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# Form **990**

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)

2012

OMB No 1545-0047

Open to Public

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

		2012	<del>. ' </del>		24.22	2012			<u> </u>				
		2012 ca pplicable	C Name of organization	ing 07-01-2012 , 2012, and endi	ng 06-30	-2013	D Employ	yer ide	entification number				
_	dress ch		WEST VIRGINIA UNIVERSITY RES	EARCH CORPORATION			55-06	6575	8				
Na	me cha	nge	Doing Business As										
_	ial retu		Number and street (or P O box in 886 CHESTNUT RIDGE ROAD NO	f mail is not delivered to street address) F	Room/suit	e	E Telepho	ne nun	nber				
_	minate						(304)	293-	4008				
_	ended	return n pending	City or town, state or country, ar MORGANTOWN, WV 26506	nd ZIP + 4									
API	Jilcatioi	r pending	<b>F</b> Name and address of p	orincipal officer	T	11/2) 7			\$ 134,856,467				
			DANIEL DURBIN	·			his a group iates?	returi	TYes ▼ No				
			886 CHESTNUT RIDGE F MORGANTOWN, WV 265			H(b) Ara	all affiliates	s incli	uded?				
									(see instructions)				
Та	x-exen	npt status	501(c)(3) 501(c)()	◀ (insert no )	7	H(c) Gro	oup exempti	on nu	mber ▶				
W	ebsite	e:► HT	TP //RESEARCH WVU EDU			n(c)	rap exempe						
<b>∢</b> Forr	n of or	ganızatıor	Corporation Trust Associa	ation Other 🕨	•	<b>L</b> Year of	formation 198		1 State of legal domicile				
Pa	rt I	Sum	nmary					V	V V				
			<b>-</b>	sion or most significant activities									
	:	TO FOS	STER AND SUPPORT RESEAR	CH AT WEST VIRGINIA UNIVER	SITY								
Governance													
₽													
ž	2	Cneck t	nis box 🞮 littne organization	discontinued its operations or dis	posea or	more than	25% OF ITS	net a	ssets				
	3	Number	of voting members of the gove	erning body (Part VI, line 1a) .			. [	3	15				
Activities &	I			rs of the governing body (Part VI, I			ŀ	4	3				
<u> </u>	I		umber of individuals employed in calendar year 2012 (Part V, line 2a)										
ž			•	r necessary)			•	6 7a	1,090,609				
	1			e from Form 990-T, line 34				7b	0				
				<u> </u>		1	ior Year		Current Year				
<b>a.</b>	8	8 Contributions and grants (Part VIII, line 1h)						371	107,245,727				
Revenue	9			, line 2g)			20,838,257		22,736,005				
F.	10 11		, ,	mn (A), lines 3, 4, and 7d) . . A), lines 5, 6d, 8c, 9c, 10c, and 11			494,5		592,815				
	12			11 (must equal Part VIII, column (	•		229,3	020	233,981				
		12) .					127,579,4		130,808,528				
	13 14			art IX, column (A), lines 1-3). t IX, column (A), line 4)			23,756,8	0	32,030,233				
	15		· ·	oyee benefits (Part IX, column (A),				$\dashv$	0				
\$		5-10	)				16,013,5	511	17,733,845				
Expenses	16a			X, column (A), line 11e)				0	0				
五	17		undraising expenses (Part IX, column	(D), line 25) ► 0 ), lines 11a-11d, 11f-24e)			87,409,9	150	80,732,967				
	18			nust equal Part IX, column (A), line			127,180,2	-	130,497,045				
	19			ne 18 from line 12			399,1	-	311,483				
දීප්						_	ng of Currer	nt	End of Year				
See and the second	20	Total	assets (Part X. line 16)				<b>Year</b> 101,552,3	16	93,050,387				
Net Assets of Fund Balances	21		liabilities (Part X, line 26) .				60,888,5	-	51,343,985				
2 P	22	Net a	ssets or fund balances Subtra	ct line 21 from line 20			40,663,8	300	41,706,402				
	rt II		nature Block										
				examined this return, including acc omplete Declaration of preparer (									
			nowledge	· · · · · · · · · · · · · · · · · · ·		,							
			***			1.	2014 05 14						
Sign	1	**** Sign	*** ature of officer				2014-05-14 Date						
Her			IEL DURBIN TREASURER										
		17	e or print name and title					D.T.T.					
Da:	4		Print/Type preparer's name	Preparer's signature	Da	ا ا	neck if If-employed	PTIN					
Paid Pro	a pare	\r	Firm's name 🕨				m's EIN 🕨						
	Pare On		Firm's address 🕨			Ph	none no						
		- w i											

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par	t III	Statement of Program Check if Schedule O contains				·
1	Brief	y describe the organization's n	nission			
					D TO PROVIDE EVALUATION, [ E FACULTY, STAFF AND STUDE	
2	the pr	e organization undertake any s ior Form 990 or 990-EZ? . s," describe these new service				⊤Yes 🔽 No
3	Did th	e organization cease conductions: es? s," describe these changes on	ng, or make sıgnıfıcant		ucts, any program	┌Yes ┌ No
4	Desci	tbe the organization's program	service accomplishme 1(c)(4) organizations a	are required to report th	e largest program services, as mea ne amount of grants and allocations	
	(Code	e ) (Expenses	\$ 121,838,279	ıncludıng grants of \$	32,030,233 ) (Revenue \$	21,645,396 )
	THE E CHAR UNIVI AND: COME COME UNIVI COME ENDE SPON BECA MILLI FACU EXPAI COLL PROJ CONE CONE ENGA	EXPRESSED PURPOSE TO FOSTER AND ITABLE, EDUCATIONAL, AND SCIENTIFICATIONAL, AND SCIENTIFICATIONAL, AND SCIENTIFICATIONAL, AND SCIENTIFICATIONAL, AND SCIENTIFICATIONAL, AND SCIENTIFICATIONAL OF WEST VIRGINIA UNIVERSITY OF WEST VIRGINIA UNIVERSITY OF WEST	SUPPORT RESEARCH AT WIC PURPOSES, INCLUDING ION, DEVELOPMENT, PATEN SITY FROM A FUNDING PER THIS SUPPORT HAS BEEN IN BOTH THE US HOUSE AND ING THESE CHALLENGES BY GRAMS AND PROPOSAL DEVELOE AND FROM \$3 3 MILLION TO BE RESOURCES HAVE BEEN ESEARCH ENTERPRISE FROM 3 WURC COMMENCED OPERARMACEUTICALS (THE THIF DAND ITCOMENT OF AND ITCOME	EST VIRGINIA UNIVERSITY (NO FOR SUCH PURPOSES (1) TITING, MANAGEMENT AND MAISPECTIVE, FEDERALLY SUPPOSES (1) TENDER TO SENATE AND THE "SPEND DESTRENGTHENING THE COMINATION FROM THE PREVIOUS (LION FROM THE PREVIOUS (LION FROM THE PREVIOUS (LION) FROM THE WU CLINIAND FROM THE WAY CLINIAND SEDERAL AND STATE LEVELS, IVE STRATEGIES TO SECURE	AS CREATED IN ACCORDANCE WITH THE WVU) THE CORPORATION IS ORGANIZED OF OSTER AND SUPPORT RESEARCH AT VARKETING SERVICES FOR INVENTIONS BY ORTED RESEARCH PROGRAMS REPRESEN AS INCREASING FEDERAL BUDGET DEFICITION OWN. OF ONE-TIME ARRA STIMULUS FUI PETITIVENESS OF ITS FACULTY FOR GRAN WILL RELY ON WVURC'S INFRASTRUCTURES ARE WORKING IN FY 2013, THE AMOUNT OF THE WORKING COMPETED THE WORKING IN FOR THE WORKING COMPETED THE WORKING IN THE UNIVERSITY THROUGH WALL AND PHARMACOLOGICAL RESEARCH OF THE WORKING ITS RESEARCH OF THE WORKING ITS RESEARCH OF THE WORKING IN THE WORKING IN THE WORKING IN THE WORKING IN THE WORKING THE W	EXCLUSIVELY FOR VEST VIRGINIA THE FACULTY, STAFF IT AN IMPORTANT TS, LOSS OF KEY NDING THE ITS THROUGH A RE TO SUPPORT THAT DUNT OF EXTERNALLY WITH WAS IMPRESSIVE ED FUNDING OF \$2 4 TITIVENESS OF THE JRC CONTINUES TO IS, AND CENTER THIS I THE WORLD) TO RPORATION WILL JRC REMAINS
4b	(Code	e ) (Expenses	\$ 1	ncluding grants of \$	) (Revenue \$	)
4c	(Code	e ) (Expenses	\$ I	ncluding grants of \$	) (Revenue \$	)
	O+b	er program services (Describe	n Schedule O \			
-ru		enses \$	including grants of \$	5	) (Revenue \$	)
<b>4e</b>	Tota	l program service expenses ►	121,838,279			

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[h]{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

- 1	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   256			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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)?	<b>4</b> a	Yes	
)	If "Yes," enter the name of the foreign country •CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			_
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	H		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	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 organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

#### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ALAN MARTIN SECRETARY 886 CHESTNUT RIDGE ROAD MORGANTOWN, WV (304) 293-7398

Form 990	(2012	•
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any 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 (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

(A) Name and Title		A Verage hours per more than one box, unless compensation week (list person is both an officer any hours and a director/trustee)  A Verage hours per more than one box, unless compensation from the any hours and a director/trustee)  A Verage hours person is done to box, unless compensation from the organization (W-organizations							/-	(F) Estima imount o compens from t	ited f other sation the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											$\perp$		
1b	Sub-Total			•			•	<b>*</b>					
c d	Total from continuation sheet			Α.	•	•	•	•	786,669	5,282,7	52		750,01
	Total (add lines 1b and 1c) .  Total number of individuals (in			to th	ose	liste	d abov			, ,	<i>J</i> 2		750,01.
_	\$100,000 of reportable compe							-,					
												Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee,	, or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			1
	services rendered to the organ	nization <i>i It "Yes</i>	," compi	ete S	cnea	ule.	) for su	cn p	erson		5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five	ve highest comp	ensate	d ind	eper	den	t contr	acto	rs that received mo	re than \$100,000	of,		

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B)	(C)
	Description of services	Compensation
CROTHALL FACILITIES MANAGEMENT INC 955 CHESTERBROOK BLVD STE 300 WAYNE PA 19087	MEDICAL FAC MGMT	1,811,282
ADNET SYSTEMS INC 2 BROOKCREST CT POTOMAC MD 20854	IT SOLUTION/SERV	1,444,990
WVU MEDICAL CORP DBA UNIV HEALTH ASSOCIA PO BOX 740 MORGANTOWN WV 26507	HOSPITAL	1,151,291
BLANCHETTE ROCKEFELLER NEUROSCIENCE INST PO BOX 9301 MORGANTOWN WV 26506	NEUROSCIENCES RES	1,141,699
WVHTC FOUNDATION 1000 TECHNOLOGY DRIVE STE 1000 FAIRMONT WV 26554	TECHNOLOGY RESEARCH	1,090,492
Total number of independent contractors (including but not limited to those listed abo	was wha was a was down and them	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \-47

Part V	4 0 0	Statement o	of Revenue ule O contains a respon		thu Dant VIII			
		Check ii Schedi	uie O Contains a respon	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
<u> </u>	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
وَيُ وَيَ	С	Fundraising ev	ents <b>1c</b>					
iffs, ar A	d	Related organiz	zations 1d					
 E. G.	e	Government grant	s (contributions) <b>1e</b>	105,371,233				
Siis	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,874,494	ł			
tributio Other	-	sımılar amounts no	ot included above					
i di	g	noncash contributi 1a-1f \$	ons included in lines					
Contand	h	Total. Add line:	s 1a-1f	· · · .	107,245,727			
<u> </u>				Business Code				
ven	2a	SPONSORED RESE	ARCH	900099	22,736,005	21,645,396	1,090,609	
윤	b							
¥C.	C							
<u> </u>	d e							
E	f	All other progra	am service revenue					
Program Serwce Revenue				_				
	g 3		s 2a-2f come (including dividence		22,736,005			
		and other sımıl	aramounts)	🟲 [	188,462			188,462
	4		stment of tax-exempt bond p	proceeds	159,481			159,481
	5	Royalties .	(ı) Real	(II) Personal	135,401			139,401
	6a	Gross rents	74,500	(II) I CISOIIII				
	ь	Less rental expenses	0					
	С	Rental income or (loss)	74,500					
	d		me or (loss)		74,500			74,500
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,452,292					
	ь	Less cost or other basis and	4,047,939					
	c	sales expenses Gain or (loss)	404,353					
	d		ss)		404,353			404,353
_	8a	Gross income f						
Other Revenue		events (not inc \$	s reported on line 1c)					
Œ.		occ r are IV, iii	a					
‡	b		penses <b>b</b> [					
•	C		(loss) from fundraising (	events 🛌				
	94		from gaming activities ne 19 <b>a</b>					
	ь		penses b					
	с 10а	Net income or of Gross sales of returns and allo		/ities <b></b> -				
	b	_	a oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneou	s Kevenue	Business Code				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	L	🕨				
	12	Total revenue.	See Instructions	▶	422.222.7	24 645 ===		225 ===
	l	_		[ ]	130,808,528	21,645,396	1,090,609	826,796 Form <b>990</b> (2012)

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	nrt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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	29,664,467	29,664,467		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,292,907	2,292,907		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	72,859	72,859		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,685,842	11,838,307	1,847,535	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	680,305	585,661	94,644	
9	Other employee benefits	2,338,232	2,012,938	325,294	
.0	Payroll taxes	1,029,466	890,492	138,974	
1	Fees for services (non-employees)				
а	Management				
b	Legal	184,194	3,040	181,154	
C	Accounting				
d	Lobbying	33,334		33,334	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	129,529	12,148	117,381	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
2	Advertising and promotion	450,239	393,298	56,941	
3	Office expenses	2,135,990	1,736,558	399,432	
4	Information technology	1,440,137	1,219,286		
5	Royalties	72,007	, ,	72,007	
5	Occupancy	1,828,820	1,793,306	<del>                                     </del>	
7	Travel	4,308,068	4,198,032	· ·	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	, ,	, ,	,	
9	Conferences, conventions, and meetings	417,747	370,909	46,838	
0	Interest	722,717	722,717		
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,096,777	1,096,777		
3	Insurance	203,987	32,914	171,073	
4	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	SHARED SERVICES	45,699,158	44,778,629	920,529	
b	OPERATING EXP TO WVU	8,393,465	7,924,915	468,550	
c	RESEARCH/EDUC SUPPLIES	6,322,445	6,297,707	24,738	
d	CONSULTING/SUBCONT FEE	5,638,034	2,797,659	2,840,375	
e	All other expenses	1,656,319	1,102,753	553,566	
5	Total functional expenses. Add lines 1 through 24e	130,497,045	121,838,279	8,658,766	
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part $X$			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	23,584,526	1	19,838,139
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	22,799,354	3	19,452,401
	4	Accounts receivable, net		4	
Assets	5	Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees Complete Part II of Schedule L	, key	5	
	6	Loans and other receivables from other disqualified persons (as defined under se $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employence and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficing organizations (see instructions) Complete Part II of Schedule L	yers	6	
88	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	285,512	9	292,547
	10a	Land, buildings, and equipment cost or other basis Complete	,		<u>'</u>
		Part VI of Schedule D 55,44	45,535		
	ь	Less accumulated depreciation 10b 11,30	07,110 45,202,524	10c	44,138,425
	11	Investments—publicly traded securities	7,346,353	11	9,328,875
	12	Investments—other securities See Part IV, line 11	2,334,000	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	47	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,552,316	16	93,050,387
	17	Accounts payable and accrued expenses	23,441,015	17	15,840,826
	18	Grants payable		18	
	19	Deferred revenue	14,090,408	19	13,743,818
	20	Tax-exempt bond liabilities		20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	23,350,160	23	21,759,186
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	6,933	25	155
	26	D	60,888,516		51,343,985
	26	Total liabilities. Add lines 17 through 25	50,000,510	20	31,343,363
φ		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	17,420,465	27	19,275,260
<u> </u>	28	Temporarily restricted net assets	23,243,335	28	22,431,142
=	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
<u> </u>		complete lines 30 through 34.			
Assets or	30	Capital stock or trust principal, or current funds		30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net ,	33	Total net assets or fund balances	40,663,800	33	41,706,402
Ż	34	Total liabilities and net assets/fund balances	101,552,316	$\vdash$	93,050,387
	1		.31,002,010		Form <b>900</b> (2012)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Check in Schiculate St Contains a response to any question in this rate XI. I. I. I. I. I. I.	· ·		•	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		130,8	308,528
2	Total expenses (must equal Part IX, column (A), line 25)	2		130,4	197,045
3	Revenue less expenses Subtract line 2 from line 1	3		3	311,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,6	563,800
5	Net unrealized gains (losses) on investments	5		1	.39,348
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		Ę	591,771
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		41,7	706,402
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis 🔽 Both consolidated and separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigle audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			1:
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:** 

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	s,Tru	uste	es,	Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list		than	o not one son is er an trust	box s bo d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
JAMES PCLEMENTS CHAIRMAN	20	х		х				0	670,776	34,914
MICHELE WHEATLY VICE-CHAIRMAN	2 00	х		х				0	325,945	38,684
BARBARA DUCATMAN DIRECTOR	20	х						0	135,222	8,607
CHRISTOPHER COLENDA DIRECTOR	1 00	х						0	245,181	15,709
EUGENE CILENTO DIRECTOR	1 00	х						0	251,157	23,874
NARVEL WEESE DIRECTOR	2 00	х						0	250,890	34,093
BOJAN CUKIC DIRECTOR	1 00	х						0	186,256	20,202
JIM ANDERSON DIRECTOR	10	х						0	139,212	24,453
LAURIE GUTMANN DIRECTOR	1 00	х						0	46,917	16,717
ROBERT JONES DIRECTOR	1 50	х						0	218,525	22,957
ARTHUR J ROSS III DIRECTOR	50	х						0	268,591	36,474
JULIE SMITH DIRECTOR	10	х						0	0	0
MIKE GREEN DIRECTOR	50	х						0	0	0
MARK WISE DIRECTOR	50	х						0	0	0
DANIEL ROBISON DIRECTOR	50	х						0	126,503	17,865
ANJALI HALABE ASSISTANT TREASURER	5 00			х				0	130,415	13,067
MARY JANE BUCKLAND ASSISTANT SECRETARY	2 00			х				0	90,429	20,515
ALAN MARTIN SECRETARY	1 00			х				0	127,001	16,308
DANIEL DURBIN TREASURER	5 00			х				0	191,576	35,417
MRIDUL GAUTAM VICE PRESIDENT	2 00			х				0	233,798	32,300
DANIEL VASGIRD DIRECTOR, OFFICE OF RESEAR	60 00					х		159,187	0	26,530
LARUE WILLIAMS DIRECTOR, OFFICE OF RESEARCH PROGRAM MGMT	37 50					x		102,339	0	12,822
PHILIP SPARKS DIRECTOR, OFFICE OF TECH T	65 00					х		186,935	0	29,868
JOSEPH KOZUCH INT DIR ADV ENERGY INITIATIVE	37 50					х		151,690	0	14,169
GERALD IWAN MANAGER, NATIONAL ENVIR SE	40 00					x		122,290	0	7,288

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

0 00

0 00

RUDOLPH ALMASY

FORMER DIRECTOR

CAMERON HACKNEY

FORMER DIRECTOR

compensated Employees, and Indepen	ident contr	101013							•	
(A) Name and Title	(B) A verage hours per week (list	verage Position hours more ti per unless p week an of			box s bo d a	,		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		25.246	organizations
CURT PETERSON FORMER PRESIDENT	0 00						х	0	25,346	1,725
ELIZABETH JANE MARTIN FORMER V-CHAIR & DIR	0 00						х	0	10,518	0
DAVID HARDESTY JR FORMER CHAIRMAN & DIR	0 00						х	0	281,357	25,883
GERALD LANG FORMER V-CHAIR & DIR	0 00						х	0	267,207	33,956
EARL SCIME FORMER DIRECTOR	0 00						х	0	201,080	32,468
THOMAS SABA FORMER DIRECTOR	0 00						х	64,228	0	0
PATRICK CALLERY FORMER DIRECTOR	0 00						х	0	153,632	28,529
FRED BUTCHER FORMER DIRECTOR	0 00						х	0	321,213	40,603
JAMES BRICK FORMER DIRECTOR	0 00						х	0	82,114	12,143

Х

Х

148,387

153,504

0

0

27,079

44,796

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

**Employer identification number** 

## SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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

2012

Open to Public Inspection

								55-0665	758			
Par	t I	Reason for Pu	blic Charity Sta	tus (All or	ganızatıon	s must com	plete this	part.) See	ınstruct	ions.		
The o	rganızat	ion is not a privat	te foundation becaus	seitis (For	lınes 1 thro	ugh 11, chec	k only one	box)				
1	$\Gamma$ A	church, convent	ion of churches, or a	ssociation o	f churches o	described in s	section 170	(b)(1)(A)(i)	•			
2	$\Gamma$ A	school described	in <b>section 170(b)(</b> :	1)(A)(ii). (At	ttach Sched	ule E )						
3	Г A	hospital or a coo	perative hospital se	rvice organi:	zatıon descı	ribed in <b>secti</b>	on 170(b)(1	L)(A)(iii).				
4	Γ A	medical researc	h organızatıon opera	ted ın conjur	nction with a	nhospital des	scribed in <b>s</b> e	ection 170(b)	)(1)(A)(i	iii). E	nter the	!
_	_ h	ospital's name, ci	ity, and state									
5			erated for the benefi		e or univers	ity owned or	operated by	a governme	ntai unit	aesci	ibea in	
_			( <b>A)(iv).</b> (Complete P				4=6(1)					
6	_		local government o	_								
7 8	_ d	escribed in <b>sectio</b>	at normally receives on <b>170(b)(1)(A)(vi).</b> : described in <b>sectio</b> i	. (Complete I	Part II)		-	nental unit or	from the	gene	ral publ	IC
9								ibutions, mei	mbership	fees	and are	oss
-		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
			oss investment inco		_							s
			ganızatıon after June				-		,			
10		. ,	, ganızed and operate	•		. , . , .	•	•				
11	_		ganized and operate	•		• '				out t	he purp	oses of
		ne box that descri	ly supported organize the type of supported by Type II <b>c</b>	oorting organ	ıızatıon and	complete line	es 11e thro	ugh 11h				-
e	О		ox, I certify that the ion managers and ot									
f		_	received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III sup	porti	ng orgai	nizatio <u>n,</u>
		heck this box	2006 has the swan				6					ı
g		ollowing persons?	2006, has the organ	ization acce	pted ally gli	t of Colleibut	.1011 110111 a11	y of the				
			rectly or indirectly	controls, eith	ner alone or	together with	n persons d	escribed in (i	1)		Yes	s No
	а	nd (III) below, the	governing body of th	ne supported	organizatio	n?				11g(	i)	No
	(	<b>ii)</b> A famıly memb	er of a person descr	ıbed ın (ı) ab	ove?					11g(	ii)	No
	(	iii) A 35% contro	lled entity of a perso	on described	ın (ı) or (ıı)	above?				11g(	iii)	No
h	Р	rovide the followi	ng information about	the support	ed organiza	tion(s)						
sup	ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is to organizati col (i) listo your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zation of your	(vi) Is a corganization col (i) orgun the U	ion in anized			mount of y support
			instructions))	Yes	No	Yes	No	Yes	No			
(A) W VIRGII UNIVE	ΝIΑ	556000842	IRC SECTION 115	Yes		Yes		Yes			130	,497,045
								1		$\top$		

130,497,045

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134052544

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

99,814

99.814

Nο

Nο

Nο Nο

Νo

Nο

Nο

Yes

Yes

Yes

2a

2b

2c

3

4

5

chedule C (Form 990 or 990-EZ) 2012	Page			
Part II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TOP			
	(a	ı)	(b)	
or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ctivity.		No	Amount	

- During the year, did the filing organization attempt to influence foreign, national, state or local 1 legislation, including any attempt to influence public opinion on a legislative matter or referendum. through the use of
- a Volunteers?

a

- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Media advertisements?
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- Other activities?
- Total Add lines 1c through 1i
- 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- **b** If "Yes." enter the amount of any tax incurred under section 4912
- c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

#### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

DLN: 93493134052544

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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.

**Supplemental Financial Statements** 

Open to Public

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION			Employer i	dentification number
V V L	VINOINIA ONIVE	NOTE THE SERVICE CONTONATION		55-06657	58
Pa		nizations Maintaining Donor Adv		ınds or Ac	counts. Complete if th
	organi	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number a	at end of vear	(a) Donor advised funds	(6) 14	nas and other accounts
2		ntributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5		zation inform all donors and donor adviso organization's property, subject to the or		oradvised	┌ Yes ┌ No
6	used only for d	zation inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?			ose <b>┌ Yes ┌ No</b>
Pa		ervation Easements. Complete if	the organization answered "Yes" to	Form 990	, Part IV, line 7.
2	Preservati Protection Preservati Complete line	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified histo	oric structure
	easement on t	the last day of the tax year	Γ	He	ld at the End of the Year
а	Total number	of conservation easements		2a	na at the Lila of the Fear
b	Total acreage	restricted by conservation easements		2b	
c		nservation easements on a certified histo	oric structure included in (a)	2c	
d		nservation easements included in (c) acq ture listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of con	nservation easements modified, transferr	ed, released, extinguished, or terminate	d by the orga	ınızatıon durıng
	the tax year 🕨	·			
4	Number of sta	tes where property subject to conservati	on easement is located 🛌		
5		nization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violat	ions, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during	the year
7	·	penses incurred in monitoring, inspecting	, and enforcing conservation easements	during the y	ear
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4	4)(B)(ı) <b> </b>
9	In Part XIII, d balance sheet	describe how the organization reports cor and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		atement, and
Pai	rt IIII Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures, o	or Other S	imilar Assets.
1a	If the organiza works of art, h	ntion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education, o	or research II	n furtherance of public
b	works of art, h	ation elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues	included in Form 990, Part VIII, line 1		•	<b>-</b> \$
	(ii) Assets inc	cluded in Form 990, Part X		•	· <b>\$</b>
2	If the organiza	ation received or held works of art, histor unts required to be reported under SFAS		r financial ga	•
а	Revenues incl	uded in Form 990, Part VIII, line 1		<b>b</b>	- \$
				-	1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, His	torie	cal Tr	<u>eası</u>	<u>ires, or C</u>	the	<u>r Simila</u>	<u>r Asse</u>	ets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	rds, ch	neck a	iny of t	he foll	lowing that a	are a	sıgnıfıcar	it use of	its	
а	Public exhibition		d	$\vdash$	Loan	orexc	hange progi	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	v they	furthe	er the	organızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit								ıılar	_		_
	assets to be sold to raise funds rather than t								"		Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	u r	es to ro	ירווו 990	٦,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	ving t	able		_					
										Amo	unt	
C	Beginning balance							<b>1</b> c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	ınatıo	n has l	been p	rovided in F	art )	KIII			$\vdash$
Pa	rt V Endowment Funds. Complete					s" to	Form 990,	Par	t IV, lıne	10.		
		(a)Current year	(b)	Prior y	ear	<b>b (c)</b> ⊺	wo years back	(d)	Three years	back (e	:)Four ye	ears back
1a	Beginning of year balance							1				
b	Contributions							╄				
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g,	colum	n (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	zation 1	that a	re held	d and a	admınıstere	d for	the			
	organization by  (i) unrelated organizations									25/3	Yes	No
	(ii) related organizations			•		•		•		3a(i) 3a(ii)		
b	If "Yes" to 3a(II), are the related organization				ule R?	٠		٠.		3b		
4	Describe in Part XIII the intended uses of th	•										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	ırt X,	line 1	LO.						
	Description of property				Cost or (Invest		(b)Cost or o		(c) Accum deprecia		( <b>d</b> ) Boo	ok value
1a	Land						2,334	,855				2,334,855
b	Buildings		•				53,110	,680	11,3	307,110	4	1,803,570
c	Leasehold improvements								·			
d	Equipment											
e	Other											

Part VII Investments-Other Securities. Se	e Form 990, Part X, line 12	<u>2</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
	loga d E	
Part IX Other Assets. See Form 990, Part X,	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
		(b) Book value
(a) Desc	ription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability	ription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)  X, line 25.  (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes  OTHER LIABILITIES	15.)  X, line 25.  (b) Book value	

Par <sup>®</sup>	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	131,538,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	731,117
3	Subtract line <b>2e</b> from line <b>1</b>	3	130,806,883
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII ) 4b 1,645		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,645
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	130,808,528
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	130,497,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	130,497,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b 45		
c	Add lines <b>4a</b> and <b>4b</b>	4c	4 5
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	130,497,045

## Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		GAIN FROM EARLY EXTINGUISHMENT OF DEBT \$591,769
PART XI, LINE 4B - OTHER ADJUSTMENTS		FS ROUNDING \$1,645 (INCL \$117 FROM UNREALIZED AND REALIZED GAINS)
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL STATEMENT ROUNDING (\$45)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134052544

OMB No 1545-0047

2012

2012

(Form 990)

Department of the Treasury

**SCHEDULE F** 

**Statement of Activities Outside the United States** 

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

ntemal	Revenue Service					Inspection
	e of the organization VIRGINIA UNIVERSITY RESE	ARCH CORPOR	ATION			tification number
					55-0665758	
Pai	rt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organi	zation answered
1	For grantmakers. Does the	organızatıon m	aıntaın record:	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig	gibility for the g	grants or assis	tance, and the selection	on criteria used to aw	vard
	the grants or assistance ${}^{\circ}$					✓ Yes / No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fo	unds outside
3	Activites per Region (The follow	ving Part I, line 3	table can be du	iplicated if additional spa	ace is needed )	
						T 10 = 11
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
	See Add'l Data					
	Sub-total	0	0			527,07
b	Total from continuation sheets to Part I	0	0			92,76
С	Totals (add lines 3a and 3b)	0	0			619,83

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	RESEARCH	36,250	CHECK			
			EUROPE	RESEARCH	34,412	CHECK			
2				sted above that are ree or counsel has pro					
3	Enter total nun	nher of other	organizations or er	ntities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<b>~</b>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ন	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> ~</u>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u> ~</u>	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	[৵	Νo

Schedule F (Form 990) 2012

### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 SUB-RECIPIENTS ARE PAID ON A COST REIMBURSABLE OR FIXED PRICE BASIS IN BOTH INSTANCES, THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENTS' ACCOUNTS THE STUDENTS' ACCOUNTS ARE REVIEWED BY WVU STUDENT AFFAIRS TO DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS GRANT ELIGIBILITY AND SELECTION OF RECIPIENTS ARE DETERMINED BY THE PRINCIPAL INVESTIGATOR FOR EACH INDIVIDUAL GRANT EDUCATIONAL GRANTS ARE AWARDED BASED ON ACADEMIC MERIT IF THE RECIPIENT IS KNOWN AT THE TIME THE PRINCIPAL INVESTIGATOR WRITES THE GRANT PROPOSAL, THAT INFORMATION IS INCLUDED IN THE PROPOSAL FOR SPONSOR APPROVAL IF THE RECIPIENT IS DETERMINED AT A LATER DATE, THE PRINCIPAL INVESTIGATOR SUBMITS A REQUEST FOR A SUB-AWARD TO THE SPONSOR FOR APPROVAL AT THAT TIME
		TO THE SPONSOR FOR APPROVAL AT THAT TIME

#### **Additional Data**

Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH

CORPORATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	36,609
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	36,250
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		39,000

Form 990 Schedule F	Part I - Activi	ities Outside 1	The United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	197,507
EUROPE	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	163,094
NORTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	29,291

Form 990 Schedule F	Part I - Activi	ties Outside T	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region									
SOUTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	12,984									
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	12,339									
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	7,567									

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	6,189			
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	1,959			
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	716			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
NORTH AMERICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	31,938			
EUROPE	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	30,177			
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	10,000			

Form 990 Schedule F Part I - Activities Outside The United States												
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region							
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	2,258							
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	1,000							
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	960							

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DLN: 93493134052544 OMB No 1545-0047

2012

Schedule I

(Form 990)

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

Department of the Treasury Internal Revenue Service	Compic	_	Attach to Form 990	1990, Full 14, IIIIC 21 01 /			Open to Public Inspection
Name of the organization WEST VIRGINIA UNIVERSITY RES	FARCH CORPORATI	I O N				Employer identific	cation number
						55-0665758	
<ul> <li>Part I General Information</li> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organization</li> </ul>	records to substanti ward the grants or as	ate the amount of the sistance?			the grants or assista	ance, and	▽ Yes ┌ N
Part III Grants and Other A				<b>United States.</b> Com rt II can be duplicated			"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistan	of <b>(h)</b> Purpose of gran
See Additional Data Table	1	1	ı	I I		ı	1
2 Enter total number of section 5							85
3 Enter total number of other org	anizations listed in th	ie line i table	<u> </u>	<u></u> .	<u> </u>		18

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL GRANTS TO STUDENTS		2,261,407		воок	
(2) SUB-AWARD (DENIS GRAY)		31,500		воок	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

**Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

(a) Name and a organizati or governm	ion	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
ALDERSON BROA COLLEGE INC10 HILL DRIVE BOX PHILIPPI,WV 26	1 COLLEGE 2154	55-0357072	501(C)(3)	129,080		воок		RESEARCH
ALLEGHENY SCI TECHNOLOGY C GALLIHER DRIVE 237 FAIRMONT, WV	ORP100 E SUITE	26-4559720		46,911		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA ASSOCIATES INC 209 PRAIRIE AVENUE SUITE 209 MORGANTOWN, WV 26501	55-0516286		22,000		воок		RESEARCH
AMERICAN LUNG ASSOCIATION OF THE MID ATLANTIC3001 OLD GETTYSBURG ROAD CAMP HILL,PA 17011	25-1825116	501(C)(3)	8,014		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SCIENCE AND TECHNOLOGY512 NORTH ASHLAND AVENUE CHICAGO,IL 60622	20-0757263		199,930		воок		RESEARCH
APPLIED SCIENCES INCPO BOX 579 CEDARVILLE, OH 45314	31-1089703		35,755		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN UNIVERSITY203 MARTIN HALL AUBURN,AL 36849	63-6000724	SECTION 115	14,202		воок		RESEARCH
AUTO EXPOSURE LLC1796 SEVERN CHAPEL ROAD MILLERSVILLE, MD 21108	20-8533059		7,500		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
BANNER RESEARCH INSTITUTE10515 W SANTA FE DRIVE SUN CITY, AZ 85351	86-0768795	501(C)(3)	36,465		воок		RESEARCH
BETHANY COLLEGE CAMPBELL HALL MAIN STREET BETHANY, WV 26032	55-0356985	501(C)(3)	30,569		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOM BIOLOGICAL INC 1133 BROADWAY SUITE 911 NEW YORK, NY 10010	20-3623618		114,850		воок		RESEARCH
BLUEFIELD STATE COLLEGE RESEARCH AND DEVELOPMENT219 ROCK ROAD BLUEFIELD, WV 24701	55-0785437	501(C)(3)	14,000		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABIN CREEK HEALTH SYSTEMS INCPO BOX 70 DAWES,WV 25054	55-0709223	501(C)(3)	101,699		воок		INSTRUCTION
CACAPON AND LOST RIVERS LAND TRUST INC RR1 BOX 328 HIGH VIEW, WV 26808	55-0700086		9,550		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAAN VALLEY INSTITUTE INC494 RIVERSTONE ROAD DAVIS,WV 26260	55-0747132	501(C)(3)	47,035		воок		RESEARCH
CARLOW UNIVERSITY3333 FIFTH AVENUE PITTSBURGH, PA 15213	25-0965438	501(C)(3)	7,087		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE SUITE 600 CLEVELAND,OH 44106	34-1018992	501(C)(3)	36,403		воок		RESEARCH
CHOOSY KIDS3160 COLLINS FERRY ROAD MORGANTOWN, WV 26505	20-4425551		75,286		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSON UNIVERSITY BOX 5805 POTSDAM,NY 13699	15-0543659	501(C)(3)	62,747		воок		RESEARCH
CLEMSON UNIVERSITY238 POOLE AGRICULTURAL CENTER CLEMSON,SC 29634	57-6000254	SECTION 115	323,697		воок		RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE OF WEST VIRGINIAPO BOX 217 ROCK CAVE, WV 26234	55-0599096		24,687		воок		PUBLIC SERVICE
CONCEPTS INC18200 WICKHAM ROAD OLNEY,MD 20832	52-2029941		64,540		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY341 PINE TREE ROAD ITHACA,NY 14851	15-0532082	501(C)(3)	351,872		воок		RESEARCH
EASTERN ARE HEALTH EDUCATION CENTER2500 FOUNDATION WAY MARTINSBURG, WV 25401	35-2174239	501(C)(3)	114,157		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ED VENTURE GROUP1290 SUNCREST TOWN CENTER MORGANTOWN,WV 26505	55-0765182	501(C)(3)	9,369		воок		RESEARCH
EMBRY RIDDLE AERONAUTICAL UNIVERSITY INC600 S CLYDE MORRIS BLVD DAYTONA BEACH,FL 32114	59-0936101	501(C)(3)	35,124		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
FAIRMONT STATE UNIVERSITY1201 LOCUST AVENUE FAIRMONT, WV 26554	55-6000778	SECTION 115	36,093		воок		RESEARCH
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	SECTION 115	74,583		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN AND MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA 17604	23-1352635	501(C)(3)	131,033		воок		RESEARCH
FRIENDS OF THE CHEAT 119 S PRICE STREET SUITE 206 KINGWOOD, WV 26537	55-0739158	501(C)(3)	325,522		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE WASHINGTON UNIVERSITY45155 RESEARCH PLACE ASHBURN,VA 20147	53-0314394	SECTION 115	44,100		воок		RESEARCH
GUARDIANS OF THE WEST FORK WATERSHED GROUP 830 BENONI AVENUE FAIRMONT, WV 26554	55-0784772	501(C)(3)	98,908		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICS LEARNING GROUP8221 RITCHIE HWY SUITE 303 PASADENA,MD 21122	52-2083479		50,622		воок		PUBLIC SERVICE
INDIANA UNIVERSITY400 EAST 7TH STREET ROOM 230 BLOOMINGTON,IN 47405	35-6001673	SECTION 115	57,112		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
IOWA STATE UNIVERSITY 3609 ADMINISTRATIVE SERVICES BUILDING AMES,IA 50011	42-6004224	501(C)(3)	188,469		воок		RESEARCH
JEWISH HOSPITAL LLC4777 EAST GALBRAITH ROAD CINCINNATI,OH 45236	27-1408630	501(C)(3)	5,264		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOB SQUAD INC102 SECOND STREET BRIDGEPORT,WV 26330	55-0651494	501(C)(3)	191,816		воок		RESEARCH
JOHNS HOPKINS UNIVERSITY3400 NORTH CHARLES STREET BALTIMORE,MD 21218	52-0595110	501(C)(3)	364,925		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY PO BOX 5190 KENT,OH 44242	31-6402079	SECTION 115	16,434		воок		INSTRUCTION
LAFAYETTE COLLEGE202 MARKLE HALL EASTON,PA 18042	24-0795686	501(C)(3)	61,917		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
LAWRENCE LIVERMORE NATIONAL LABPO BOX 5516 LIVERMORE,CA 94550	94-6031193		774,608		воок		RESEARCH
LIBRARY OF VIRGINIA800 E BROAD STREET RICHMAND, VA 23219	54-6001813	SECTION 115	74,367		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMESTONE ENGINEERING 3424 LIMESTONE ROAD PARSON,WV 26287	26-1074499		21,148		воок		RESEARCH
LOS ALAMOS NATIONAL LABORATORYPO BOX 1663 MAIL STOP P245 LOS ALAMOS,NM 87545	20-3104541		465,062		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL UNIVERSITY RESEARCH CORPORATION 401 11TH STREET SUITE 1400 HUNTINGTON,WV 25701	55-0683361	501(C)(3)	951,073		воок		PUBLIC SERVICE
MICHIGAN STATE UNIVERSITY110 JOHN HANNAH ADMINISTRATION BUILDING EAST LANSING,MI 48824	38-6005984	SECTION 115	975,286		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-OHIO VALLEY HEALTH DEPARTMENT211 6TH STREET PARKERSBURG,WV 26101	55-0619203	SECTION 115	108,980		воок		PUBLIC SERVICE
MSOPTI400 N LEE STREET LEWISBURG.WV 24901	55-0763235	501(C)(3)	141,672		воок		INSTRUCTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL RADIO ASTRONOMY OBSERVATORY520 EDGEMONT ROAD CHARLOTTESVILLE,VA 22903	11-1630900	SECTION 115	133,634		воок		RESEARCH
NEXTECH MATERIALS404 ENTERPRISE DRIVE LEWIS CENTER, OH 43035	31-1441978		29,561		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBERLIN COLLEGE173 WEST LORAIN STREET OBERLIN,OH 44074	34-0714363	501(C)(3)	169,923		воок		RESEARCH
OHIO DEPARTMENT OF NATURAL RESOURCES2045 MORSE ROAD COLUMBUS,OH 43229	31-1334820	SECTION 115	100,114		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	SECTION 115	254,302		воок		RESEARCH
OREGON STATE UNIVERSITY154 PEAVY HALL CORVALLIS,OR 97331	93-6001786	SECTION 115	75,136		воок		PUBLIC SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
PENNSYLVANIA GEOLOGICAL SURVEY3240 SCHOOLHOUSE ROAD MIDDLETOWN,PA 17057	25-1773197	SECTION 115	5,843		воок		RESEARCH
REGENTS UNIVERSITY OF CALIFORNIA 2195 HEARST AVENUE ROOM 130 BERKELEY, CA 94720	94-6002123	SECTION 115	6,832		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET WEST HALL ROOM 311 TROY,NY 12180	14-1340095	501(C)(3)	171,624		воок		RESEARCH
RESEARCH FOUNDATION OF SUNY1 FORESTRY DRIVE SYRACUSE,NY 13210	14-1368361	501(C)(3)	218,063		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
RL ENVIRONMENTAL SOLUTIONS221 CORNELL AVENUE MORGANTOWN, WV 26505	15-5421850		15,750		воок		RESEARCH
SHEPHERD UNIVERSITYPO BOX 3210 SHEPHERSTOWN, WV 25443	55-6000799	SECTION 115	136,387		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH STRATIGRAPHIC LLC397 STATE STREET APT 12C ALBANY,NY 12210	41-2045725		140,412		воок		RESEARCH
TRI COUNTY HEALTH CLINIC INCPO BOX 217 ROCK CAVE, WV 26234	55-0599096	501(C)(3)	141,462		воок		INSTRUCTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUG RIVER HEALTH ASSOCIATION INCPO BOX 507 GARY,WV 24836	31-0889458	501(C)(3)	94,008		воок		INSTRUCTION
UC REGENTS SANTA CRUZ 1156 HIGH STREET SANTA CRUZ,CA 95064	94-1539563	SECTION 115	41,150		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA DEPARTMENT OF GEOLOGY BOX 870338 TUSCALOOSA,AL 35487	63-6001138	SECTION 115	37,300		воок		RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 THIRD AVENUE BIRMINGHAM,AL 35294	63-6005396	SECTION 115	5,344		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	SECTION 115	44,751		воок		RESEARCH
UNIVERSITY OF CHARLESTON2300 MACCORKLE AVENUE SE CHARLESTON, WV 25304	55-0357039	501(C)(3)	37,413		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER1945 WHEELING STREET AURORA,CO 80045	84-6000555	SECTION 115	26,569		воок		RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION NATIONAL CITY BANK SECTION 506 LOUISVILLE,KY 40289	61-6033693	501(C)(3)	739,756		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MAINE SYSTEM5717 CORBETT HALL ROOM 400 ORONO,ME 04669	01-6000769	SECTION 115	83,463		воок		RESEARCH
UNIVERSITY OF MARYLAND AT BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	SECTION 115	21,283		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 5821 SAN AMARO DRIVE CORAL GABLES,FL 33146	59-0624458	501(C)(3)	21,581		воок		RESEARCH
UNIVERSITY OF MICHIGAN 1135 E CATHERINE ANN ARBOR,MI 48109	38-6006309	SECTION 115	58,804		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER2500 N STATE STREET JACKSON,MS 39216	64-6008520	SECTION 115	136,666		воок		RESEARCH
UNIVERSITY OF NEW MEXICO HEALTH SCIENCE CENTER1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	SECTION 115	15,463		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA - WILMINGTON 601 SOUTH COLLEGE ROAD WILMINGTON,NC 28403	56-1258660	SECTION 115	348,585		воок		RESEARCH
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL HEALTH SCIENCES LIBRARY NR 7585 CHAPEL HILL,NC 27599	56-6001139	SECTION 115	24,959		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER3500 CAMP BOWIE BLVD FORT WORTH,TX 76107	75-6064033	501(C)(3)	309,316		воок		RESEARCH
UNIVERSITY OF NOTRE DAME836A GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	38,642		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT BROWNSVILLE80 FORT BROWN BROWNSVILLE,TX 78520	74-2759269	SECTION 115	8,934		воок		RESEARCH
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE PO BOX 1389 WILLISTON,VT 05495	03-0179440	501(C)(3)	19,876		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	SECTION 115	40,775		воок		RESEARCH
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVENUE DEPT 3354 LARAMIE, WY 82071	83-6000331	SECTION 115	439,513		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WYOMING RESEARCH CORPORATION 365 N 9TH STREET LARAMIE,WY 82072	74-2269704	501(C)(3)	17,398		воок		RESEARCH
UNIVERSITY OF WEST GEORGIA1601 MAPLE STREET CARROLLTON, GA 30118	58-6002055	SECTION 115	7,741		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US FOREST SERVICEPO BOX 301550 LOS ANGELES,CA 90030	72-0564834	SECTION 115	24,500		воок		RESEARCH
US-CHINA CLEAN ENERGY FORUM1301 FIFTH AVENUE SUITE 2500 SEATTLE, WA 98101	26-2792356	501(C)(3)	279,095		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN MILWAUKEE PO BOX 500 MILWAUKEE,WI 53201	39-1805963	SECTION 115	71,000		воок		RESEARCH
VIRGINIA POLYTECHNIC INSTITUTE114 RANDOLPH HALL BLACKSBURG, VA 24061	54-6001805	SECTION 115	26,503		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST LIBERTY UNIVERSITY RESEARCH CORPORATION33 UNIVERSITY DRIVE WEST LIBERTY,WV 26074	27-2196294	501(C)(3)	169,331		воок		RESEARCH
WEST LIBERTY UNIVERSITY1610 WARWOOD AVENUE WHEELING,WV 26003	55-6000822	SECTION 115	31,776		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING JESUIT UNIVERSITY316 WASHINGTON AVENUE WHEELING,WV 26003	55-0394213	501(C)(3)	112,264		воок		RESEARCH
WILKES UNIVERSITY84 W SOUTH STREET WILKES BARRE, PA 18766	24-0795506	501(C)(3)	5,469		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD RESOURCES INSTITUTE1709 NEW YORK AVENUE WASHINGTON, DC 20006	52-1257057	501(C)(3)	185,211		воок		RESEARCH
WEST VIRGINIA GEOLOGICAL AND ECONOMIC SURVEY1 MONT CHATEAU ROAD MORGANTOWN, WV 26508	55-6000936	SECTION 115	25,372		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE400 N LEE STREET LEWISBURG,WV 24901	55-0561541	SECTION 115	8,260		воок		INSTRUCTION
WEST VIRGINIA STATE UNIVERSITYPO BOX 1000 INSTITUTE, WV 25112	55-6000839	SECTION 115	11,842		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA WESLEYAN COLLEGE59 COLLGE AVENUE BOX 89 BUCKHANNON,WV 26201	55-0357056	501(C)(3)	5,000		воок		RESEARCH
WEST VIRGINIA HIGH TECH CONSORTIUM1000 TECHNOLOGY DRIVE SUITE 1000 FAIRMONT, WV 26554	55-0727658	501(C)(3)	1,216,085		воок		RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XORAN TECHNOLOGIES 5210 S STATE ROAD ANN ARBOR, MI 48108	32-0039864		65,473		воок		RESEARCH
BLANCHETTE ROCKEFELLER NEUROSCIENCES INSTITUTEEIGHT MEDICAL CENTER DRIVE MORGANTOWN, WV 26505	55-0771139	501(C)(3)	1,250,000		воок		SUPPORT TO FURTHER BRNI'S RESEARCH OF NEUROLOGICAL DISEASES

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITYPO BOX 6021 MORGANTOWN, WV 26506	55-6000842	SECTION 115	14,817,786		воок		EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR THE ACQUISITION OF CAPITAL ASSETS OR CONSTRUCTION WHERE THE ASSET WAS TRANSFERRED TO WVU AS A BENEFICIARY OF

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DLN: 93493134052544

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification 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 in 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		
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, but 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			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation						
	PART I, LINE 4B	DAVID HARDESTY, JR - \$108,000 FROM RELATED ORGANIZATION WEST VIRGINIA UNIVERSITY						

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Schedule J, Par	<u>'t I</u> ]					sated Employees		<u></u>
(A) Name		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other compensation	<b>(C)</b> Deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ
JAMES PCLEMENTS	(I) (II)	0 640,706	0	0 30,070	0 15,000	0 20,208	0 705,984	0 0
MICHELE WHEATLY	(I) (II)	0 300,027	0 0	0 25,918	0 15,000	0 23,726	0 364,671	0
CHRISTOPHER COLENDA	(I) (II)	0 222,681	0	0 22,500	0 14,767	0 984	0 260,932	0
EUGENE CILENTO	(ı) (ıı)	0 249,145	0	0	0 15,317	0 8,831	0 275,305	0
NARVEL WEESE	(I) (II)	0 250,819	0		0 15,601	0 18,697	0 285,188	0
BOJAN CUKIC	(I) (II)	0 141,398	0 31,429	0 13,429	0 11,450	0 9,300	0	0
JIM ANDERSON	(I) (II)	0 123,489	0	0	0 8,751	0 16,250	0	0
ROBERT JONES	(1) (11)	0 218,327	0		0 13,405	0 9,552	0 241,482	0
ARTHUR J ROSS III	(ı) (ıı)	0 246,091	0	0 22,500	0 15,000	0 21,516	0	0
DANIEL DURBIN	(I) (II)	0 190,739	0	0 837	0 12,313	0 23,208	0	0
MRIDUL GAUTAM	(ı) (ıı)	0 213,631	0 20,167	0	0 14,640	0 17,701	0	0
DANIEL VASGIRD	(ı) (ıı)	159,187 0		0	8,000	18,767 0	185,954 0	0
PHILIP SPARKS	(ı) (ıı)	181,935 0	0	5,000	11,338 0	18,888 0	217,161 0	0
JO SEPH KO ZUCH	(I) (II)	151,690 0	0	0	9,000	5,382 0	166,072 0	0
CURT PETERSON	(I) (II)	0 22,946	0	0 2,400	0 1,532	0 195	0 27,073	0
ELIZABETH JANE MARTIN	(I) (II)	0 10,518		0	0 0	0	0 10,518	0
DAVID HARDESTY JR	(I) (II)	0 170,247	0 108,000	0 3,110	0 10,953	0 15,580	0 307,890	0
GERALD LANG	(I) (II)	0 244,707	0	0 22,500	0 16,536	0 17,957	0 301,700	0
EARL SCIME	(I) (II)	0 200,194	0	1	0 12,699	0	0	0
THOMAS SABA	(ı) (ıı)	64,228 0	· · · · · · · · · · · · · · · · · · ·		0 0	0	,	0

<u>Form 990, Schedule J, Par</u>	<u>rt I</u>	<u>.I - Officers, Direc</u>	<u>ctors, Trustees, Ke</u>	ey Employees, and	l Highest Compens	<u>sated Employees</u>			
(A) Name	l	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D</b> ) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
PATRICK CALLERY	(1)	0	0	o	0	0	0	0	
	(11)	153,632	0	0	9,765	19,119	182,516	0	
FRED BUTCHER	(1)	0	0	0	0	0	0	0	
<u> </u>	(11)	321,213	0	0	19,909	20,721	361,843	0	
JAMES BRICK	(1)	0	0	0	0	0	0	0	
	(11)	59,614	0	22,500	5,075	7,164	94,353	0	
RUDOLPH ALMASY	(1)	0	0	0	0	0	0	0	
	(11)	148,243	0	144	9,082	18,262	175,731	0	
CAMERON HACKNEY	(1)	0	0	0	0	0	0	0	
	(11)	122,377	0	31,127	25,502	18,645	197,651	0	

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SCHEDULE O

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DLN: 93493134052544

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

2012
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Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Employer identifi	cation number
	55-0665758	

Identifier	Return Reference	Explanation
		THERE IS A COMMON EMPLOYMENT RELATIONSHIP AMONGST THE MAJORITY OF MEMBERS OF THE BOARD OF DIRECTORS WITH THE EXCEPTION OF THE THREE EXTERNAL MEMBERS, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY

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

Identifier	Return Reference	Explanation			
	FORM 990, PART VI, SECTION B, LINE 11	THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WWU DIVISION OF FINANCE, THE WVURC TREASURER, THE WVURC ASSISTANT TREASURER, AND EXTERNAL LEGAL COUNSEL REVIEW A DRAFT OF THE FORM 990 ON BEHALF OF THE WVURC A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE SERVICE			

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE WVU OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE REQUIRES AND MONITORS ANNUAL DISCLOSURES BY ANY EMPLOYEE CONDUCTING RESEARCH INCLUDING BOARD DIRECTORS OR OFFICERS IN ADDITION, THE WVU OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE MAINTAINS AND MONITORS ANY CONFLICT OF INTEREST DISCLOSURE MADE BY NON-RESEARCH EMPLOYEES ADDITIONALLY, WITH THE EXCEPTION OF THE THREE EXTERNAL DIRECTORS WHO ARE NOT EMPLOYED BY EITHER WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION OR WEST VIRGINIA UNIVERSITY, ALL WVURC BOARD DIRECTORS WERE EMPLOYEES OF WVU DURING THE FISCAL YEAR 2013 CONSEQUENTLY, THESE BOARD DIRECTORS ARE SUBJECT TO WVU'S POLICIES AND PROCEDURES WHICH INCLUDE THE STATE OF WEST VIRGINIA ETHICS ACT, AND THE COMPENSATION, FRINGE BENEFIT AND ACCOUNTABLE PLAN POLICIES AND PROCEDURES THE STATE OF WEST VIRGINIA ETHICS COMMISSION COMPILES ON AN ANNUAL BASIS FINANCIAL DISCLOSURES SUBMITTED BY WVU EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE

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

Identifier	Return Reference	Explanation			
	FORM 990, PART VI, SECTION C, LINE 19	PURSUANT TO CHAPTER 31, ARTICLE I, SECTION 28 OF THE OFFICIAL CODE OF WEST VIRGINIA, 1931, AS AMENDED, A CERTIFICATE OF INCORPORATION WAS ISSUED BY THE WEST VIRGINIA SECRETARY OF STATE ON JUNE 26, 1985 TO THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THIS CERTIFICATE IS AFFIXED TO THE ARTICLES OF INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THAT CERTIFICATE ALONG WITH THE WVURC'S IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S WEBSITE THE AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST			

ldentifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	· ·	JULIE SMITH - 3313 FOUR-H CAMP ROAD, MORGANTOWN, WV 26508-2428 MIKE GREEN - 5000 GREY STONE DRIVE, MORGANTOWN, WV 26508-8616 MARK WISE - 1031 IMPERIAL DRIVE, MORGANTOWN, WV 26508-9180

Identifier	Return Reference	Explanation
	FORM 990, PART VII, LINE 1A	THE FOLLOWING BOARD DIRECTORS AND/OR OFFICERS WORKED THE LISTED AVERAGE HOURS PER WEEK FOR WEST VIRGINIA UNIVERSITY, A RELATED ORGANIZATION TO WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION, THE FILING ORGANIZATION THESE HOURS WOULD BE IN ADDITION TO THE AVERAGE HOURS REPORTED BASED ON THEIR BOARD DIRECTOR AND/OR OFFICER POSITION FOR THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION SHOWN ON PART VII, LINE 1(B) JAMES P CLEMENTS - 70 HOURS PER WEEK (HPW), MICHELE WHEATLY - 75 HPW, BARBARA DUCATMAN - 50 HPW, CHRISTOPHER COLENDA - 70 HPW, EUGENE CILENTO - 70 HPW, NARVEL WEESE - 65 HPW, BOJAN CUKIC - 40 HPW, JIM ANDERSON - 60 HPW, LAURIE GUTMANN - 55 HPW, ROBERT JONES - 60 HPW, ARTHUR J ROSS, III - 50 HPW, ANJALI HALABE - 55 HPW, MARY JANE BUCKLAND - 37 5 HPW, ALAN MARTIN - 50 HPW, DANIEL DURBIN - 57 HPW, MRIDUL GAUTAM - 75 HPW, ELIZABETH JANE MARTIN - 75 HPW, DAVID HARDESTY JR - 37 5 HPW, GERALD LANG - 37 5 HPW, DANIEL ROBISON - 37 5 HPW

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	, , ,	GAIN FROM EARLY EXTINGUISHMENT OF DEBT 591,769 FINANCIAL STATEMENT ROUNDING 2

Identifier	Return Reference	Explanation						
	PART XII FINANCIAL STATEMENTS AND REPORTING, LINE 2C	THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2012 TO FISCAL YEAR 2013 IN THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT						

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DLN: 93493134052544

2012

OMB No 1545-0047

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(f)

# **Related Organizations and Unrelated Partnerships**

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

Internal Revenue Service

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

(Form 990)

Department of the Treasury

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(b)

**Employer identification number** 55-0665758

(c)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	D	rect controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	zations (Complete ıf he tax year.)	the organization a	nswered "Yes"	to Form 990, F	Part IV,	line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Fublic charity (if section 501)		<b>(f)</b> Direct controlling entity	Section (13) o	
(1) WEST VIRGINIA UNIVERSITY	EDUCATION AND	WV					Yes	No No
PO BOX 6001	RESEARCH							
MORGANTOWN, WV 265066001 55-6000842								
								+
								+
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u> </u>					Schedule R (For	m 990) 2	2012

<b>(a)</b> Name, address, and E related organizatio	EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or laging ner?	<b>(k)</b> Percentage ownership
					,			Yes	No		Yes	No	
Identification of Related line 34 because it had one of								swere	d "Ye	s" to Form	990,	Part I	IV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicil (state or fo country	e reign		entity (C o	(e) e of entity orp, S corp, or trust)	<b>(f)</b> Share of tota Income	c	(g) re of eno of-year assets	d- Percent owners	tage	( )	(i) ection 512 (b)(13) ontrolled entity?
												_	es No
& P REALTY COMPANY ARINA TOWER PO BOX ANTOWN, WV 26506 71302	BUILDING LESSOR	wv		WEST V UNIVER RESEAR CORPOI	.CH					100 00	0 %		No
													I

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lıs	ted in Parts II-IV?				,		
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
C	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		No		
е	Loans or loan guarantees by related organization(s)				1e	Yes			
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				<b>1</b> i	Yes			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes			
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	Yes			
р	Reimbursement paid to related organization(s) for expenses				1р	Yes			
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes			
r	O ther transfer of cash or property to related organization(s)				1r	Yes			
s	Other transfer of cash or property from related organization(s)				<b>1</b> s		No		
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including co	vered relationships	and transaction thresholds					
		(b)	(c)	(d)					
	Name of other organization Trans	nsaction e (a-s)	Amount involved	Method of determining amo	ount II	nvolved			
	†								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

> Software ID: **Software Version:**

**EIN:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Schedule R (Form 990) 2012

Page **5** 

# Part VII Supplemental Information

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