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# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

Inter	artment of t nal Revenu	the Treasury le Service	► The organiza	tion may have to	use a copy of th	is return to satisf	fy state repo	orting require	ements	Inspec	tion
A	For the	2011 cale	ndar year, or tax ye	ar beginning	July 1	, 2011, a	nd ending	June	e 20	, 20 12	
В		applicable	C Name of organization		versity Research	and Developme	ent Corpor	ation	D Employ	er identification n	umber
	Address	change	Doing Business As							55-0769622	
$\overline{\Box}$	Name cha	- 1	Number and street (c	PO box if mail	s not delivered to st	reet address)	Room/suite		E Telephor	ne number	
$\overline{}$	Initial retu	-	PO Box 1000 D-142							3043845210	
$\overline{\Box}$	Terminate		City or town, state or	country, and ZIP	+ 4		·				
Ħ	Amended		Athens WV 24712						<b>G</b> Gross re	eceipts \$	917,309
Ħ		on pending	F Name and address o	f principal officer	Dr. Gregory A	loia		H(a) is this a	aroup return	for affiliates? Yes	✓ No
		л., ролаш. <u>.</u>	PO Box 1000 D-142							ncluded? Tes	
	Tax-exem	ant status	<b>√</b> 501(c)(3)	501(c) (		4947(a)(1) or	527			list (see instruction	
<u>;                                    </u>	Website:	•			<del>-                                    </del>			H(c) Group	exemption	number ▶	
K			✓ Corporation ☐ Trus	t Associatio	n ☐ Other ▶	L Yea	ar of formation	n 1999	M State	of legal domicile	wv
	art I	Summ				···			<u> </u>		
	1		escribe the organiz	ation's missio	n or most signif	cant activities:	To main	tain fiducia	ry integri	ty for grants av	varded
_	ŀ		ct research and dev								
දීවූ	'		es and business div								
<b>€</b>	'	••	on, to foster scholar								
<u>. 5</u>	2		ıs box ▶ 🗌 if the o								
وي	3		of voting members				·		3		8
̃odi C.úγ	4		of independent vot				, line 1b)		4		8
٤	5		nber of individuals						5		60
适	6		nber of volunteers						6		0
بك	7a		elated business re	•	• •	C), line 12 .			7a	-	2,376
빉	b		lated business taxa				<del></del>		7b		0
Revenue ANIVE LACTIVITIES & GOVERNENCE					RECE	EIVED		Prior Ye	ar	Current Y	ear
4.5	8	Contribu	tions and grants (F	art VIII, line 1		722,070		838,215			
	9	Drogram	contino rovenue (E	art VIII line 2		0		0			
	10	Investme	ent income (Part VI	II, column (A)		152		69			
Œ	11	Other rev	enue (Part VIII, co	lumn (A), lines	5, 6d, 8c, 9c, 1	0c, and 11e)	۲. T		57,311		79,025
	12	Total reve	enue-add lines 8 t	hrough 11 (mu	st equal Part VII	l, çolumn (A), lii	ñe 12)		779,533		917,309
	13	Grants a	nd similar amounts	paid (Part IX)	column (A), line				0		0
	14	Benefits	paid to or for mem	bers (Part IX,	column (A), line	4)			0		0
Ś	15	Salaries,	other compensation	n, employee be	nefits (Part IX, co	olumn (A), lines	5–10)		538,946		423,465
Expenses	16a	Profession	onal fundraising fee	es (Part IX, col	umn (A), line 11	le)			0		0
Ģ	b	Total fun	draising expenses	(Part IX, colur	nn (D), line 25)	<b>&gt;</b>	-	· •	Di	1988 M. VE	
ũ	17	Other ex	penses (Part IX, co	lumn (A), lines	11a-11d, 11f-	24e)			333,647		456,383
	18	Total exp	enses. Add lines 1	3–17 (must ed	qual Part IX, col	umn (A), line 25	5)		872,593		879,848
		Revenue	less expenses. Su	ibtract line 18	from line 12 .	<u></u>		<u> </u>	(93,060)		37,461
Net Assets or	<u> </u>						Be	ginning of Cu	rrent Year	End of Ye	
sets	20	Total ass	ets (Part X, line 16	)			· · [_	1	,415,820		931,375
A P	21		oilities (Part X, line :					1	,237,741		693,918
ž	22		ts or fund balance	s. Subtract line	e 21 from line 2	0			178,079	<u> </u>	237,457
	art II		ture Block								
Ur	nder penal	ties of perju	iry, I declare that I have	examined this ret	urn, including accor	npanying schedule	s and statem	ents, and to the	ne best of	my knowledge an	d belief, it is
tru	ie, correct	, and comp	lete Declaration of preg	parer (other than o	nicer) is based on al	i information of whi	ch preparer i	ias any known	euge 		
		<b>                                     </b>	would	yang	every	<u> </u>				,	
Sig	-	Sign	nature of officer	- 61	·	1000.		Da	" <i>11/</i>	09/201	<b>^</b>
He	ere	<u> </u>	ictoria Di	<u>ankerisho</u>	P, Fisc	21 UH10	<u> CL /</u>		<u> </u>	01/001	<u> </u>
		1 /	e or print name and title		reported executives		Tool		1	PTIN	
Pá	aid	Printily	pe preparer's name	ا	reparer's signature		Date	<del>-</del>	Check	<b>□ #</b>	
Pr	epare	r	····						self-em	pioyeu	
U	se Onl								's EIN ▶		
h 4	46 - In		address >	ho proposal	own above? /s	no inetrustions.		Pho	ne no		a 🗆 Na
_	-		s this return with t			ee instructions)			• •		S No
Fo	r Paperw	vork Redu	iction Act Notice, se	ee the separate	instructions.		Cat No	11282Y		Form	<b>990</b> (2011)

orm 99	0 (2011) Page <b>2</b>
Part l	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To maintain fiduciary integrity grants awarded for research and development in the major disciplines at Concord University including natural and social sciences, humanities and business divisions. Activities include acting as the fiscal agent for Sponsored Program
	at Concord University to assist in its mission, to foster scholarly activities, and to serve the regional community. The activity does
	not include market research.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	granto and anobations to others, the total expenses, and total as, it any, for each program control reported.
4a	(Code: ) (Expenses \$ 847,497 including grants of \$ 633,966 ) (Revenue \$ 575,693 )
	Research in natural and social sciences; as well as, the enhancement of intellectual property for the Business, Education and Social
	Work divisions and entrepreneurs in the local community. The research is done on behalf of private, state and federal benefactors
	for the benefit of society as a whole.
4b	(Code: ) (Expenses \$ 32,351 including grants of \$ 0 ) (Revenue \$ 262,522 )
	The organization exists to maintain fiduciary integrity for grants awarded to conduct natural and social science research; as well as,
	the enhancement of intellectual property for the Business, Education and Social Work divisions and entrepreneurs in the local
	community. The organization provides management and fiduciary oversight and aids in ensuring reporting compliance under the
	terms of the various grant awards processed through the organization.
	······································
	(O. I
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
44	Other program services (Describe in Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ▶ 879.848

Form 99			ı	Page 3
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	_1	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	,
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
~	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
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		<b>✓</b>
	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		1
	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		
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	1	<b>✓</b>
b	Schedule D, Parts XI, XII, and XIII	12a	_	1
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<b>V</b>
14 a		14a		1
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			,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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	14b		/
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	ļ	1
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 (see instructions)	17		1
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		<b>✓</b>
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		<b>▼</b>
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
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		✓
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 Schedule J.	23	•	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<u>-</u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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		<b>*</b>
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		<b>~</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<b>✓</b>
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):	j		•
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,			,
38	Part VI	38	1	<b>✓</b>
			<del></del>	

art				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		÷ .,	. !
_	Statements, filed for the calendar year ending with or within the year covered by this return  2a 60	- A		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	•	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	.3		
-	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		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.		ĺ
_	gifts were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	a i		
а	and services provided to the payor?	<u>∸</u> 7a		1
<b>h</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>/</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>/</b>
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		<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter.	<del>"</del>	-	<u> </u>
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 . 10b	1 ,		
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders	艺		
b	Gross income from other sources (Do not net amounts due or paid to other sources	大人		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<del>                                     </del>	_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	<del> </del>
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	.		
D	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	3		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>1</b>	1
b		14b		
		For	m <b>99</b> 0	(2011)

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
<del></del>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> (1</u>
Section	on 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   1a	в		
Ia	If there are material differences in voting rights among members of the governing body, or	7		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		_	
b	Enter the hamber of roung members metabola mine tag about him and mosperiorm	В		
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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		<b>✓</b>
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		<u> </u>
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			i
	the year by the following:			
a	The governing body?	8a 8b	1	<del> </del>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		•	$\vdash$
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	406		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		<del>  •</del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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	<b>√</b>	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
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		1
b	Other officers or key employees of the organization	15b		<b>/</b>
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 '		
16a	with a taxable entity during the year?	16a	-	· /
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<del>                                     </del>
-	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?	🗷		- '
Section	on C. Disclosure	16b	<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► West Virginia	· · ·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3)s	only)
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inte	rest c	oolicy.
- =	and financial 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 record	s of the	€	
	Organization: ► Victoria Blankenship, 1000 Vermillion Street (Marsh Hall, Room 225), Athens, WV 24712 (304) 384	-5210		

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

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

- 1a Complete this table for all persons required to be listed. 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 (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
				((	<b>C)</b>					
(A) Name and Title	(B) Average hours per week	box, i	unles	s pe d a d	more rson	than one that the that the that the that the the the the the the the the the th	an ee)	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	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. Gregory Aloia, President										
PO Box 1000 D-142, Athens, WV 24712	>5 hrs/wk	<del></del>		✓	_		ļ	0	0	0
(2) Charles Becker, Executive Director	>10hrs/wk	!		/				0	o	0
PO Box 1000 D-142, Athens, WV 24712 (3) Steven Rowe, Vice-President	> TUTILS/WK			۲		<u> </u>	<del> </del>			
PO Box 1000 D-142, Athens, WV 24712	>2 hrs/wk			1				o	o	0
(4) Dr. Joseph Manzo, Treasurer			<u> </u>							
PO Box 1000 D-142, Athens, WV 24712	>2 hrs/wk		<u> </u>	✓				0	0	0
(5) Dr. Joseph Allen, Director PO Box 1000 D-142, Athens, WV 24712	>1 hr/wk	1						0	0	0
(6) Dr. Marjie Flanigan, Director PO Box 1000 D-142, Athens, WV 24712	>1 hr/wk	1						0	0	0
(7) William O'Brien, Director PO Box 1000 D-142, Athens, WV 24712	>1 hr/wk	1						0	0	0
(8) John David Smith, Director PO Box 1000 D-142, Athens, WV 24712	>1 hr/wk	1						0	0	0
(9) Charles S. Inghram, Director Grants&Contract PO Box 1000 D-142, Athens, WV 24712	40 hrs/wk				1			0	53,560	0
(10) Victoria Blankenship, Fiscal Officer										
PO Box 1000 D-142, Athens, WV 24712	20 hrs/wk		<u> </u>	<u> </u>	<b>✓</b>		┡	0	24,180	0
(11)	-									
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinue	d)	
					•	C)				•	1		
	(A)	(B)	(40.0	at ah		ition	than o	300	(D)	(E)		(F)	)
	Name and title	Average					is both		Reportable	Reportable		Estima	
		hours per week	office	ranc		rect	or/trust	ee)	compensation from	compensation related	from	amou	
		(describe	악	Inst	Officer	ξey	Hıg	ç	the	organizatio	ns	compen	
		hours for	Individual trustee or director	Institutional trustee	cer	en en	hest ploy	Former	organization	(W-2/1099-M	ISC)	from	
		related organizations	or alt	ona		employee	99 (CO		(W-2/1099-MISC)			organiz and re	
		ın Schedule	rust	2		8	npe	ĺ				organiz	ations
		O)	8	stee			Highest compensated employee						
							8						
(15)													
(16)	•												
								_					
(17)													
				<u>.</u>				ļ					
(18)		ļ											
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(19)													
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(20)													
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(22)													
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(23)		ļ				ļ							
<del></del>				1	├	├	<del> </del>	⊢	<del> </del>	<u> </u>			
(24)		-					]						
(05)		<del></del>	-	⊢		├		├一		-			
(25)		1		1									
	Sub-total	l	<u> </u>	i	I	<u> </u>	<u> </u>	<u> </u>	Ö		0	-	0
C	Total from continuation sheets to Part		· Δ	•	•	•	•	•	0	-	,740	•	0
d	Total (add lines 1b and 1c)			•	•	•		•	0	<del></del>	.740		0
- 2	Total number of individuals (including but							e) w	ho received m	1	<del></del>	nf .	
_	reportable compensation from the organi			1030	, 113	ica	abov	c, ••	no received in	ore than \$1	30,000	<b>.</b>	
	Toportable compensation and are eigen									· ·		-	Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	rust	ee,	key (	emp	oloyee, or high	nest compe	nsated	1.1	
_	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3	· · · / ·
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation fro	om the		
-	organization and related organizations											1 .1	
	individual	_										4	1
5	Did any person listed on line 1a receive of	r accrue c	ompe	nsa	tion	fro	m an	y ur	related organi	zation or ind	lividual	a	
	for services rendered to the organization	? If "Yes," (	comp	iete	Scl	hed	ule J	for s	such person			5	✓
Section	on B. Independent Contractors												-
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	conti	ract	ors that receive	ed more tha	n \$100,0	000 of	
	compensation from the organization. Rep	ort compe	ensati	on f	or t	he c	alend	dar	year ending wi	th or within t	the orga	ınızatior	n's tax
	year.												
	(A)								(B)		_	(C)	
	Name and business add	iress						上	Description of s	services		ompensa	tion
N/A													
								<u> </u>					
								$\perp$					
								_					
2	Total number of independent contractor							o th	nose listed ab	ove) who	於登建	i v ž	
	received more than \$100,000 of compen	sation from	the c	orga	niza	itior	<b>P</b>		0		7 7 7	r \$ /-	

	Statement of Reve				(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512, 513, or 514
1a	Federated campaigns	1 14 X 1 (\$-48)	1a	U	Tank John (Sta)		<b>这些心态的</b>	
b c d e f	Membership dues .	,	1b					
6	•		1c					
C	Fundraising events		_					
d	Related organizations		1d					
е	Government grants (con		1e	575,693			<b>第一十二十三</b>	
f	All other contributions, gr							
	and similar amounts not inc	cluded above {	1f	262,522				
g	Noncash contributions includ	ied in lines 1a-	1f. \$			THE WAS		
h	Total. Add lines 1a-11	f		. ▶	838,215	"基"基	推動的學學學的	·蒙古·经议 汽车
				Business Code	<b>海沙河</b> 瓦城	(養認)的 地名	器"管门影	
2a					0	0	0	
b					0	0	0	
"					0	0	0	
ا ا					0	0	0	
_ a		<del></del> -			0	0	0	<del> </del>
е					ļ.—————		<u> </u>	<del> </del>
f	All other program serv				0	0	0	tar if a membration books.
g	Total. Add lines 2a-2				0	<b>建筑场势沙鸡</b>	を ・ かとかる重要。	了。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
3	Investment income			ends, interest,				1
	and other similar amo	ounts)		▶	69	69	0	<u> </u>
4	Income from investment	t of tax-exen	npt bo	nd proceeds ►	0	0	0	
5	Royalties			<b>▶</b>	0	0	0	]
-	1	(ı) Real		(II) Personal	, , , , , , , , , , , , , , , , , , , ,	25	· 大学	<b>学的美生工艺。20</b> 7
6a	Gross rents .	3:	3,832	0	<b>†</b> '			
1	ŀ	<del>-</del>	0	0	4			The state of the s
þ	Less rental expenses			0	-			St. AXES
C	Rental income or (loss)	L	3,832			22.022	<u> </u>	Latin rate of
d	Net rental income or (		· · ·	· · · · · · · ·	33,832	33,832	U The Aller of the second	ran atranta. It was
7a	Gross amount from sales of	(ı) Securiti		(II) Other	·	1 1 1 1 1 1 1		
	assets other than inventory		0	0				地震通過
b	Less, cost or other basis				· , ; ;	" 」	<b>国际企业</b>	<b>建设设置</b>
	and sales expenses		0	0		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
C	Gain or (loss) .		0	0	A			
d	Net gain or (loss)			•	0	0	0	
_	1101 94 0. (1000)			<del></del>			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FAR But the base make 1
l .					•		「しょうちゅごうちゃき	[1995] 《北野五》 古史。[1987]
82	Gross income from fu	indraising						
8a	Gross income from fu	_			,			
8a	events (not including \$		0					
8a	events (not including \$ of contributions reported		;)					
8a	events (not including \$ of contributions reported See Part IV, line 18	ed on line 10	Ţ-	3,791	-			
8a b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses	ed on line 10	a . b	1,415				
b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) from the second of the secon	ed on line 1c	a b	1,415	-		2,376	2.3
b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses	ed on line 1c	a b	1,415			2,376	2,
b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) from the second of the secon	ed on line 1c	a b	1,415	2,376		2,376	2,
b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fra Gross income from gas See Part IV, line 19	ed on line 1c s rom fundral ming activit	a b sing	1,415 events	2,376		2,376	2.
b c 9a b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fragress income from gas See Part IV, line 19 Less direct expenses	ed on line 10 com fundral ming activit	a b sing lies b	1,415 events • 0	2,376	0	2,376	2.3
b c 9a b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) from Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) from the contribution of the contribution	ed on line 10  rom fundrai ming activit  rom gaming	a b sing sing sing b	1,415 events • 0	2,376	سانفہ سمانیت سے نے	2,376	2.3
b c 9a b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) from Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) from Gross sales of income services.	ed on line 10  rom fundral aming activit  rom gaming	a b sing les b b g actives	1,415 events    0 0 vities . ▶	2,376	0		2.
b c 9a b c	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) from Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) from Gross sales of increturns and allowance	ed on line 10  rom fundral ming activit  rom gaming ventory, 1	a b less a b activess a	1,415 events  0 0 vities . ▶	2,376	0		2.3
b c 9a b c 10a	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of increturns and allowance Less cost of goods sales.	ed on line 10  rom fundral ming activit  rom gaming ventory, les old	a b les a b activess a b	1,415 events  0 0 vities . ►  0 0	2,376	0		2.3
b c 9a b c	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of increturns and allowance Less cost of goods so Net income or (loss) from the same of t	ed on line 10  rom fundral uming activit  rom gaming ventory, les old rom sales of	a b les a b activess a b	1,415 events  0 0 vities  0 entory	2,376	0	0	2.3
b c 9a b c 10a	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of interesting and allowance Less cost of goods single Net income or (loss) from Miscellaneous Reference See Part IV, line 19 Less direct expenses Net income or (loss) from Miscellaneous Reference Part IV, line 19  Miscellaneous Reference Part IV, line 19  Miscellaneous Reference Part IV, line 18  Miscellaneous Reference Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 19  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 19  Less d	ed on line 10  rom fundral iming activit  rom gaming ventory, I es old rom sales c evenue	a b les a b activess a b	1,415 events  0 0 vities  0 entory  Business Code	2,376	0	0	2.
b c 9a b c 10a	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of increturns and allowance Less cost of goods so Net income or (loss) from the same of t	ed on line 10  rom fundral iming activit  rom gaming ventory, I es old rom sales c evenue	a b les a b activess a b	1,415 events  0 0 vities  0 entory	2,376	0	0	2.3
b c 9a b c 10a b	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of interesting and allowance Less cost of goods single Net income or (loss) from Miscellaneous Reference See Part IV, line 19 Less direct expenses Net income or (loss) from Miscellaneous Reference Part IV, line 19  Miscellaneous Reference Part IV, line 19  Miscellaneous Reference Part IV, line 18  Miscellaneous Reference Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 19  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 18  Less direct expenses Part IV, line 19  Less d	ed on line 10  rom fundra  ming activit  rom gaming  ventory, 1  es  old  rom sales c  evenue  tt) Fees	a b les a b activess a b	1,415 events  0 0 vities  0 entory  Business Code	2,376	0	0	2.3
b c 9a b c 10a b c	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of in returns and allowance Less cost of goods so Net income or (loss) from Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 18  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV	ed on line 10  rom fundra  ming activit  rom gaming  ventory, 1  es  old  rom sales c  evenue  tt) Fees	a b les a b activess a b	1,415 events  0 0 vities  0 entory  Business Code 541900	2,376 0 0 38,701	0 38,701	0	2.3
b c 9a b c 10a b c	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fr Gross income from gas See Part IV, line 19 Less direct expenses Net income or (loss) fr Gross sales of in returns and allowance Less cost of goods so Net income or (loss) from Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV, line 18  Miscellaneous Readministrative (Indirect See Part IV, line 19  Miscellaneous Readministrative (Indirect See Part IV	ed on line 10  rom fundra  ming activit  rom gaming  ventory, 1  es  old  rom sales c  evenue  tt) Fees	a b les a b activess a b	1,415 events  0 0 vities  0 entory  Business Code 541900	2,376 0 0 38,701 4,116	0 38,701 4,116	0	2.3
b c 9a b c 10a b c	events (not including \$ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) frogross income from gasee Part IV, line 19 Less direct expenses Net income or (loss) frogross sales of interesting and allowance Less cost of goods so Net income or (loss) frogross frogross sales of interesting and allowance Less cost of goods so Net income or (loss) frogross frogros	ed on line 10  rom fundral aming activit  rom gaming ventory, les old rom sales of evenue ct) Fees s - release	a b les a b activess a b	1,415 events  0 0 vities  0 entory  Business Code 541900	2,376 0 0 38,701 4,116 0	0 38,701 4,116 0	0	

## 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								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		٠ ١ <u>٩</u> ٩ د				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		· , —				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members	0	0	0	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0				
7 8	Other salaries and wages	189,700 5,483	189,700 5,483	0	0				
9	Other employee benefits	51,412	51,412	0	0				
10 11	Payroll taxes	18,616	18,616	0	0				
a	Management	108,797	108,797	0	0				
b C	Legal	30 15,750	0	15,750					
d	Lobbying	0	0	0					
e	Professional fundraising services. See Part IV, line 17	0			0				
f	Investment management fees	0	0	0	0				
g	Other	229,300	229,300	0	0				
12	Advertising and promotion	1,480	1,096	384	0				
13	Office expenses	35,651	31,452	4,199	<del></del>				
14	Information technology	8,234	8,234	0	0				
15	Royalties	0	0	0	<del></del>				
16	Occupancy	35,744	31,642	4,102 1,795					
17 18	Payments of travel or entertainment expenses	80,183	78,388						
	for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings .	3,666	3,666	0					
20	Interest	0	0	0	<del></del>				
21	Payments to affiliates	4,150	4,150	0	<del></del>				
22 23	Insurance	5,771	4,130	5,771	<del> </del>				
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.)	<b>9</b> ,	,						
а	Tuition for grant participants	71,202	71,202	0	0				
b	Research&Educational supplies/materials	6,911	6,911	0	<del></del>				
c	Licenses/Permits/Dues	1,725	1,375	350	0				
d	Equipment Rental	6,043	6,043	0	0				
е	All other expenses	85,881	85,531	350	0				
25_	Total functional expenses. Add lines 1 through 24e	879,848	847,497	32,351	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. Check here following SOP 98-2 (ASC 958-720)				5 000 (2014)				

	ert X	Balance Sheet			Page II
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	112,100	1	32,570
	2	Savings and temporary cash investments	358,424	2	359,132
	3	Pledges and grants receivable, net	110,671	3	53,399
	4	Accounts receivable, net	210,447	4	354,896
1	5	Receivables from current and former officers, directors, trustees, key		1 10	
- 1	•	employees, and highest compensated employees. Complete Part II of			1 2 The same
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section		347	### * 1.7 * 12 **
	v	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		). (2) b	
		employers and sponsoring organizations of section 501(c)(9) voluntary		1 m	[
y,		employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	70,298	_	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	21,155	9	1,250
İ	10a	Land, buildings, and equipment: cost or		· #, ·	4
		other basis. Complete Part VI of Schedule D 10a 138,710		<u>\$</u> +	\darkar
- 1	b	Less: accumulated depreciation 10b 17,010	530,655	10c	121,700
1	11	Investments—publicly traded securities	0	11	0
1	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	2,070	15	8,428
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,415,820	16	931,375
	17	Accounts payable and accrued expenses	177,908		190,206
	18	Grants payable	0	18	0
ł	19	Deferred revenue	104,453		70,644
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	. 0	21	0
es	22	Payables to current and former officers, directors, trustees, key	-		i i
#		employees, highest compensated employees, and disqualified persons.	-		_
Liabilities		Complete Part II of Schedule L	0	22	0
<b>-</b>	23	Secured mortgages and notes payable to unrelated third parties	500,000		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
i	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	455 200		422.000
1		of Schedule D	455,380	25	433,068
	26		1,237,741		693,918
-+	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ ✓ and complete	1,237,741	*	000,010
es		lines 27 through 29, and lines 33 and 34.		· ·	`
೭	27	Unrestricted net assets	78,263	27	115,724
<u> </u>	28	Temporarily restricted net assets	99,816	_	121,733
P	29	Permanently restricted net assets	0		0
5		Organizations that do not follow SFAS 117, check here ▶ □ and		٠.	;
7		complete lines 30 through 34.	•	1	
13	30	Capital stock or trust principal, or current funds	0	30	0
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Net Assets or Fund Balances	33	Total net assets or fund balances	178,079	33	237,457
	34	Total liabilities and net assets/fund balances	1,415,820	34	931,375
					Form <b>990</b> (2011)

n	4	n
Page	ı	4

	90 (2011)			Pa	age 1
art	Reconciliation of Net Assets		·		
	Check if Schedule O contains a response to any question in this Part XI	<u>· · · · · · · · · · · · · · · · · · · </u>		• •	. ✓
1	Total revenue (must equal Part VIII, column (A), line 12)	11		91	7,309
2	Total expenses (must equal Part IX, column (A), line 25)	2		87	9,848
3	Revenue less expenses. Subtract line 2 from line 1	3		3	7,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17	8,079
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	1,917
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		23	7,457
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			<u>. C</u>
			(Case) v	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	n Kara	A	Sugar,
				34 3	1. * * :
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		, , , , , , , , , , , , , , , , , , ,
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		2a 2b	<b>✓</b>	<b>1</b>
	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 versigh	2a 2b	<b>✓</b>	1
b	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 ovorf the audit, review, or compilation of its financial statements and selection of an independent accountant?	 versigh intant?	2a 2b t 2c	<b>✓</b>	<b>V</b>
	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 or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process.	 versigh intant?	2a 2b at 2c	<b>✓</b>	<b>V</b>
b c	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 organization of the audit, review, or compilation of its financial statements and selection of an independent accountant of the organization changed either its oversight process or selection process during the tax year, exschedule O.	 versigh intant? plain ir	2a 2b tt 2c		1
b	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 or of the audit, review, or compilation of its financial statements and selection of an independent accountant the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	 versigh intant? plain ir	2a 2b tt 2c 7	<b>✓</b>	✓ ✓
b c	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 or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years and on a separate basis, consolidated basis, or both:	 versigh intant? plain ir	2a 2b tt 2c c		1
b c d	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 organization compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements are the years are to line 2a or 2b, check a box below to indicate whether the financial statements are the years are the	 versigh intant? plain in ar were	2a 2b tt 2c c c c c c c c c c c c c c c c c c	The state of the s	✓ ✓
b c	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 or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years used on a separate basis, consolidated basis, or both:  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	 versigh intant? plain in ar were	2a 2b tt 2c c c c c c c c c c c c c c c c c c		1
b c d	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 or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years used on a separate basis, consolidated basis, or both:  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	versight intant? splain in ar were forth in	2a 2b tt 2c 2c 3a 3a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

	cord University Res		·						55-0769			
			ity Status (All organ						nstruction	s.		
he o	☐ A church, con☐ A school desc	vention of church ribed in <b>section</b>	tion because it is: (Fo nes, or association of <b>170(b)(1)(A)(ii).</b> (Attac	churches h Schedu	describe ule E.)	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).			
3 4	A medical rese		spital service organiza in operated in conjunc e:						D(b)(1)(A)(ii	i). Enter	the	
5		on operated for to the complete (Complete) (1)(A)(iv).	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a go	vernmental	unit d	escrib	ed in
6 7	☐ An organization	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the ger	eral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)	<b>(vi).</b> (Con	nplete Pa	rt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sut lated bus	oject to c siness tax	ertain ex kable inc	ceptions	s, and (2) ss sectio	no more	than 33	1/3%	of its
10 11	An organization	on organized an one or more pub	operated exclusively doperated exclusive licly supported organ describes the type of s	ely for th	e benefit described	of, to p	perform 1 ion 509(a	the funct a)(1) or se	ions of, or ection 509(	a)(2). S		
	other than fou or section 509	indation manage (a)(2).	that the organization rs and other than one	e or more	ntrolled d publicly	rectly or supporte	indirecti ed organi	izations o	described i	squalifi n sectio	ed pe on 509	rsons 9(a)(1)
f g	organization, o	check this box .	written determination								portir · ·	ng
-	following pers	ons?	ndirectly controls, eith							I	Yes	No
	(III) below,	the governing bo	ody of the supported of	organizat	ion?					11g(i)	<del></del>	
		•	on described in (i) abo							11g(ii)		
			a person described in on about the supporte							11g(iii)		i
(ı)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		n in organization in col		(vii) Amount of support		of
			(300 msu douons),	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)	,											
(D)										2.		
E)				-								
		,	•					, .	1.12.			

Page **2** 

	(Complete only if you checked the						alify under
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	r the tests iis	ited below, p	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(a) 2001	(6) 2000	(6) 2003	(4) 2010	(6) 2011	(i) Total
•	membership fees received. (Do not						
	ınclude any "unusual grants.")	400,729	241,552	739,341	722,070	838,215	2,941,907
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities	!					
	furnished by a governmental unit to the		_	_		_	_
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	781,746	241,552	739,341	722,070	838,215	2,941,907
5	The portion of total contributions by			- ,	,		
	each person (other than a	-		`	*		
	governmental unit or publicly supported organization) included on				· `	1,12	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	,					0
6	Public support. Subtract line 5 from line 4.						2,941,907
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	781,746	241,552	739,341	722,070	838,215	2,941,907
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	7 022	4 670	420	152	69	12 162
•	Net income from unrelated business	7,832	4,679	430	132	69	13,162
9	activities, whether or not the business	i					
	is regularly carried on	اه ا	0	o	o	2,376	2,376
10	Other income. Do not include gain or	-				2,000	
	loss from the sale of capital assets						
	(Explain in Part IV.)	31,190	34,910	40,032	37,663		220,444
11	Total support. Add lines 7 through 10	V	<b>≈</b> ';				3,177,889
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·			<u>· · • []</u>
	on C. Computation of Public Suppo			1 001 (6)		14	92.58 %
14	Public support percentage for 2011 (line					15	93.97 %
15 16a	Public support percentage from 2010 Sc 331/3% support test—2011. If the organi	ization did not i	check the hox	on line 13 and	d line 14 is 331		
.00	box and <b>stop here.</b> The organization qua						
b	331/3% support test-2010. If the organ						
	check this box and stop here. The organ						_
17a	10%-facts-and-circumstances test-2	011. If the orga	ınization did ne	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 2	<b>010.</b> If the orga	anization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization in				=		
18	supported organization						. <b>&gt;</b> [
.0	instructions						

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

### 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	- 1					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		ļ			ĺ	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					i	
	received from disqualified persons .		<u> </u>			<u> </u>	
b	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			l			
_	Add lines 7a and 7b				<del>-</del> -		
с 8	Public support (Subtract line 7c from	<del> , , , -</del>	<del> </del>	•		131340	
	line 6.)		1-	_			
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		****				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				Ì	[	
	acquired after June 30, 1975		<del>                                     </del>		<del></del>	1	
•	Add lines 10a and 10b		<del> </del>	·			<del></del>
11	Net income from unrelated business		İ			, ,	
	activities not included in line 10b, whether or not the business is regularly carried on		1				
40	Other income. Do not include gain or		<del> </del>	<del> </del>		<del>                                     </del>	
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						····
	and 12.)		1			]	
14	First five years. If the Form 990 is for t	he organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>		🕨 🗆
Secti	on C. Computation of Public Suppo						<del></del>
15	Public support percentage for 2011 (line					15	<u>%</u>
16	Public support percentage from 2010 Sc			<u> </u>	· · · ·	16	<u> </u>
	on D. Computation of Investment In			u line 40 - ele	(f)	47	0/
17	Investment income percentage for 2011					17	<u>%</u> %
18	Investment income percentage from 201 331/3% support tests—2011. If the organ	u Schedule A,	ram III, IIne 17		nd line 15 is r		
19a	17 is not more than 331/3%, check this box	and stop here	The organizat	ion qualifies as	a Dublicly since	orted organizati	on . $ ightharpoonline$
1	33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organi						
b	line 18 is not more than 331/3%, check this	box and ston	here. The organ	nization qualifies	s as a publicly	supported organ	ization $ ightharpoonup$
20	Private foundation. If the organization d						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4
		<b></b>
<del></del>		
		· • • • • • • • • • • • • • • • • • • •
		·

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

2011

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Concord University Research and Development Corporation 55-0769622 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . 1 Aggregate contributions to (during year). 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Assets included in Form 990, Part X .

Part								
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	other reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
Part				<u> </u>				
, circ	line 9, or reported an amoun				janization	u.15**C	103 101	, Oim 550, 1 air 14,
1a					or contribut	tions or	other assets	not
•	included on Form 990, Part X?			-				
b	If "Yes," explain the arrangement in Pa							
							1	Amount
С	Beginning balance					10	;	
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa		·					
Part			ization a	nswered	"Yes" to F	orm 9	90, Part IV, lir	ne 10.
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				i			
b	Contributions							家/# …
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							444
-	Other expenditures for facilities and programs		<del> </del>					
f	Administrative expenses		1		-			BL-Fa
g	End of year balance		+					
2	Provide the estimated percentage of t	he current vear e	nd balan	re (line 10	column (a	ı)) held	as.	18.5
-	Board designated or quasi-endowmer			, , , , , , , , , , , , , , , , , , ,	,, 00,0,,,,,	.,,	۵۰.	
b	Permanent endowment ►	%						
	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			ization th	at are held	and ad	ministered for	the
	organization by		_					Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ							. 3b
4	Describe in Part XIV the intended uses						<del></del>	
Part	VI Land, Buildings, and Equip	ment. See For	m 990, F	art X, lin	e 10.			
	Description of property	(a) Cost or (invest			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		30,600				· 计	30,600
b	Buildings		68,610				8,019	60,591
С	Leasehold improvements		C				0	0
d	Equipment		35,000				8,428	26,572
е	Other		4,500	<del></del>			563	3,937
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, columr	n (B), line 10	O(c) )	▶	121,700

Part VII Investments—Other Securi	ties. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(G) (H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12	1 >	,
Part VIII Investments—Program Rel		line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)	****	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13	3.) ▶	
Part IX Other Assets. See Form 990		
	(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		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		<u> </u>
(2) Funds held for Others	433,068	<u>3</u>
(3)		_
(4)		_
(5)		+
(6)		-{ '.
(8)		· ·
(9)	-	<b>⊣</b>
(10)		-† · `
(11)		† · · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	5) ▶ 433,068	B

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	917,309
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	879,848
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	37,461
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10		10	37,461
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	917,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV.)	<u> </u>	
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	917,309
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	1	
b	Other (Describe in Part XIV.)		_
_C	Add lines <b>4a</b> and <b>4b</b>	4c	<del></del>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	917,309
Part		1	
1	Total expenses and losses per audited financial statements	1	879,848
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-∤	
b	The year adjustments	Η.	
C	Other losses	1	
d	Other (Describe in Part XIV.)	2e	
e	Add lines 2a through 2d	3	879,848
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	۳	070,040
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV.)	-₹	
c	Add lines 4a and 4b	40	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			_ <del> </del>
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com		

Schedůle D (Form 990) 2011

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Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		·

### **SCHÉDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

**Concord University Research and Development Corporation** 55-0769622 Part VI, Section B, Line 11 - Form 990 is completed based upon the financial statements utilized for the annual audit. The results of the audit are provided to the Board at the next regularly scheduled meeting. This method allows for the same information to be provided to the Board in a more condensed format. Part VI, Section B, Line 12 - The Board members are reminded biannually, at the regular board meetings, of the requirement and all grant recipients are notified at the time of award. Part VI, Section B, Line 13 & 14 - The written policies are posted on the website and are available upon request.