Net un 5 Donate 6 Invest 7 Prior p 8 Other 9 Total a 10 Exces Part XII 1 Total	realized gains (losses) on investments ed services and use of facilities ment expenses eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue prevenue, gains, and other support per audited financial statements	4 5 6 7 8 9 10 Der Retu	-184,568 -1 -184,569 214,619
5 Donate 6 Invest 7 Prior p 8 Other 9 Total a 10 Exces Part XIII 1 Total	ment expenses eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements	5 6 7 8 9 10	-1 -184,569 214,619 Jrn
5 Donate 6 Invest 7 Prior p 8 Other 9 Total a 10 Exces Part XIII 1 Total	ment expenses eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements	6 7 8 9 10 Der Retu	-184,569 214,619 Jrn
7 Prior p 8 Other 9 Total a 10 Exces Part XII 1 Total	eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 is or (deficit) for the year per financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements	7 8 9 10	-184,569 214,619 Jrn
7 Prior p 8 Other 9 Total a 10 Exces Part XIII 1 Total	eriod adjustments (Describe in Part XIV) idjustments (net) Add lines 4 - 8 is or (deficit) for the year per financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per evenue, gains, and other support per audited financial statements	8 9 10 Der Retu	-184,569 214,619 Jrn
8 Other 9 Total a 10 Exces Part XIII 1 Total	(Describe in Part XIV) Idjustments (net) Add lines 4 - 8 Sor (deficit) for the year per financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue prevenue, gains, and other support per audited financial statements	9 10 Der Retu	-184,569 214,619 Jrn
 9 Total a 10 Exces Part XII 1 Total 	Interest of the second	10 Der Retu	214,619 Irn
10 Exces Part XII 1 Total	Reconciliation of Revenue per Audited Financial Statements With Revenue prevenue, gains, and other support per audited financial statements	er Retu	214,619 Irn
Part XII 1 Total	Reconciliation of Revenue per Audited Financial Statements With Revenue prevenue, gains, and other support per audited financial statements		ırn
1 Total	revenue, gains, and other support per audited financial statements		
	nrealized gains on investments		, ,
2 A 1110 t	nrealized gains on investments 2a -184,568		
b Dona			
c Reco	veries of prior year grants		
d Othe	(Describe in Part XIV) 2d		
e Addl	nes 2a through 2d	2e	-184,568
3 Subtr	act line 2e from line 1	3	127,580,568
4 A mou	ints included on Form 990, Part VIII, line 12, but not on line 1		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Othe	(Describe in Part XIV)		
c Addl	nes 4a and 4b	4c	-1,095
5 Total	Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	127,579,473
Part XIII	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
	expenses and losses per audited financial	1	127,179,000
	nents	-	
	ted services and use of facilities		
	year adjustments		
	· · · · · · · · · · · · · · · · · · ·		
	losses		
	nes 2a through 2d	2e	0
	act line 2e from line 1	3	127,179,000
	nts included on Form 990, Part IX, line 25, but not on line 1:		127,179,000
	tment expenses not included on Form 990, Part VIII, line 7b 4a		
	(Describe in Part XIV)		
	nes 4a and 4b	4c	1,285
	expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	127,180,285
	Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		FINANCIAL STATEMENT ROUNDING (-\$1)-1
Part XII, Line 4b - Other Adjustments		FINANCIAL STATEMENT ROUNDING (\$1,095)
Part XIII, Line 4b - Other Adjustments		FINANCIAL STATEMENT ROUNDING (\$1,285)

DLN: 93493133034403

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (Use Part V if additional space is needed)

to Part I	3	Activites per Region (Use Part '	V if additional s	pace is needed)	1		
See Add'I Data See Add'I Data 1,315,775 b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 0 0 1,587,305		(a) Region	offices in the	employees or agents in region or independent	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	a program service, describe specific type of	expenditures for region/investments
b Total from continuation sheets to Part I 0 271,531 c Totals (add lines 3a and 3b) 0 0		See Add'l Data			,		
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 0 271,531 c Totals (add lines 3a and 3b) 0 0 1,587,309							
b Total from continuation sheets to Part I 0 271,531 c Totals (add lines 3a and 3b) 0 0							
b Total from continuation sheets to Part I 0 271,531 c Totals (add lines 3a and 3b) 0 0	₹2	Sub-total	0	0			1.315.778
c Totals (add lines 3a and 3b) 0 0 1,587,309		Total from continuation sheets					271,531
		: Totals (add lines 3a and 3b)	•	0			1,587,309

Pa	Part IV,	line 15, for an	ssistance to Orga y recipient who rec I space is needed.	nizations or Entiti eived more than \$5,	es Outside the Ur ,000. Check this bo	nited States. Composer if no one recipient	plete if the organiza received more tha	tion answered "Yes n \$5,000	" to Form 990, ► 厂
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	145,13	CHECK			
			SUB-SAHARAN AFRICA	RESEARCH		CHECK			
			EUROPE	RESEARCH	21,059	PCHECK			
			EUROPE	RESEARCH	17,956	CHECK			
				-					
				+					
_									
2	Enter total nu tax-exempt b	mber of recipions the IRS, or f	ent organizations li for which the grante	sted above that are se or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nu	mber of other	organizations or e	ntities	<u></u>	<u></u>	<u></u>	. ▶	
									(F 000) 2011

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
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'	 	+	<u> </u>	-	+		
		+	<u> </u>	-	+	<u> </u>	+
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			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	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	<u> ~</u>	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)	<u> </u>	Yes	Г	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	<u> </u>	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	I✓	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

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

Identifier	Return Reference	Explanation
		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

Form 990 Schedule F	<u>Part I - Activi</u>	ties Outside 1	The United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	145,135
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	39,015
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	27,112
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		545,000
EUROPE	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	245,106
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	223,929
NORTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	61,948
SOUTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	28,533
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	16,082
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	12,415
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	12,262
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	9,512
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	4,790
EUROPE	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	104,830
NORTH AMERICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	81,614
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	11,880
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	8,846
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	6,300
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	3,000

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

2011

DLN: 93493133034403

Open to Public
Inspection

Employer identification number

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88

Part 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) Number of recipients	(c)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 (DENIS GRAY)		26,250		воок	
(2) SUB-AWARD (VICTORIA GONZALEZ- LERMA)		6,000		воок	
(3) SUB-AWARD (TANYA DILAN PEREZ)		3,600		воок	
(4) SUB-AWARD (ALAN GESFORD)		1,415		воок	
(5) EDUCATIONAL GRANTS TO STUDENTS		2,278,905		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

Schedule I (Form 990) 2011

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	(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
ADVANCED VEHICLE RESEARCH CENTER2905 PLEASANT UNION CHURCH ROAD RALEIGH, NC 27614	83- 0448275		86,528		воок		PUBLIC SERVICE
ALDERSON BROADDUS COLLEGE101 COLLEGE HILL DRIVE - 2154 PHILIPPI, WV 26416	55- 0357072	501(C)(3)	191,200		воок		RESEARCH

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	(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
ALLEGHENY SCIENCE AND TECHNOLOGY CORP 1000 GALLIHER DRIVE SUITE 237 FAIRMONT, WV 26554	26- 4559720		56,294		воок		RESEARCH
AMERICAN LUNG ASSOCIATION OF THE MID-ATLANTIC 3001 OLD GETTYSBURG ROAD CAMP HILL, PA 17011	25- 1825116	501(C)(3)	9,512		воок		RESEARCH

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	(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
AMERICAN SCIENCE AND TECHNOLOGY512 NORTH ASHLAND AVENUE CHICAGO,IL 60622	20- 0757263		365,917		воок		RESEARCH
AUBURN UNIVERSITY381 MELL STREET AUBURN. AL 36849	63- 6000724	SECTION 115	102,597		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
AUTO EXPOSURE 1796 SEVERN CHAPEL ROAD MILLERSVILLE, MD 21108	20- 8533059		7,450		воок		PUBLIC SERVICE
BANNER RESEARCH INSTITUTE10515 W SANTA FE DRIVE SUN CITY, AZ 85351	86- 0768795	501(C)(3)	58,884		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
BETHANY COLLEGE CRAMBLET HALL MAIN STREET BETHANY, WV 26032	55- 0356985	501(C)(3)	16,975		воок		RESEARCH
BLUEFIELD STATE COLLEGE RESEARCH AND DEVELOPMENT 219 ROCK STREET BLUEFIELD, WV 24701	55- 0785437	501(C)(3)	49,029		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
BUCKHANNON RIVER WATERSHED ASSOCIATION INC BOX 1 BUCKHANNON, WV 26201	55- 0783924	501(C)(3)	10,603		воок		RESEARCH
CABIN CREEK HEALTH CENTERPO BOX 70 DAWES,WV 25054	55- 0709223	501(C)(3)	142,150		воок		INSTRUCTION

(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
CALIFORNIA UNIVERSITY OF PENNSYLVANIA250 UNIVERSITY AVENUE CALIFORNIA,PA 15419	25- 1508140	SECTION 115	9,930		воок		RESEARCH
CANAAN VALLEY INSTITUTE INCPO BOX 673 DAVIS,WV 26260	55- 0747132	1 5017(**)(3)	245,090		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
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106	34- 1018992	501(C)(3)	11,521		воок		RESEARCH
CENTER FOR ORGAN RECOVERY & EDUCATION204 SIGMA DRIVE PITTSBURGH, PA 15238	25- 1332885	501(C)(3)	5,618		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
CHOOSY KIDS3160 COLLINS FERRY ROAD MORGANTOWN, WV 26505	20- 4425551		39,960		воок		RESEARCH
CLARKSON UNIVERSITYPO BOX 5546 POTSDAM,NY 13699	15- 0543659	1 5017(1/3)	82,232		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
CLEMSON UNIVERSITY238 POOLE AGRICULTURAL CENTER CLEMSON,SC 29634	57- 6000254	SECTION 115	146,026		воок		RESEARCH
CONCEPTS INC 18200 WICKHAM ROAD OLNEY.MD 20832	52- 2029941		333,399		воок		PUBLIC SERVICE

(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
CONCORD UNIVERSITY RESEARCH AND DEVELOPMENTPO BOX 1000 ATHENS, WV 24712	55- 0769622	501(C)(3)	23,110		воок		RESEARCH
CORNELL UNIVERSITY216 WARREN HALL ITHACA,NY 14851	15- 0532082	1 5017637	213,395		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
DUKE UNIVERSITY PO BOX 90122 DURHAM,NC 27708	56- 0532129	501(C)(3)	26,548		воок		RESEARCH
EASTERN AREA HEALTH EDUCATION CENTER2500 FOUNDATION WAY MARTINSBURG, WV 25401	56- 0532129	501(C)(3)	100,917		воок		INSTRUCTION

(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
ED VENTURE GROUP 1290 SUNCREST TOWN CENTRE MORGANTOWN, WV 26501	55- 0765182	501(C)(3)	17,867		воок		RESEARCH
FAIRMONT STATE UNIVERSITY1201 LOCUST AVENUE FAIRMONT, WV 26554	55- 6000778	SECTION 115	24,733		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
FILTERSURE INC 6612 DENNY PLACE MCLEAN, VA 22101	22- 3859383		67,461		воок		RESEARCH
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET MIAMI, FL 33199	65- 0177616	SECTION 115	176,265		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
FRANKLIN & MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA 17604	23- 1352635	501(C)(3)	38,613		воок		RESEARCH
FRIENDS OF THE CHEAT119 SOUTH PRICE STREET SUITE 206 KINGWOOD, WV 26537	55- 0739158	501(C)(3)	181,994		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
GEORGE MASON UNIVERSITY4400 UNIVERSITY DRIVE MS 4C6 FAIRFAX, VA 22030	54- 0836354	SECTION 115	10,744		воок		RESEARCH
GUARDIANS OF THE WEST FORK WATERSHED GROUP830 BENONI AVENUE FAIRMONT, WV 26554	55- 0784772	501(C)(3)	14,100		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
HEALTH & DISABILITY ADVOCATES205 WEST MONROE 3RD FLOOR CHICAGO,IL 60606	36- 4042562	501(C)(3)	20,000		воок		PUBLIC SERVICE
ICS LEARNING GROUP8221 RITCHIE HIGHWAY SUITE 303 PASADENA, MD 21122	52- 2083479		84,370		воок		PUBLIC SERVICE

(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
INDIANA UNIVERSITY400 EAST 7TH STREET BLOOMINGTON,IN 47405	35- 6001673	SECTION 115	32,084		воок		RESEARCH
IOWA STATE UNIVERSITY3609 ADMINISTRATIVE SERVICES AMES.IA 50011	42- 6004224	SECTION 115	130,443		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
JEWISH HOSPITAL LLC4777 EAST GALBRAITH ROAD CINCINNATI,OH 45236	27- 1408630	501(C)(3)	13,004		воок		RESEARCH
JOHNS HOPKINS UNIVERSITY3400 NORTH CHARLES STREET BALTIMORE, MD 21218	52- 0595110	501(C)(3)	412,856		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
LAFAYETTE COLLEGE202 MARKLE HALL EASTON,PA 18042	24- 0795686	501(C)(3)	37,288		воок		RESEARCH
LAWRENCE LIVERMORE NATIONAL LABORATORYPO BOX 5516 LIVERMORE, CA 94550	94- 6031193		900,000		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
LOS ALAMOS NATIONAL LABORATORYPO BOX 1663 LOS ALAMOS,NM 87545	20- 3104541		277,129		воок		RESEARCH
MARSHALL UNIVERSITY RESEARCH CORPORATION401 11TH STREET SUITE 1400 HUNTINGTON, WV 25701	55- 0683361	501(C)(3)	1,032,724		воок		PUBLIC SERVICE

(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
MICHIGAN STATE UNIVERSITY394 HANNAH ADMINISTRATION BUILDING EAST LANSING,MI 48824	38- 6005984	SECTION 115			воок		RESEARCH
MSOPTI400 NORTH LEE STREET LEWISBURG, WV 24901	55- 0763235	501(C)(3)	87,388		воок		INSTRUCTION

(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 RADIO ASTRONOMY OBSERVATORY520 EDGEMONT ROAD CHARLOTTESVILLE, VA 22903	11- 1630900		168,065		воок		RESEARCH
NATIONAL RENEWABLE ENERGY LAB1617 COLE BLVD GOLDEN,CO 80234	44- 0545878		15,000		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
OBERLIN COLLEGE 173 WEST LORAIN STREET OBERLIN, OH 44074	34- 0714363	1 5017637	109,427		воок		RESEARCH
OHIO STATE UNIVERSITY1680 MADISON AVENUE WOOSTER,OH 44691	31- 6025986	SECTION 115	152,107		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
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION 11710 BELTSVILLE DRIVE SUITE 900 CALVERTON, MD 20705	94- 2243283	501(C)(3)	39,869		воок		RESEARCH
REGENTS UNIVERSITY OF MICHIGAN3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38- 6006309	SECTION 115	6,916		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
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04- 2103634	1 501(0)(3)	7,499		воок		RESEARCH
TUG RIVER HEALTH ASSOCIATION INC POBOX 507 GARY, WV 24836	31- 0889458	1 5017(*)(3)	136,913		воок		INSTRUCTION

(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
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILLDAVIS LIBRARY CHAPEL HILL,NC 27514	56- 6001393	SECTION 115	16,088		воок		RESEARCH
UNIVERSITY OF ALABAMAPO BOX 870338 TUSCALOOSA,AL 35487	63- 6001138	SECTION 115	91,722		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
UNIVERSITY OF CALIFORNIA - SAN DIEGO9500 GILMAN DRIVE LA JOLLA, CA 92093	95- 6006144	SECTION 115	6,634		воок		RESEARCH
UNIVERSITY OF CHARLESTON2300 MACCORKLE AVENUE SE CHARLESTON, WV	55- 0357039	1 5017631	42,433		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
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTERPO BOX 6508 AURORA, CO 80045	84- 6000555	SECTION 115	8,921		воок		RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION337 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61- 6033693	501(C)(3)	568,260		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
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION223 SERVICE COMPLEX LOUISVILLE, KY 611029626	61- 1029626	501(C)(3)	21,755		воок		RESEARCH
UNIVERSITY OF MARYLANDOFFICE OF THE COMPTROLLER COLLEGE PARK, MD 21203	52- 6002033	SECTION 115	147,798		воок		RESEARCH

	<u> </u>						
(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
UNIVERSITY OF MARYLAND AT BALTIMOREPO BOX 41428 BALTIMORE, MD 21203	52- 6002036	SECTION 115	49,762		воок		RESEARCH
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES,FL	59- 0624458	1 501763131	33,908		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
UNIVERSITY OF MICHIGAN1135 EAST CATHERINE STREET ANN ARBOR, MI 48109	38- 6006309	SECTION 115	192,696		воок		RESEARCH
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM		SECTION 115	58,389		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
UNIVERSITY OF NORTH CAROLINA 601 SOUTH COLLEGE ROAD WILMINGTON, NC 28403	56- 1258660	SECTION 115	195,930		воок		RESEARCH
UNIVERSITY OF NORTH FLORIDA1 UNIVERSITY OF NORTH FLORIDA DRIVE JACKSONVILLE,FL	59- 2976169	1866 110 N 115	22,000		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
UNIVERSITY OF OKLAHOMA - FAMILY AND PREVENTIVE MEDICINE900 NE 10TH STREET OKLAHOMA CITY, OK 73104	73- 6017987	SECTION 115	8,815		воок		RESEARCH
UNIVERSITY OF PITTSBURGH3100 CATHEDRAL OF LEARNING PITTSBURGH, PA	25- 0965591	501(C)(3)	57,867		воок		PUBLIC SERVICE

(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
UNIVERSITY OF TEXAS AT BROWNSVILLE80 FORT BROWNSVILLE BROWNSVILLE,TX 78520	74- 2759269	SECTION 115	75,448		воок		RESEARCH
UNIVERSITY OF VERMONT85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03- 0179440	SECTION 115	23,365		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
UNIVERSITY OF VIRGINIAPO BOX 800724 CHARLOTTESVILLE,VA 22908	6001796	SECTION 115	13,305		воок		RESEARCH
UNIVERSITY OF WASHINGTON3917 UNIVERSITY WAY NE	91- 6001537	SECTION 115	80,408		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
US-CHINA CLEAN ENERGY FORUM 1301 FIFTH AVENUE SUITE 2500 SEATTLE, WA 98101	26- 2792356	501(C)(3)	488,179		воок		RESEARCH
USDA FOREST SERVICE11 CAMPUS BLVD - SUITE 200 NEWTOWN SQUARE,PA 19073	72- 0564834		24,500		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
UW MILWAUKEE CTI PO BOX 742 MILWAUKEE, WI 53201	39- 1805963	SECTION 115	79,822		воок		RESEARCH
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 201 SOUTHGATE CENTER BLACKSBURG, VA 24061	54- 6001805	SECTION 115	28,141		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
WEST LIBERTY UNIVERSITY RESEARCH CORPORATIONPO BOX 295 WEST LIBERTY, WV 26074	27- 2196294	501(C)(3)	177,508		воок		RESEARCH
WEST LIBERTY UNIVERSITY316 WASHINGTON AVENUE WEST LIBERTY, WV	55- 6000822	SECTION 115	28,211		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
WHEELING JESUIT UNIVERSITY316 WASHINGTON AVENUE WHEELING, WV 26003	55- 0394213	501(C)(3)	416,378		воок		RESEARCH
WHEELING PRIVATE PRACTICE CLINIC2115 CHAPLINE STREET - SUITE 305 WHEELING, WV 26003	55- 0735685		5,250		воок		PUBLIC SERVICE

(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
WILKES UNIVERSITY84 WEST SOUTH STREET WILKES BARRE,PA 18766	24- 0795506	501(C)(3)	11,302		воок		RESEARCH
WORLD RESOURCES INSTITUTE1709 NEW YORK AVENUE NW WASHINGTON, DC 20006	52- 1257057	501(C)(3)	157,110		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
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES CAPITAL COMPLEX BUILDING 3 ROOM 451 451 CHARLESTON, WV 25305	55- 6000810	SECTION 115	195,826		воок		PUBLIC SERVICE
WEST VIRGINIA DIVISION OF HIGHWAYSCAPITAL COMPLEX BUILDING 5 ROOM 109 109 CHARLESTON, WV 23505	55- 6000813	SECTION 115	24,999		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
WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE400 NORTH LEE STREET LEWISBURG, WV 24901	55- 0561541	SECTION 115	9,791		воок		INSTRUCTION
WEST VIRGINIA STATE UNIVERSITY PO BOX 368 INSTITUTE, WV 25112	55- 6000839	SECTION 115	50,561		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
WEST VIRGINIA WESLEYAN COLLEGE59 COLLEGE AVENUE BOX 89 BUCKHANNON, WV 26201	55- 0357056	501(C)(3)	156,829		воок		RESEARCH
WVHTC FOUNDATION1000 TECHNOLOGY DRIVE SUITE 1000 FAIRMONT, WV 26554	55- 0727658	501(C)(3)	989,538		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
XORAN TECHNOLOGIES 5210 SOUTH STATE ROAD ANN ARBOR, MI 48108	32- 0039864		27,540		воок		RESEARCH
BLANCHETTE ROCKEFELLER NEUROSCIENCES INSTITUTE8 MEDICAL CENTER DRIVE MORGANTOWN, WV 26505	55- 0771139	501(C)(3)	1,500,000				SUPPORT TO FURTHER BRNI'S RESEARCH OF NEUROLOGICAL DISEASES

(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
RESEARCH FOUNDATION OF SUNYPO BOX 90122 ALBANY,NY 12001	14- 1368361	501(C)(3)	288,891		воок		RESEARCH
RL ENVIRONMENTAL SOLUTIONSPO BOX 2 MORGANTOWN, WV 26507	15- 5421850		39,375		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
SHENANDOAH VALLEY MEDICAL SYSTEMSPO BOX 1146 MARTINSBURG, WV 25402	55- 0563741	501(C)(3)	6,308		воок		PUBLIC SERVICE
SHEPHERD UNIVERSITYPO BOX 3210 SHEPHERDSTOWN, WV 25443	55- 6000799	SECTION 115	133,970		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
TRI COUNTY HEALTH CLINICPO BOX 217 ROCK CAVE, WV 26234	55- 0599096	501(C)(3)	111,450		воок		INSTRUCTION
WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN, WV 26506	55- 6000842	SECTION 115			воок		EXPENDITURES ON GRANTS AWARDED TO WVURC 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

Compensation Information

DLN: 93493133034403

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Pariet Ouestions Regarding Compensation

				Yes	Νο
1 a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	ousing allowance or residence for personal use			
	•	yments for business use of personal residence			
	<u>. </u>	ealth or social club dues or initiation fees			
	Discretionary spending account Pe	rsonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above		1b		
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, r		2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the			
		utten employment contract			
		ompensation survey or study			
	Form 990 of other organizations Ap	proval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, So or a related organization	ection A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqua	lified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compe	H-	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complet	e lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did compensation contingent on the net earnings of	the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accusubject to the initial contract exception described in Regs sec in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958-6(c)$?	presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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							

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

Identifier	Return Reference	Explanation
	Part I, Line 4b	DAVID HARDESTY, JR - \$108,000 FROM RELATED ORGANIZATION WEST VIRGINIA UNIVERSITY

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES PCLEMENTS	(ı) (ıı)	0 485,046	0 0	0 28,424	0 14,700	0 19,944	0 548,114	0 0
MICHELE WHEATLY	(ı) (ıı)	0 274,608	0	0 25,183	0 14,700	0 23,635	0 338,126	0
CHRISTOPHER COLENDA	(ı) (ıı)	0 183,142	0	0 22,000	0 12,363	0 955	0 218,460	0
EUGENE CILENTO	(ı) (ıı)		0	0 1,942	0 14,511	0 8,719	0 260,984	0
NARVEL WEESE	(I) (II)		0	0 130	0 13,775	0 18,334	0 253,531	0
BOJAN CUKIC	(I) (II)		0 24,174	0 13,358	0 11,163	0 9,140	0 203,196	0
JIM ANDERSON	(I) (II)		0 14,456	0 534	0 8,028	0 15,821	0 153,314	0
ROBERT JONES	(ı) (ıı)	0 209,808	0	0	0 12,804	0 9,500	0 232,112	0
ARTHUR J ROSS III	(ı) (ıı)	0 232,210	0	0 22,000	0 14,700	0 22,351	0 291,261	0
DANIEL DURBIN	(ı) (ıı)	0 186,235	0	0 986	0 11,880	0 21,758	0 220,859	0
MRIDUL GAUTAM	(ı) (ıı)		0 24,838	0	0 13,326	0 18,915	0 246,833	0
DANIEL VASGIRD	(ı) (ıı)		0	0	9,947 0	19,278 0	190,163 0	0
PHILIP SPARKS	(ı) (ıı)		0	5,000 0	10,838	19,400 0	212,490 0	0
JOSEPH KOZUCH	(ı) (ıı)	200,023	0	0	11,958 0	7,865 0	219,846 0	0
CURT PETERSON	(ı) (ıı)		0	0 22,000	0 12,106	0 3,214	0 213,905	0
ELIZABETH JANE MARTIN	(ı) (ıı)	0 18,933	0	0	0	0	0 18,933	0
DAVID HARDESTY JR	(ı) (ıı)	0 163,654	0 108,000	0 1,524	0 11,196	0 18,795	0 303,169	0
GERALD LANG	(I) (II)		0	0 22,000	0 16,278	0 18,011	0 296,944	0

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DLN: 93493133034403

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.

2011
Open to Public Inspection

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

Identifier	Return Reference	Explanation
		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, line 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

Identifier	Return Reference	Explanation
	, ,	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	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 2012 CONSEQUENTLY, THESE BOARD DIRECTORS ARE SUBJECT TO WVU'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
	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 - 70 HPW, EUGENE CILENTO - 70 HPW, NARVEL WEESE - 65 HPW, BOJAN CUKIC - 40 HPW, JIM ANDERSON - 60 HPW, LAURIE GUTMANN - 55 HPW, ROBERT JONES - 60 HPW, ARTHUR J ROSS, III - 50 HPW, ANJALI HALABE - 55 HPW, MARY JANE BUCKLAND - 37 5 HPW, ALAN MARTIN - 50 HPW, DANIEL DURBIN - 57 HPW, MRIDUL GAUTAM - 75 HPW, ELIZABETH JANE MARTIN - 75 HPW, DAVID HARDESTY JR - 37 5 HPW, GERALD LANG - 37 5 HPW,

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	1	Net unrealized losses on investments -184,568 FINANCIAL STATEMENT ROUNDING (-\$1) -1 Total to Form 990, Part XI, Line 5 -184,569

Identifier	Return Reference	Explanation
	PART XII FINANCIAL STATEMENTS AND REPORTING, LINE 2C	THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2011 TO FISCAL YEAR 2012 IN THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT

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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.

OMB No 1545-0047

DLN: 93493133034403

(Form 990)

Internal Revenue Service						Inspectio	n
Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION				Employer i 55-06657	dentification number		
Part I Identification of Disregarded Entities (Com	plete if the organization	on answered "Yes"	on Form 990, Pa		30		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organization	answered "Yes"	on Form 990, F	Part IV, line 34 beca	use it had	lone
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(Section 5 cont	g) 512(b)(13 trolled nization
(1) WEST VIRGINIA UNIVERSITY						Yes	No
PO BOX 6001 MORGANTOWN, WV 265066001 55-6000842	EDUCATION AND RESEARCH	wv					No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No 50:	1 3 5 Y		Schedule F	(Form 990)	2011

Part III	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.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
											·	_

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	(g) Share of end-of-year assets	(h) Percentage ownership
(1) F & P REALTY COMPANY 409 MARINA TOWER PO BOX 6555 MORGANTOWN, WV 26506 55-0571302	BUILDING LESSOR	wv	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	С			100 000 %

(6)

Pari	Transactions With Related Organizations (Complete if the organization answered "Yes" ote. Complete line 1 if any entity is listed in Parts II, III or IV	on Form 990, Par	11v, line 34, 35, 3	<u>эн, ог зб.)</u>	Yes	No						
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organi	izations listed in Parts	s II-IV?									
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	izationo notea in raita		1a		No						
	b Gift, grant, or capital contribution to related organization(s)											
	c Gift, grant, or capital contribution from related organization(s)											
	d Loans or loan guarantees to or for related organization(s)											
	e Loans or loan guarantees by related organization(s)											
	and arreading and arreading annual arrest of the second arrest of the se											
f s	f Sale of assets to related organization(s)											
g	urchase of assets from related organization(s)			1 g		No						
h	exchange of assets with related organization(s)			1h	Yes							
i L	ease of facilities, equipment, or other assets to related organization(s)			1i	Yes							
jι	ease of facilities, equipment, or other assets from related organization(s)			1j	Yes							
k I	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No						
I P	I Performance of services or membership or fundraising solicitations by related organization(s)											
m s	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
n Sharing of paid employees with related organization(s)												
0	leimbursement paid to related organization(s) for expenses			10	Yes							
р	leimbursement paid by related organization(s) for expenses			1р	Yes							
q	ther transfer of cash or property to related organization(s)			1 q	Yes							
r	ther transfer of cash or property from related organization(s)			1r		No						
2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relati	onships and transact	ion thresholds								
	(a)	(b)	(c)	(d)								
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		amount in box managii		BI General or managing e K-1 partner? Pe	
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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) 2011