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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

A	ror the	a 2011 calendar year, or tax year beginning JUL 1, 2011 and	enaing i	JUN 30, 2012
В	Check If	C Name of organization		D Employer identification number
		MEDI VINGINIA DIALE UNIVERSIII		
	Addre			
╚	Name chang	e Doing Business As		55-0708567
	initial return	Number and street (or P 0 box if mail is not delivered to street address)	E Telephone number	
	Termii ated	1101 Box 1000, CIBILOE Box 103	304-766-4133	
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$ 15,320,307.
	Applic			H(a) Is this a group return
	pendi	F Name and address of principal officer:BRUNETTA DILLARD		for affiliates? Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates included?
1	Tax-ex	empt status X 501(c)(3)	or 52	If "No," attach a list. (see instructions)
		te: N/A		H(c) Group exemption number ▶
K	Form of	organization X Corporation Trust Association Other ▶	L Yea	r of formation 1991 M State of legal domicile WV
P	art I	Summary		
•	1	Briefly describe the organization's mission or most significant activities: TO F	OSTER	, SUPPORT, AND ASSIST
Activities & Governance		IN ANY RESEARCH AND ECONOMIC DEVELOPMENT	ACTI'	VITIES CONSISTENT WITH
Ĕ	2	Check this box ▶ ☐ if the organization discontinued its operations or disposit	sed of mo	re than 25% of its net assets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3 13
ري ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		40
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 358
ξ	6	Total number of volunteers (estimate if necessary)		6 0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 Fill Fill	7	7a 0.
_	_ ь	Net unrelated business taxable income from Form 990 to line 34	<u> </u>	
		19 MAY 7	080	Prior Year Current Year
9	8	Contributions and grants (Part VIII, line 1h) MAY 1 4 2013		13,728,003. 15,320,109.
Š	9	Program service revenue (Part VIII, line 2g)	_[종[-	0. 0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d))	7	<84,225.> <8,043.>
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,643,778. 15,312,066.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,256,880. 8,097,360.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
×pe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,128,915. 8,121,658.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	14,385,795. 16,219,018.
	19	Revenue less expenses. Subtract line 18 from line 12		<742,017.> <906,952.>
280			В	eginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)		2,924,708. 2,707,560.
AB	21	Total liabilities (Part X, line 26)		2,512,858. 3,202,662.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		411,850. <495,102.>
P	art II	Signature Block		
Und	ler pena	ilties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of my knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	
		13 runette Milard		5 13/13
Sig	n	Signature of officer		Date
He	re	BRUNETTA DILLARD, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's ugnature		Date Check PTIN
Pai	d	AARON J. HEIGHTON, CPA	44/2	5/9/13 "self-employed P00291966
Pre	parer	Firm's name HAYFLICH CPA'S		Firm's EIN 37-1496963
Use	Only	Firm's address #8 STONECREST DRIVE		
		HUNTINGTON, WV 25701		Phone no (304) 697-5700
Ма	y the li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
_	001 01-2		ons.	Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 9,021,985 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 15,814,661.		
			Form 990 (2011)

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Form 990 (2011) RESEARCH & D
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		.,
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		17
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	0		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	•		
. •	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
¢	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 ⁹ If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L.,	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l .
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
_	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
Ь	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
-4 5	-Did-the-organization report on Part IX, column-(A),-line 3, more than \$5,000 of grants-or-assistance-to-any-organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		Х
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		X
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		<u> </u>

RESEARCH & DEVELOPMENT CORPORATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			Ì
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		v	
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	. !		v
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	OEL		х
oe.	Schedule L, Part I	25b		
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
<i></i> 1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	··· ··· ···		
20	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-35a-		X
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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_	X	
		Form	990 (2011)

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Form 990 (2011) RESEARCH & DEVELOPMENT CORPORAT
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Cricco in Contactic C Contains a response to any question in this r art v			<u></u> _
_	7.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 79 Enter the number of Forms W-2G included in line 1a. Fotor -0- if not applicable 1b 0			
	Enter the florible of 7 of fits 4720 included in line 1a. Enter 45 in flot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
22	(gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 358			
h	filed for the calendar year ending with or within the year covered by this return 2a 358 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь	17	
7	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 services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		X
ь 8	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	•	1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders - 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand Did the executation reserves any payments for index topping convince during the tax year?	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," heart filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140_	000	

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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	i						
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		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
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		X				
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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8ь	X					
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		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	_X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14		Х				
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		X				
b	Other officers or key employees of the organization	15b		X				
	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		X				
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						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►WV							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	<u> </u>					
	BRUNETTA G. DILLARD - 304-766-4133							

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

Check if Schedule (O contains a response to an	y question in this Part VII

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. 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 (8ox 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position (do not check more than one				than		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	offi	officer and a director/t					compensation from	from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustee	Оппове	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DR. HAZO CARTER, JR.	1 00	v						0	150 451	6 156	
CHAIRMAN CHAIRMAN	1.00	X	-	_	 			0.	158,451.	6,456	
(2) DR. R. CHARLES BYERS VICE CHAIRMAN	1.00	x						0.	110,236.	0	
(3) MELVIN JONES		1	-	-	_	├-		•	110,230.	<u>~</u>	
TREASURER	1.00	X	1					0.	66,360.	5,100	
(4) LORI ELLIOTT			Π						•	<u>-</u> -	
SECRETARY	1.00	Х			L.			0.	59,427.	0	
(5) DR. ORLANDO MCMEANS MEMBER	37.50	х		х				166,081.	0.	14,831	
(6) BRUNETTA DILLARD EXECUTIVE DIRECTOR	37.50	Х		Х				91,897.	0.	15,501	
(7) BRYCE CASTO MEMBER	1.00	х						0.	88,067.	0	
(8) DR. ROBERT HARRISON MEMBER	1.00	х				_		0.	71,895.	22,500	
(9) DR. JOHN BERRY MEMBER	1.00	х	_		_			0.	92,656.	0	
(10) DR. DAVID HUBER MEMBER	1.00	х						0.	53,593.	0	
(11) LAWRENCE SMITH MEMBER	1.00	х						0.	68,051.	0	
(12) DAVID STONE MEMBER	37.50	x		х				52,554.	0.	8,030	
(13) DR. JOSE TOLEDO ASSOCIATE DEAN	37.50	x		x				119,884.	0.	12,105	
(14) WILLIAM WOODRUM	27.50					l.		105 024		6 110	
ASSOCIATE DEAN	37.50	├-	├	\vdash		X		105,934.	0.	6,448	
PROFESSOR	37.50		_	_		х		117,875.	0.	22,000	
			_		_	-	-				
										Form 000 (2011	

Form 990 (2011)

RESEARCH & DEVELOPMENT CORPORATION

Part VIII	Section A. Officers, Directors,	<u>Trustees, Key E</u>	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			•	C)			(D)	(F)				
	Name and title	Average Position (do not check more than o						one	Reportable	Reportable	ortable Esti			ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	วก	an	nount	of
		week	-	cer an	id a d	Irecto	or/trus	tee)	from	from related	J		other	
		(describe	臣			•			the	organization			pensa	
		hours for	8	l R	İ				organization	(W-2/1099-MI	SC)		om th	
		related organizations	1 2 2	1]		8		(W-2/1099-MISC)		Į	-	anıza	
		in Schedule	를	2		8	8 2						d rela	
		O)	Individual trustae or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former				orga	ınızat	ions
· · · · · · · · · · · · · · · · · · ·			<u> </u>	-	-	13	1 8	-						
	· · · · · · · · · · · · · · · · · · ·	_	-	_	_	_								
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							Ì							
							 	-			-			
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											1			
								\vdash	-					
			-		-		-	_						
	· · · · · · · · · · · · · · · · · · ·													
1b Sub-t	otal								654,225.	768,7		11:	2,9	71.
c Total	from continuation sheets to Part	VII, Section A							0.	7.00	0.	44		0.
	(add lines 1b and 1c)						<u> </u>		654,225.	768,7		11.	2,9	71.
	number of individuals (including bu		nose	liste	ed al	bov	e) wh	no r	eceived more than \$100	,000 of reportab	le			4
comp	ensation from the organization	·											Yes	4 No
3 Did th	e organization list any former offic	er, director, or tr	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	ſ		,,,,,,,,,,,,	
line 1a	a? If "Yes," complete Schedule J fo	or such individual							•			3		X
	ny individual listed on line 1a, is the elated organizations greater than \$									the organization		4	X	
	ny person listed on line 1a receive			•						dual for convices				
	red to the organization? If "Yes," c	-						CIA	led organization or indivi	dual loi selvices	'	5		X
	Independent Contractors	ompiete Scriedui	e 	Or St	ucn	per	SUII	_						1_21
	elete this table for your five highest										npensa	tion f	rom	
the or	ganization. Report compensation t	or the calendar y	ear	endi	ng v	v <u>ith</u>	or w	<u>ithir</u>		/ear.				
	(A) Name and busine	ee addrace							(B) Description of s	ervices	Cr	O) mper		'n
PC GEN	ERAL CONTRACTORS		—					-	Description of a	0.11000		эттрет		
	E STREET, W., CHA	RLESTON.	w	7 2	751	36:	2	ı	CONSTRUCTION	ĺ	ĺ	84	9.6	13.
	N TPC, INC., 3740						_	一	001102110022011			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
	LEVELAND, OH 4415		-,	-					CONSULTANT	İ		309	9,4	00.
	INTERNATIONAL							一						
	DGEBROOK ROAD, CR	OSS LANES	s.	w	J 2	25	313	3	CONTRACT SER	vices		169	9.1	43.
MELTON CONSTRUCTION														
	TRAWBERRY ROAD, S	T. ALBANS	s.	W	J	25	177	7	CONSTRUCTION	ĺ		15	7,3	00.
2 Total	number of independent contractor	s (including but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
	000 of compensation from the org				_	_ '	4				<u> </u>			

WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION

55-0708567

Page 9

Form	990	0 (2			DE	VELOPMEN	T CORPORAT	ION	<u>55-0708</u>	567 Pag	ge 9
Par	t V	7111	Statement of Rever	nue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 512, or 514	om
ats a	1	а	Federated campaigns	1	а						
		b	Membership dues	1	ь						
S, M		С	Fundraising events	1	c						
를 들		d	Related organizations	1	<u>d</u>						
S.E		е	Government grants (contribut	ions) 1	e 1	4360771.					
is is		f	All other contributions, gifts, gran	its, and							
ほぎ			similar amounts not included abo	ve <u>1</u>	1	959,338.					
Contributions, Giffs, Grants and Other Similar Amounts		9	Noncash contributions included in lines	: 1a-1f \$			15000100				
<u>8 5</u>		h	Total. Add lines 1a-1f			<u> </u>	15320109.				
						Business Code				1	
8	2	а									
e e		b									
Program Service Revenue		C							<u> </u>	 	
<u>कें</u>		d	-								
<u>ğ</u> _		e					<u> </u>			<u> </u>	
-			All other program service revi	enue							
\rightarrow			Total. Add lines 2a-2f							 	
	3		Investment income (including	dividends	, intere	est, and	198.			19	8.
			other similar amounts)					<u></u>		17	
	4		Income from investment of ta	x-exempt t	ond p	proceeds					
	5		Royalties	() 5		(A) Damaral					,,,,,,
			_	(i) Re	al	(II) Personal					
	6		Gross rents								
ļ			Less: rental expenses	· · · · · -		 					
			Rental income or (loss)				İ	}			
	_		Net rental income or (loss)	(W C							
ļ	7	а	Gross amount from sales of	(i) Secu	rities	(II) Other					
			assets other than inventory				1				
		D	Less: cost or other basis and sales expenses			8,241.					
		_	Gain or (loss)			<8,241.	>				
1						<u> </u>	<8,241			<8,24	11.
			Net gain or (loss) Gross income from fundraisii	na evente (not						
Other Revenue	O	, a	including \$								
ķ			contributions reported on line								
œ			Part IV, line 18	3 (0). 000	а						
Ę		ь	Less: direct expenses		ь		1				
0			Net income or (loss) from fun	draising ev		>	<u></u>				
	9		Gross income from gaming a	_							
	-		Part IV, line 19		а	ı <u> </u>]				
		b	Less: direct expenses		b)]				
		С	Net income or (loss) from gain	ming activit	ies						
	10) a	Gross sales of inventory, less	s returns							
			and allowances		а						
		b	Less: cost of goods sold		b	· <u> </u>	1				
		С	Net income or (loss) from sal	es of inven	tory	<u> </u>				-	
			Miscellaneous Reven	ue		Business Code					
	11	la						ļ		 	
		b							-	 	
		C					ļ			 	
		d	All other revenue						<u> </u>		
		е	Total. Add lines 11a-11d				15212066	. 0.	0	<8,04	<u>// 2</u>
	12	2	Total revenue See instructions				15312066	<u>. </u>	1	Form 990 (2	

132009 01-23-12

Form 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 responsor include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				*******************************
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				***************************************
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				••••
	Benefits paid to or for members Compensation of current officers, directors,				
	trustees, and key employees	342,211.	342,211.		
	Compensation not included above, to disqualified	012/22			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	6,353,550.	6,353,550.		
	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	967,494.	967,494.		
10	Payroll taxes	434,105.	434,105.		
11	Fees for services (non-employees):				
	Management				
	Legal	26,953.	19,897.	7,056.	
	Accounting	30,315.	23,315.	7,000.	
	Lobbying				<u>. </u>
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,937,921.	1,907,139.	30,782.	
12	Advertising and promotion	78,448.	72,636.	5,812.	
13	Office expenses	1,963,730.	1,783,618.	180,112.	
14	Information technology	29 , 777.	29,562.	215.	
15	Royalties				
16	Occupancy	1,147,274.	1,146,070.	1,204.	
17	Travel	658,693.	628,162.	30,531.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 000	107 000	12 466	
19	Conferences, conventions, and meetings	120,386.	107,920.	12,466.	
20	Interest				
21	Payments to affiliates	200 701	200 701		<u>.</u>
22	Depreciation, depletion, and amortization	389,781.	389,781. 35,198.	2,500.	· · · · · · · · · · · · · · · · · · ·
23	Insurance	37,698.	35,198.	2,300.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT RENTAL & REPA	298,288.	298,288.		
b	DUES & SUBSCRIPTIONS	259,596.	250,930.	8,666.	
c	SCHOLARSHIPS	240,085.	240,085.		
d	AUTO EXPENSE	115,284.	115,284.		
-	40	787,429.	669,416.	118,013.	
25_	Total functional expenses. Add lines 1 through 24e	16,219,018.	15,814,661.	404,357.	0 .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		·		
	educational campaign and fundraising solicitation]	
				1	

55-0708567 Page 11

Part X Balance Sheet (A) (B) Beginning of year End of year 163,219. 490,794. 1 Cash · non-interest-bearing 1 2 2 Savings and temporary cash investments 1,181,704. 654,684. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 125,310. 151,803. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,148,233. basis. Complete Part VI of Schedule D 10a 3,719,655. 1,428,578. 1,411,981. 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 8,194. 16,001. 15 Other assets. See Part IV, line 11 15 2,707,560. 2,924,708. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,512,858. 3,184,866 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u> 17,796.</u> 25 Schedule D 2,512,858. 3,202,662. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <495,102.> 411,850. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds <495,102.> 411,850. 33 Total net assets or fund balances 33 2,707,560. 2,924,708. Total liabilities and net assets/fund balances

WEST VIRGINIA STATE UNIVERSITY				
990 (2011) RESEARCH & DEVELOPMENT CORPORATION	<u>55-0</u>	708567	Pag	ge 12
t XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI	<u>. </u>			
Total revenue (must equal Part VIII, column (A), line 12)	1			
Total expenses (must equal Part IX, column (A), line 25)				
Revenue less expenses. Subtract line 2 from line 1	3			
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41:	1,8	<u>50.</u>
Other changes in net assets or fund balances (explain in Schedule O)	5			0.
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<49	5,1	<u>02.</u> >
t XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Were the organization's financial statements audited by an independent accountant?		2b	X	
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
review, or compilation of its financial statements and selection of an independent accountant?		2c		X
If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			ĺ
If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			ł
separate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	:		
Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	
	RESEARCH & DEVELOPMENT CORPORATION XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part X, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schili 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133? If 'Yes,' told the organization undergo the required audit or audits? If the organization old not undergo the required audit or audits?	Pego (2011) RESEARCH & DEVELOPMENT CORPORATION 55-0 IXI Reconciliation of Net Assets Check If Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) IXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis: Consolidated basis Destinancial statements for the year were issued on a separate basis. Consolidated basis Destinancial Statements and selection or an independent accountant? If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit.	990 (2011) RESEARCH & DEVELOPMENT CORPORATION 55-0708567 IXI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 15, 31. Total expenses (must equal Part IX, column (A), line 25) 2 16, 21. Revenue less expenses. Subtract line 2 from line 1 3 < 900 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 41. Other changes in net assets or fund balances (explain in Schedule O) 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 < 49. IXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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? If "Yes," did the organization undergo the required audit or audits? If the organization old not undergo the required audit	Page (2011) RESEARCH & DEVELOPMENT CORPORATION 55-0708567 Page 1XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 15, 312, 0 Total expenses (must equal Part IX, column (A), line 25) 2 16, 219, 0 Revenue less expenses. Subtract line 2 from line 1 3 < 906, 9 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 11, 8 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 < 495, 1 XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other if the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, check he organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis Both consolidated and separate basis 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Name of the organization

WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

Part	F	eason	for Public Ch	arity Status (All organiz	zations mu	st complet	e this par	t.) See inst	tructions.				
The ord				on because it is: (For lines							_	_	
1	_			hes, or association of chur	-		•	•					
2	\neg			170(b)(1)(A)(ii). (Attach So				(-)(-)(-)	•				
3 🗀				spital service organization	·		170/6\/1\	(A)(iii)					
⊿ ⊢	_			on operated in conjunction					/6\/1\/ 6 \/i	ii) Enter th	e hoental	'e nam	10
-		, and stat	-	on operated in conjunction	With a nos	pital Gesci	1060 111 36	CHOII 170	יוערוניונטו	ii). Liiter tii	e nospital	S Hall	16,
5 🖸	_ ·			he benefit of a college or u	nivomity o	wood or or	orated by		montal un	t dooorbo			
3 LA		-			niversity o	wiled of of	berated by	a governi	nentai on	i describe	u III		
	_		(b)(1)(A)(iv). (Com	•			. 470/13/	437437.3					
6				nment or governmental uni									
7 _		-	=	receives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	nbed I	n
	_		(b)(1)(A)(vi). (Com										
8 –	_	-		n section 170(b)(1)(A)(vi).		-							
9 _				receives: (1) more than 33									
				functions - subject to certa							-		
	Inco	me and i	unrelated busines	s taxable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	ınızatıon af	ter June 3	0, 197	′ 5.
_	_ See	section	509(a)(2). (Compl	lete Part III.)									
10 📙	_ An⊸	organizat	ion organized and	doperated exclusively to te	est for publ	ıc safety. S	See sec tio	on 509(a)(4	I) .				
11 👢	An	organızat	ion organized and	I operated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	urposes o	f one	or
	moi	e publich	y supported organ	nizations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Chec	ck the box	that	
	des	cribes the	e type of supporti	ng organization and compl	let <u>e lin</u> es 1	1e through	11h.						
	_ a L	Type	і ь	Type II	с 📖 Тур	e III - Func	tionally in	tegrated		d	Type III - C	Other	
e 🗀	□ ву	checking	this box, I certify	that the organization is not	t controlled	d directly o	r indirectly	y by one o	r more dis	qualified p	ersons oth	er tha	ın
	fou	ndation m	nanagers and othe	er than one or more publich	y supporte	ed organiza	itions des	cribed ın s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If th	e organiz	ation received a v	written determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		-	rganization, chect			-							
9	•		-	e organization accepted a	nv aift or c	ontribution	from any	of the foll	owing per	sons?			
Ū	(i)			indirectly controls, either a								Yes	No
	• • •	•	· ·	supported organization?		,				. ,,	11g(i)		
	(ii)	_		son described in (i) above?	?						11g(ii)		
		•	•	of a person described in (i)		e?			•		11g(iii)		
h			•	on about the supported or							<u> </u>	L	<u></u>
••	110	vide the i	Ollowing informati	on about the supported of	gamzanon	(3).							
				(iii) Type of	(lu) le the	organization	(w) Did vo	u notify the	(ví) l	the			
• •	me of su		(ii) EIN	organization		sted in your		tion in col.	lorganizati	on in col l	nA (ilv)		IT
,	organizat	1011		(described on lines 1-9		document?		r support?	(i) organiz U S	eo iii the	Sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(SCO MORE GOTTOM)	163	110	163	 	103				
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WEST VIRGINIA STATE UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2011 RESEARCH & DEVELOPMENT CORPORATION

55-0708567 Page 2

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

(Complete only if you checked the box on line 5. 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning In)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11867597.	11896010.	12 <u>324470.</u>	13017198.	<u> 14905490.</u>	64010765.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				 		
4	Total. Add lines 1 through 3	11867597.	11896010.	12324470.	13017198.	14905490.	64010765.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	.,,,,,,					
6	Public support. Subtract line 5 from line 4	,			<u></u>		64010765.
Sec	tion B. Total Support		<u> </u>	· ·	,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	<u>11867597.</u>	11896010.	12324470.	13017198.	14905490.	64010765.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					100	0.70
	and income from similar sources	1,646.	903.	127.	98.	198.	2,972.
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on						
10	Other income. Do not include gain]	
	or loss from the sale of capital	0.70 0.70	70 000	456 040	710 005	414 610	1022544
	assets (Explain in Part IV.)	270,278.	70,993.	456,849.	/10,803.	414,019	1923544.
	Total support. Add lines 7 through 10	<u> </u>	I	<u> </u>	1		05937201.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶□
	organization, check this box and stor		roontage				
	ction C. Computation of Publ			actume (f)		14	97.08 %
	Public support percentage for 2011 (column (i))		15	97.10 %
	Public support percentage from 2010 33 1/3% support test - 2011. If the			n line 13 and line	14 is 33 1/3% or i		
108	stop here. The organization qualifies				1413 00 17070 071	110,0,011001. 1110 2	► X
	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	6 or more, check t	
	and stop here. The organization qua					5 6 , 1,1,5, 5, 5,1,5,1,	▶□
47-	and stop nere. The organization qua 10% -facts-and-circumstances tes	t - 2011 If the Ar	sanization did not	check a box on lin	e 13, 16a, or 16b.	and line 14 is 10%	6 or more,
1/6	and if the organization meets the "fac	cte.and.circumetar	ces" test check t	his box and stop	here. Exolain in Pa	rt IV how the orga	ınızatıon
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes					17a, and line 15 is	= 10% or
ľ	more, and if the organization meets t	he "facts-and-circi	imstances" test	theck this box and	stop here. Explai	n in Part IV how th	ie
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	licly supported ora	anization	▶ □
1Ω	Private foundation. If the organization						ns 🕨
	1 11-240 Iganication II the organization	2.2 0 0				1-1- A /F 00	0 or 000 E7\ 2011

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A	A. Public Support	siow, picase com	piete rait II.)				
	ar (or fiscal year beginning in)	(a) 2007	(ь) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
·-	grants, contributions, and		197 = 300	107.000	197 = 9 . 0	(9/2011	(1) 1014
	ership fees received. (Do not		[ľ	1		
	e any "unusual grants.")						
2 Gross merch formed any ac	receipts from admissions, andise sold or services perd, or facilities furnished in the trivity that is related to the zation's tax-exempt purpose						
3 Gross	receipts from activities that						
are no	t an unrelated trade or bus-		}	ļ	1		
iness (under section 513						
	venues levied for the organ- i's benefit and either paid to						
or exp	ended on its behalf						
	alue of services or facilities						
	ganization without charge						
	Add lines 1 through 5				-	 	
	nts included on lines 1, 2, and			 		1	
	ived from disqualified persons						
b Amounts	s included on lines 2 and 3 received ler than disqualified persons that						
amount	the greater of \$5,000 or 1% of the on line 13 for the year					-	
	nes 7a and 7b	···· · · · · · · · · · · · · · · · · ·			<u> </u>	······································	
	support (Subtract line 7c from line 6)		L	<u>L </u>	<u> </u>		
	B. Total Support		1		· · · · · · · · · · · · · · · · · · ·	T	
-	ar (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a Gross divide securi	nts from line 6 Income from interest, nds, payments received on ties loans, rents, royalties come from similar sources						
b Unrelat	ted business taxable income						
(less se	ection 511 taxes) from businesses		1	ļ	}		
acquire	ed after June 30, 1975						
c Add lir	nes 10a and 10b						
activit wheth	come from unrelated business les not included in line 10b, er or not the business is only carried on						
or loss	income. Do not include gain s from the sale of capital s (Explain in Part IV.)						
	UPPORT (Add lines 9, 10c, 11, and 12)						
	ive years. If the Form 990 is for	the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
	this box and stop here						▶_
Section	C. Computation of Publi	c Support Pe	rcentage				
15 Public	support percentage for 2011 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	
	support percentage from 2010					16	
	D. Computation of Inves						
	ment income percentage for 20					17	
	ment income percentage from 2			, ,,		18_	
	3% support tests - 2011. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	than 33 1/3%, check this box ar						▶□
	3% support tests - 2010. If the						and
	is not more than 33 1/3%, che						▶□
	to foundation. If the erapsization						▶ [

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

Pa	t i Organizations Maintaining Donor Advised		33-0708367
			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		(b) Funds and other accounts
	Takel growth or at and of reason	(a) Donor advised funds	(b) Fullos allo other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ		
	are the organization's property, subject to the organization's exc	_	Yes No
6	Did the organization inform all grantees, donors, and donor advi-		•
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose confe	
Pa	mpermissible private benefit? Conservation Easements. Complete if the organ	ization anawared "Voc" to Form 000. Bort IV	Yes No
			, iii e 7.
1	Purpose(s) of conservation easements held by the organization		Illy incorporate for a force
	Preservation of land for public use (e.g., recreation or education of natural habitat	cation) Preservation of an historica Preservation of a certified h	
		Preservation of a certified in	iistone structure
2	Preservation of open space	I consequence contribution in the form of a c	anagration assemble as the last
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
•	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struct	ure included in (a)	2c
	Number of conservation easements included in (c) acquired after		20
u	listed in the National Register	er 6/17/00, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	— ————————————————————————————————————
·	year	ood, oxungalonoo, or torrimiated by the orga	incation during the tax
4	Number of states where property subject to conservation easen	ment is located >	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it has		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enf		
8	Does each conservation easement reported on line 2(d) above s		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	•	
	conservation easements		33
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance o	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$

WEST VIRGINIA STATE UNIVERSITY

		& DEVELO								Page 2
Par	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	is, check	any of the	following tha	it are a sig	ınıficant ı	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d	י וַבַן י	Loan or exc	hange progra	ams				
b	Scholarly research	е	، الــا	Other						
c	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how th	ey further t	he organızati	on's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or i	receive donations	of art, his	storical trea	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be main	tained as part of t	the orgai	nization's co	ollection?				_ Yes	No_
Par	Escrow and Custodial Arranger reported an amount on Form 990, Part		ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodial	or other intermed	diary for	contribution	ns or other as	sets not II	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowina t	able:	·					
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
ė	Distributions during the year				·		1e			·
f	Ending balance						11			
2a	Did the organization include an amount on For	m 990. Part X. line	21?				الــــــــــــــــــــــــــــــــــــ		Yes	No
	If "Yes," explain the arrangement in Part XIV	,								
Par		he organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10) <u>.</u>			
نبنبنا		(a) Current year		rior year	(c) Two yea			ears back	(e) Four v	ears back
1a	Beginning of year balance	<u>, , , , , , , , , , , , , , , , , , , </u>			1-7 7				1.32	
b	Contributions									· · ; ,'' !***
c	Net investment earnings, gains, and losses									······
d	Grants or scholarships								1	******
	Other expenditures for facilities									***************************************
_	and programs		Ì			ĺ				
f	Administrative expenses									
g	End of year balance								 	
2	Provide the estimated percentage of the curre	nt vear end balanc	ce (line 1	a, column (a	a)) held as:				<u> </u>	
	Board designated or quasi-endowment	,	%	3 , (-	,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		ation tha	at are held a	and administe	ered for th	e organiz	zation		
-	by:	5.0 0, t 0. gu					· 3- · · ·		[·	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations i	isted as required o	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the d	-								
$\overline{}$	t VI Land, Buildings, and Equipme							-		
L	Description of property	(a) Cost or o			t or other	(c) Ac	cumulate	ed	(d) Book	value
	becomplient of property	basis (investi			(other)		reciation	J	(0) 200	
12	Land				'					
	Buildings									
	Leasehold improvements									
	Equipment			4,60	2,219.	3.1	73,6	41.	1,428	,578.
	Other				6,014.		46,0			0.
_	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colun					▶	1,428	,578.

WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION

55-0708567 Page 3 Part VIII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (1) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3)(4) (5) (6) (7) (8) (9)(10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO AFFILIATES 17,796. (2)(3)(4) (5) (6) (7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

Schedule D (Form 990) 2011

WEST VIRGINIA STATE UNIVERSITY 55-0708567 Page 4 RESEARCH & DEVELOPMENT CORPORATION Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 15,312,066. Total revenue (Form 990, Part VIII, column (A), line 12) 16,219,018. Total expenses (Form 990, Part IX, column (A), line 25) 2 <906,952 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 R Other (Describe in Part XIV.) 8 Total adjustments (net). Add lines 4 through 8 9 <906,952 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 15,312,066. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 2b **b** Donated services and use of facilities c Recovenes of prior year grants 2c 2d d Other (Describe in Part XIV.) e Add lines 2a through 2d **2**e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4ь **b** Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 312 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 16,219 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 16,219 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

SCHEDULE J (Form 990)

Compensation Information

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

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

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.
WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	}	•	
а	The organization?	5a		<u>X</u> _
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	l		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.]		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		}	۱
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	D	۱۵	ı	ı

WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Betrement and	(D) Montaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	(0)	• 0	0	0	0			
1 DR. HAZO CARTER, JR.	(ii)	158,451.	0.	0	0	6,456.		0
	(1)	166,081.	0.	0.	0	14,831.	180,91	0
2 DR. ORLANDO MCMEANS	(ii)		0	0	0	0	0	0
	(i)			ļ				
3	Ξ				j			
	8							
4	€							
	0							
5	(ii)							
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	Θ							
2	€							
	ε							
8	(E)							
	Θ							
6	€							
	ε							
10	E							
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11	(ii)							
	Ξ			ļ				
12	(ii)							
	ε							
13	(ii)							
	Θ							
14	Ξ							
	8							
15	▣							
	8							
16	▤							

Schedule J (Form 990) 2011

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

WEST VIRGINIA STATE UNIVERSITY
RESEARCH & DEVELOPMENT CORPORATION

Employer identification number

RESEARCH & DEVELOPMENT CORPORATION	55-0708567
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS:	SION:
THE EDUCATIONAL OBJECTIVES AND MISSION OF WEST VIRGINIA ST	TATE
UNIVERSITY.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
AGRIBUSINESS, AND PROVIDES HORTICULTURAL AND PEST MANAGEM	ENT ASSISTANCE
TO THE BROADER CITIZENSHIP OF WEST VIRGINIA.	
ALTERNATIVE AGRICULTURE - ALTERNATIVE AGRICULTURE PRODUCTS	S_AND_
PRACTICES SUCH AS ORGANIC FARMING AND HYDROPONIC SYSTEMS	ARE AN
IMPORTANT COMPONENT IN NORTH AMERICAN AGRICULTURE.	
AQUACULTURE - THE FARMING OF AQUATIC ORGANISMS SUCH AS FI	SH HAS
DEVELOPED INTO THE FASTEST-GROWING SEGMENT OF AGRICULTURE	IN THE UNITED
STATES.	
BREEDING GREENHOUSE TOMATOES - GREENHOUSE TOMATO PRODUCTION	ON REPRESENTS
17 PERCENT OF THE TOTAL TOMATO PRODUCTION IN THE US AND A	30-40 PERCENT
INCREASE IS EXPECTED IN THE FUTURE.	
COMMUNITY AND ECONOMIC DEVELOPMENT - THE OFFICE OF COMMUN	ITY AND
ECONOMIC DEVELOPMENT WORK TO STRENGTHEN THE ECONOMIC AND	SOCIAL
VITALITY OF COMMUNITIES. ONE OF ITS NEWEST EFFORTS IS THE	DIGISO
DIGITAL MEDIA CENTER AT THE ECONOMIC DEVELOPMENT CENTER I	N THE WEST
SIDE OF CHARLESTON, WV.	

Employer identification number 55-0708567

Schedule O (Form 990 or 990-EZ) (2011)

EDUCATION, ACEOP SERVES WEST VIRGINIA'S COMMUNITIES OF FAMILIES THROUGH
THE PROVISION OF CLIENT-CENTERED EDUCATIONAL PROGRAMS.

4-H YOUTH EDUCATION - THE 4-H PROGRAM INVOLVES GROUP ACTIVITIES, CLUB
MEETINGS, CAMPS, FAIRS, AND CONTESTS FOR ITS MEMBERS. 4-H IS A NATIONAL
INITIATIVE THAT PROVIDES OPPORTUNITIES FOR YOUTH TO MEET NEW PEOPLE,
GAIN LEADERSHIP SKILLS, SET AND ACHIEVE GOALS, LEARN LIFE SKILLS, AND
BUILD SELF-CONFIDENCE.

SOIL REMEDIATION - EACH YEAR IN WEST VIRGINIA, THOUSANDS OF ACRES OF FORESTS ARE DISTURBED THROUGH THE PROCESSES OF LOGGING, DEVELOPMENT, AND EXTRACTIVE INDUSTRIES SUCH AS COAL AND NATURAL GAS.

VEGETABLE GENOMICS - THE FUTURE OF U.S. VEGETABLE PRODUCTION DEPENDS ON
THE CONTINUED GENETIC IMPROVEMENT AND DEVELOPMENT OF NEW SUPERIOR
CULTIVARS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH THE WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION, WVSU'S

GUS R. DOUGLASS INSTITUTE RECEIVED \$2.44 MILLION IN FUNDING STARTING IN

2010 FOR A FIVE-YEAR, MULTI-INSTITUTIONAL, STATEWIDE INITIATIVE AS PART

OF THE NATIONAL SCIENCE FOUNDATION'S EXPERIMENTAL PROGRAM TO STIMULATE

COMPETITIVE RESEARCH (EPSCOR). WVSU'S RESEARCH PORTION, TITLED

"BIONANOTECHNOLOGY FOR PUBLIC SECURITY AND ENVIRONMENTAL SAFETY," WILL

IMPROVE THE COMPUTING RESEARCH INFRASTRUCTURE AT WVSU/GRDI WITH THE

INSTALLATION OF A HIGH-CAPACITY COMPUTER AND VISUALIZATION WALL, ALLOW

THE INSTITUTION TO BRANCH OUT INTO NEW AREAS OF TECHNOLOGY-BASED

RESEARCH AND CREATE PUBLIC-PRIVATE PARTNERSHIPS BASED ON DEVELOPMENTS

IN NANOTECHNOLOGY AND OTHER RESEARCH AREAS SUPPORTED BY THIS GRANT.

EXPENSES \$ 562,900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WVSU'S GUS R. DOUGLASS INSTITUTE HAS A MULTI-YEAR AWARD AS A

SUBCONTRACT TO STUDY VASCULAR CELL BIOLOGY AND THE RESPONSES OF THESE

CELLS TO VARIOUS STRESSES, HOW THEY SIGNAL SUCH STRESSES TO OTHER CELLS

AND HOW THESE CHANGES CAN BE MAPPED AND STUDIED. WVSU'S RESEARCH IS AN

IMPORTANT PART OF THE STATEWIDE, MULTI-INSTITUTION WEST VIRGINIA - IDEA

NETWORK OF BIOMEDICAL RESEARCH EXCELLENCE.

EXPENSES \$ 413,029. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE WEST VIRGINIA STATE UNIVERSITY GUS R. DOUGLASS LAND-GRANT INSTITUTE

HAS RECEIVED NUMEROUS GRANTS UNDER THE U.S. DEPT. OF AGRICULTURE'S

CAPACITY BUILDING GRANT PROGRAM FOR 1890 LAND-GRANT INSTITUTIONS. THESE

HIGHLY COMPETITIVE THREE-YEAR GRANTS ARE DESIGNED TO INCREASE AND

IMPROVE THE RESEARCH AND TEACHING INFRASTRUCTURES OF THE 1890

LAND-GRANT SCHOOLS. THE DOUGLASS INSTITUTE HAS 12 ACTIVE CAPACITY

BUILDING GRANTS IN AREAS INCLUDING BIOTECHNOLOGY, CURRICULUM

DEVELOPMENT, AQUACULTURE, AND VARIOUS GENETICS AND GENOMICS STUDIES

RELATING TO MELONS, CUCUMBERS, AND HIBISCUS.

THE SEVEN NEWEST CAPACITY BUILDING GRANTS TOTAL \$1.58 MILLION TO:

EXPAND RESEARCH IN THE AREAS OF MINE SITE RECLAMATION USING MICROBIAL

ACTIVITY; RESEARCH WAYS TO EXPAND THE HARDINESS OF DOMESTIC TOMATOES;

EXPAND AND IMPROVE ON THE GENETIC DIVERSITY OF MELONS AND PUMPKINS;

BROADEN THE EDUCATION OF GRADUATE STUDENTS IN AGRICULTURAL AREAS; AND

TO EXPAND STUDENT'S INTEREST IN BIOTECHNOLOGY.

EXPENSES \$ 450,710. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION	Page 2 Employer identification number 55-0708567
ALL OTHER RESEARCH PROGRAMS	
EXPENSES \$ 7,595,346. INCLUDING GRANTS OF \$ 0. REVENU	JE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEW	VED BY THE
BUSINESS MANAGER AND FISCAL ASSISTANT. FORM 990 IS THEN	SIGNED BY THE
EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR THEN REPORTS	THE FORM 990 TO
THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRE	CTORS AND
EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT ON AN ANNUAL E	BASIS CONFIRMING
THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REC	QUEST AT THE
CORPORATE OFFICE.	
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REC	QUEST AT THE
CORPORATE OFFICE.	

Employer identification number 55-0708567 Open to Public, Inspection OMB No 1545-0047 2011 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) RESEARCH & DEVELOPMENT CORPORATION ► Attach to Form 990. WEST VIRGINIA STATE UNIVERSITY Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part t

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
				:		
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or	more related tax-exem	ıpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
WEST VIRGINIA STATE UNIVERSITY - 55-6000839 P.O. BOX 1000 INSTITUTE, WV 25112	HIGHER EDUCATION		170(B)(1)(A)			×
					:	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Schedule R (Form 990) 2011

WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Page 2

55-0708567

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2011 Part III

General or Percentage managing ownership partner/ Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 6 Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ð Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total income ন্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2011

132162 01-23-12

Yes No

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WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION Schedule R (Form 990) 2011

Part V	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
Note. C	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II·IV?
a Re	
D	b Gift, grant, or capital contribution to related organization(s)
<u>ত</u>	c Gift, grant, or capital contribution from related organization(s)
9	d Loans or loan guarantees to or for related organization(s)
့	e Loans or loan guarantees by related organization(s)
₹ Sa	Sale of assets to related organization(s)
g Pu	Purchase of assets from related organization(s)
ē M	Exchange of assets with related organization(s)
. Б	Lease of facilities, equipment, or other assets to related organization(s)
	Lease of facilities, equipment, or other assets from related organization(s)
. A	Performance of services or membership or fundraising solicitations for related organization(s)
- Pe	Performance of services or membership or fundraising solicitations by related organization(s)
E S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
r S	Sharing of paid employees with related organization(s)

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Peimbursement paid to related organization(s) for expenses
 Peimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

×

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r Other transfer of cash or property from related organization(s)			X 1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.
(e)	9	(2)	(p)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(2)			
(3)			
(4)			
(5)			

Schedule R (Form 990) 2011

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RESEARCH & DEVELOPMENT CORPORATION WEST VIRGINIA STATE UNIVERSITY

Schedule R (Form 990) 2011

part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(q)	(0)	(Q)	(e)	3	(6)	ε	Θ	6	(K
Name, address, and EIN of entity	Primary activity	micile oreign ry)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partmers sec 501(c)(3) orgs Yes No	Share of total income	Share of end-of-year assets	Deproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner/ Yes NO	Percentage ownership
									-	
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			-							
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Schedule R (Form 990) 2011

-	WEST VIRGINIA STATE UNIVERSITY	•
Schedule R (Form 990) 2011 Part VII Supplement	RESEARCH & DEVELOPMENT CORPORATION	55-0708567 Page 5
Part VII Supplement	tal Information	
Complete this p	part to provide additional information for responses to questions on Schedule R (see	instructions).
		
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Schedule R (Form 990) 2011