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DLN: 93493134078286

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	endar year, or tax year beginning 07-01-2014 , and ending 06-30-2015		_		
B Che	eck if ap	pplicable	C Name of organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION		D Emplo	yer ic	lentification number
☐ Add	Iress ch	ange			55-0	6657	58
∏ Naı	ne char	nge	Doing business as		1		
Init	ıal retur	rn			E Teleph	one nu	ımber
Finerett		nınated	Number and street (or P O box if mail is not delivered to street address) Room/suite 886 CHESTNUT RIDGE ROAD NO 408	2	•		-4008
┌ Am	ended r	return	City or town, state or province, country, and ZIP or foreign postal code				
☐ App	olication	pending	MORGANTOWN, WV 26506		G Gross	receıpt	s \$ 134,439,452
			F Name and address of principal officer	H(a) Is th	■ nis a group	retu	rn for
			DANIEL DURBIN 886 CHESTNUT RIDGE ROAD NO 408		ordinates?		┌ Yes 🗸 No
			MORGANTOWN, WV 26506	H(b) Are	all subord	ınate	s
					ıded?	macc.	, 163, 140
I Ta	x-exem	pt status	▼ 501(c)(3)	If"N	lo," attach	n a lıs	t (see instructions)
J W	ebsite	∷ ⊳ HT	TP //RESEARCH WVU EDU	H(c) Gro	up exemp	tion n	umber ►
K Forr	n of org	ganızatıon	✓ Corporation Trust Association Other ►	L Year of fo	ormation 19		M State of legal domicile
Da	rt I	Sum	nmary				WV
Га			escribe the organization's mission or most significant activities				
			TER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY				
3	-						
Ē	-						
ē	2 (Check th	his box দ if the organization discontinued its operations or disposed of	more than :	25% of its	neta	assets
Governance							
	3 1	Number	of voting members of the governing body (Part VI, line 1a) $$. $$. $$.			3	9
Activities &	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)			4	0
Ĭ	5 1	Γotal nu	mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	527
্ব			mber of volunteers (estimate if necessary)			6	0
	l		related business revenue from Part VIII, column (C), line 12			7a	6,034,311
	b P	Net unre	elated business taxable income from Form 990-T, line 34	1	• •	7b	
	_			Pric	or Year	F 3 0	Current Year
ā	9 Progra		ibutions and grants (Part VIII, line 1h)		96,090,		96,914,767
Rayenue			am service revenue (Part VIII, line 2g)		29,789, 246,		26,427,992 365,970
歪			tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•	854	8,285,019
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				0,203,013
		12) .			126,192,	752	131,993,748
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		25,149,		23,873,767
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
ø	15	Saları 5-10	es, other compensation, employee benefits (Part IX, column (A), lines		20,148,	635	21,787,475
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	0
<u>*</u>	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,076,	896	75,898,085
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		121,375,		121,559,327
	19		nue less expenses Subtract line 18 from line 12		4,817,	379	10,434,421
<u> </u>					g of Curre	ent	End of Year
Not Assets or Fund Balances				<u> </u>	Year	222	
A.S.	20		assets (Part X, line 16)		94,149, 46,849,	$\overline{}$	108,929,472
2 E	21 22		ssets or fund balances Subtract line 21 from line 20		47,299,		51,444,871 57,484,601
	t II		nature Block		47,233,	.707	37,404,001
			perjury, I declare that I have examined this return, including accompany	ına schedul	es and sta	ateme	ents, and to the best of
my kı	nowled	ige and	belief, it is true, correct, and complete Declaration of preparer (other tha nowledge				
	u	, N	J-				
		****	*** ature of officer		016-05-13		
Sign Here				L	ate		
1161	5		IEL DURBIN TREASURER e or print name and title				
		<u> </u>	Print/Type preparer's name Preparer's signature Dat	e Ch	eck 🗀 ıf	PTIN	
Paid	ł	L		sel	f-employed		
	- pare	r f	Firm's name 🕨	Fin	m's EIN 🟲		
	Onl		Firm's address 🕨	Pho	one no		
May	he IR	S discus	ss this return with the preparer shown above? (see instructions)				□Yes □No

Par	*****		rogram Service Acco Contains a response or r	omplishments note to any line in this Part III		
1	Brief	ly describe the organ	ızatıon's mıssıon			
					TO PROVIDE EVALUATION, FACULTY, STAFF AND STUDE	
2	the p	rior Form 990 or 990	-EZ?	am services during the year which		┌ Yes ┌ No
_		•	ew services on Schedule C			
3	servi	ces?		nficant changes in how it conductors.	ets, any program	┌ Yes ┌ No
_			nanges on Schedule O			
4	exper	nses Section 501(c)		ations are required to report the	argest program services, as mea amount of grants and allocation	
4a	(Cod	e)	(Expenses \$ 111,719	9,282 including grants of \$	23,873,767) (Revenue \$	28,618,815)
	CHAF UNIV AND COMI UNIV COMI ENDE GRAN FUNE PART TRIAI RESE RELA LARG OPPC CENT USED FACI CORF	RITABLE, EDUCATIONAL, AI ERSITY, AND(2) TO PROV STUDENTS OF WEST VIRG PONENT OF WURC'S REVIDENTS OF WEST VIRGE PONENT OF WURC'S REVIDENT OF WURC'S REVIDENT OF FACULTY TRANSPORT OF FACULTY TRANSPORT OF FACULTY TRANSPORT OF THE WORD OF	ND SCIENTIFIC PURPOSES, INC IDE EVALUATION, DEVELOPMENTINIA UNIVERSITY FROM A FUNICEURU BASE THIS SUPPORT HAS THE STATE IN BOTH THE US HOLY COUNTERING THESE CHALLE AINING PROGRAMS AND PROPOWITH AN EVALUATION OF THE EISS SHOULD HELP PROVIDE A USION GENERATED REVENUES OF WORKING WITH THE UNIVERSITY CATIONS IN AREAS SUCH AS CLIPROJECTS THAT REQUIRE INDURES THAT REQUIRE THOUS RESEARCH CORPORATION IS ALL OF THE PRENEURIS TO ENTREPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS THAT REQUIRE THAT REQUIRE THE PROCESS WHILE FEDER INTERPRENEURIS TO ENTREPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CURED DEDICATED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHILE FEDER INTERPRENEURIS CONTRACTED SPACE ON TEXALLY OF THE PROCESS WHITE PRO	LUDING FOR SUCH PURPOSES (1) TO TO, PATENTING, MANAGEMENT AND MAR DING PERSPECTIVE, FEDERALLY SUPPOID SE BEEN IMPACTED BY EVENTS SUCH AS USE AND SENATE AND THE "SPEND DO NGES BY STRENGTHENING THE COMPE SAL DEVELOPMENT ASSISTANCE AND WEFFECTIVENESS AND EFFICIENCY OF THE FRIENDLY INFRASTRUCTURE PROCINGUISM OF THE WYU CLINICAL AND PROSENTIONS OF THE WYU CLINICAL AND PROSENTATIONS OF THE WYU FOUNDATION TO DEVEN APPROXIMATELY \$7 MILLION AND IS POOR AND THE WYU FOUNDATION TO DEVEN INCAL COLLABORATIONS, SPONSORSHI USTRY-ACADEMIC PARTNERS, AND ENGLISO DEVELOPING A STARTED IN 2014 THE ALL STUDENTS AND FACULTY TO DEVELOPING AND FORMED BOTH RAL SPONSORED AWARDS ARE IMPORTA	VU) THE CORPORATION IS ORGANIZED FOSTER AND SUPPORT RESEARCH AT VEXETING SERVICES FOR INVENTIONS BY INCREASING FEDERAL BUDGET DEFICION OF ONE-TIME ARRA STIMULUS FUR TITIVENESS OF IT'S FACULTY FOR GRAIN THE VEXET OF THE MACEUTICAL COMPANY IN THE WORLD OF THE FOR	WEST VIRGINIA IT THE FACULTY, STAFF IT AN IMPORTANT ITS, LOSS OF KEY NDING THE ITS THROUGH A IRE TO SUPPORT THAT ATE FACULTY TRAVEL ITION OF EXTERNAL THIS PROJECT HAS TO CONDUCT CLINICAL ADDITIONALLY, THE IT TO DEVELOP DEEPER OLLABORATION TO SEEK IERNSHIP FUNDING IRIAL ACTIVITIES THE TY LAUNCH PAD THAT IS ARKET THEM THUS IPERTY GROUP TO ESEEARCH
4b	(Cod	e)	(Expenses \$	including grants of \$) (Revenue \$)
	-					
4 c	(Cod	e)	(Expenses \$	including grants of \$) (Revenue \$)
4d			Describe in Schedule O)			
		enses \$	ıncludıng gra	<u> </u>	(Revenue \$)
40	Tota	I program service evi	nenses 🖿 111 710	1 2 8 2		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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
LO	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 $\sqrt{2}$	10		No
L1	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
С	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	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	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
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L9	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		Νo
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III						
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						
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 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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? <i>If "Yes," complete Schedule L, Part III</i>	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			
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo			
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		Νo			
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	Yes				
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	100	No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4 -	5-tth		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 743 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			
Ī	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	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	
За	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ C J See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	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			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is incensed to issue qualified fleath plans			
	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	14a 14b		IN U

Section A. Governing Body and Management

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

Check if Schedule O	O contains a response or note to any line in this Part VI	. ~
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	<u> </u>		Yes	No
1 a	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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction 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)			

- 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
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ALAN MARTIN SECRETARY

886 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26506 (304) 293-7398

Form 990 (2014)	
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)	a	g	e	7
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)		organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	۲			
С	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	►	759,795	5,110,112	650,524

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►12

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3	Yes	ı
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WVU MEDICAL CORP DBA UNIV HEALTH ASSOCIA PO BOX 740 MORGANTOWN, WV 26507	HOSPITAL	2,534,813
ADNET SYSTEMS INC 6720 ROCKLEDGE DR STE 504 BETHESDA, MD 20814	IT SOLUTION/SERV	1,377,700
BLANCHETTE ROCKEFELLER NEUROSCIENCE INST 8 MEDICAL CENTER DRIVE MORGANTOWN, WV 26506	NEUROSCIENCES RESEARCH	1,118,083
CROTHALL FACILITIES MANAGEMENT INC 955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087	FACILITIES MANAGEMENT	1,117,504
H E NEUMANN CO 1410 6TH AVENUE CHARLESTON, WV 25312	MECHANICAL SERVICE CONTRACTORS	1,117,422
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	

		Check If Schedu	ule O contains a respo	nse or note to any li	ne in this Part VIII	<u></u>		<u> </u>
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business	Revenue excluded from
						function	revenue	tax under
						revenue		sections
	٠.							512-514
2 2	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
ع ق	c	Fundraising eve	ents 1 0					
<u>∞</u>				-				
뚩늍	d	Related organiz	rations 1d					
E .	e	Government grants	s (contributions) 1e	93,272,332				
E is	f f	All other contribution	ons, gifts, grants, and 1f	3,642,435				
iệ iệi	'	sımılar amounts no	ot included above					
윤홍	g		ons included in lines					
팔		1a-1f \$			06 014 767			
ರ ೯	h	Total. Add lines	s 1 a - 1 f		96,914,767			
				Business Code				
Ě	2a	SPONSORED RESEA	ARCH	900099	26,427,992	20,393,681	6,034,311	
9A.8	ь				, ,	, ,	· ·	
Æ o								
Š	C							
N	d							
Program Serwce Revenue	e							
<u> </u>	f	All other progra	ım service revenue					
۶								
	g		s 2a – 2f		26,427,992			
	3		ome (including dividen		201,541			201,541
	4		ar amounts)					
	Ī -			<u> </u>	27,883			27,883
	5	Royalties	(1) Dool		27,000			27,000
	_ ا	C	(ı) Real 32,002	(II) Personal				
	1	Gross rents	0					
	6	Less rental expenses	0					
	С	Rental income or (loss)	32,002					
	d		me or (loss)		32,002			32,002
			(ı) Securities	(II) O ther				
	7a	Gross amount	(1) 0 0 0 0 1111100	(ii) o ciioi				
		from sales of assets other	2,610,133					
		than inventory						
	ь	Less cost or other basis and	2,445,704					
		sales expenses						
	С	Gain or (loss)	164,429					
	d	Net gain or (los	s)	· · · · · ·	164,429			164,429
	8a	Gross income f						
Other Revenue		events (not including						
듄		\$	reported on line 1c)					
Şe,		See Part IV, lin						
<u>.</u>			a					
ije Pe	ь	Less direct ex	penses b					
δ	c	Net income or ((loss) from fundraising	events				
	9a	Gross income fi	rom gaming activities					
		See Part IV, lın	e 19					
			а					
	Ь	Less direct ex	penses b					
	C	Net income or ((loss) from gaming act	ivities				
	10a	Gross sales of						
		returns and allo						
			a					
	b		oods sold b					
	С		loss) from sales of inv					
		Miscellaneous	s Revenue	Business Code		,		
	11a	TRANSFER OF	ASSETS	900099	8,225,134	8,225,134		
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines		<u></u> ▶				
					8,225,134			
	12	Total revenue.	See Instructions .		131,993,748	28,618,815	6,034,311	425,855
		_						Form 990 (2014)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu

Check if Schedule O contains a response or note to any line in this add amounts reported on lines 6b, and 10b of Part VIII. Its and other assistance to domestic organizations and stic governments. See Part IV, line 21 Its and other assistance to domestic duals. See Part IV, line 22 Its and other assistance to foreign organizations, foreign rements, and foreign individuals. See Part IV, lines 15 6	(A) Total expenses 20,708,276 2,886,286 279,205	(B) Program service expenses 20,708,276 2,886,286 279,205	Management and general expenses	(D) Fund raising expenses
stic governments See Part IV, line 21	2,886,286	2,886,286		
duals See Part IV, line 22	2,886,286	2,886,286		
rnments, and foreign individuals See Part IV, lines 15 6				
pensation of current officers, directors, trustees, and mployees				
mployees			1	
efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
r salaries and wages	16,723,552	14,056,626	2,666,926	
on plan accruals and contributions (include section 401(k) 03(b) employer contributions)	823,599	685,409	138,190	
r employee benefits	2,986,431	2,485,345	501,086	
oll taxes	1,253,893	1,053,933	199,960	
for services (non-employees)				
gement				
	169,072	9,045	160,027	
unting				
yıng	80,000		80,000	
ssional fundraising services See Part IV, line 17				
stment management fees	86,429	583	85,846	
r (If line 11g amount exceeds 10% of line 25, column (A) nt, list line 11g expenses on Schedule O)				
rtising and promotion	817,313	718,363	98,950	
e expenses	1,856,453	1,841,178	15,275	
mation technology	1,548,419	1,140,266	408,153	
lties	5,141		5,141	
pancy	1,736,668	1,708,504	28,164	
al	3,906,862	3,733,289	173,573	
nents of travel or entertainment expenses for any federal, , or local public officials				
erences, conventions, and meetings	427,591	353,093	74,498	
est	354,442	354,442		
nents to affiliates				
eciation, depletion, and amortization	1,113,964	1,113,964		
ance	223,618	84,980	138,638	
r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
RED SERVICES	41,778,169	40,043,793	1,734,376	
RATING EXP TO WVU	10,930,420	8,155,175	2,775,245	
ARCH/EDUC SUPPLIES	5,120,018	5,092,612	27,406	
SULTING/SUBCONT FEE	3,040,332	3,040,332	0	
her expenses	2,703,174	2,174,583	528,591	
functional expenses. Add lines 1 through 24e	121,559,327	111,719,282	9,840,045	0
costs. Complete this line only if the organization				
relection of the control of the cont	nts to affiliates	nts to affiliates	Ints to affiliates	nts to affiliates

Part X Balance Sheet

	τχ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	21,643,020	1	25,135,283
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	18,618,079	3	22,165,913
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
82	7	Notes and loans receivable, net	9,251	7	74,951
ď	8	Inventories for sale or use	5,25	8	,
	9	Prepaid expenses and deferred charges	592,122	9	958,331
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 63,783,056		9	
	ь	Less accumulated depreciation 10b 13,517,548	43,121,766	10c	50.265.508
	11	Investments—publicly traded securities	10,165,084	11	10,328,094
	12	Investments—other securities See Part IV, line 11	, ,	12	, ,
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0	15	1,392
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,149,322	16	108,929,472
	17		16,420,607	17	18,066,463
		Accounts payable and accrued expenses	10,420,007	18	10,000,403
	18	Grants payable	8,851,272	19	12,542,980
	19		8,831,272		12,342,960
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	21,057,207	23	20,341,581
	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 D	520,449	25	493,847
	26	Total liabilities. Add lines 17 through 25	46,849,535	26	51,444,871
ه د	20	Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.	10,010,000	20	
2	27	Unrestricted net assets		27	
<u>8</u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Fund Balance	-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▽ and			
ш L		complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds	25,768,411	30	27,957,186
Ř	31	Paid-in or capital surplus, or land, building or equipment fund	21,531,376	31	29,527,415
Assets	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Net /	33	Total net assets or fund balances	47,299,787	33	57,484,601
ž	34	Total liabilities and net assets/fund balances	94,149,322	34	108,929,472
	J-4	rotal nabilities and net assets/fully palatites	54, 149, 322	34	100,329,472

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
-					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		131,9	993,748
2	Total expenses (must equal Part IX, column (A), line 25)	2		121,5	559,327
3	Revenue less expenses Subtract line 2 from line 1	3		10,4	134,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		47,2	299,787
5	Net unrealized gains (losses) on investments	5		<u> </u>	<u> </u>
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		- 2	249,607
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		57,4	184,601
Par	rt XIII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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			1	1
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 separasis, 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 oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın		ii	n
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: **Software Version:**

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	pendent Cor	ontractors (c)						1	1	
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) BARBARA DUCATMAN	0 20	x						0	142,700	14,044
DIRECTOR (1) J ROBERT ALSOP	50 00 7 00									
DIRECTOR	50 00	Х						0	34,000	2,211
(2) EUGENE CILENTO	1 00	×						0	256,283	24,394
DIRECTOR	70 00							, , ,	230,203	24,334
(3) NARVEL WEESE	2 00	х		х				0	285,622	36,480
DIRECTOR & EXECUTIVE DIRECTOR (4) BOJAN CUKIC	65 00 1 00									
DIRECTOR	40 00	X						0	128,335	12,617
(5) JIM ANDERSON	0 10	х						0	143,496	25,125
DIRECTOR (6) E GORDON GEE	60 00 0 20								110,170	23,123
CHAIRMAN	70 00	х						0	581,648	21,768
(7) FRED KING	2 00							_		
DIRECTOR	59 00	Х						0	232,914	22,782
(8) GLENN DILLON	1 00	X						0	345,912	28,713
DIRECTOR (9) LAURA GIBSON	70 00 0 20									
DIRECTOR	50 00	х						0	252,603	34,566
(10) ROBERT JONES	1 50	х						0	179,865	14,641
DIRECTOR	60 00	^						Ů	179,803	14,041
(11) ARTHUR J ROSS III	0 50	х						0	276,732	28,198
DIRECTOR (12) JULIE SMITH	50 00 0 10							_	_	_
DIRECTOR	0 00	Х						0	0	0
(13) MIKE GREEN	0 50	×						0	0	0
DIRECTOR (14) MARK WISE	0 00									
DIRECTOR	0 00	Х						0	0	0
(15) DANIEL ROBISON	0 50	х						0	232,180	20 671
DIRECTOR	37 50	_ ^						Ů	232,180	30,671
(16) EARL SCIME	0 10	х						0	232,960	33,026
DIRECTOR (17) JOYCE MCCONNELL	90 00									
DIRECTOR	75 00	X						0	350,682	33,366
(18) RUDOLPH ALMASY	0 20	х						0	95,468	21,186
DIRECTOR (19) CLAY MARSH	50 00 1 00								,	,
DIRECTOR	70 00	х						0	0	0
(20) ANJALI HALABE	5 00								142 506	12.165
ASSISTANT TREASURER	55 00			Х				0	142,586	12,165
(21) MARY JANE BUCKLAND	2 00			×				0	91,897	20,958
ASSISTANT SECRETARY (22) ALAN MARTIN	37 50 1 00									
SECRETARY	50 00			Х				0	151,023	18,038
(23) DANIEL DURBIN	5 00			Х				0	205,550	27,776
TREASURER (24) JOHN CHILDRESS	57 00 34 00		-	<u> </u>				<u> </u>	203,330	27,773
(24) JOHN CHILDRESS ASSISTANT SECRETARY				х				0	61,955	8,450
WOOTSTAINT SECKETAKT	6 00	<u> </u>	1		<u> </u>	<u> </u>				<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from 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)	organization and related organizations
(26) JEAN-FRANCOIS DIETIKER	37 50					х		105,271	0	13,765
SENIOR RESEARCH ENGINEER	0 00									
(1) DANIEL VASGIRD	60 00					l _x l		170,024	0	31,457
DIRECTOR RESEARCH, ITEGRITY & COMPLIANCE	0 00					_ ^		170,024	0	31,437
(2) MATTHEW HARBAUGH	40 00							157.111		00.404
ASSOC VP FOR TRANSFORMATION	0 00					Х		167,144	0	32,134
(3) PHILIP SPARKS	65 00					,		101 761		22.545
DIRECTOR, TECH TRANSFER	0 00					×		191,761	0	33,545
(4) GERALD IWAN	40 00									
MANAGER, NATIONAL ENVIRONMENTAL	0 00					Х		125,595	0	7,507
(5) JAMES PCLEMENTS	0 00									
FORMER CHAIRMAN	0 00						Х	0	142,868	1,823
(6) MICHELE WHEATLY	0 00						V	0	246 752	20.100
FORMER VICE-CHAIRMAN	75 00						Х	0	346,752	38,199
(7) FRED BUTCHER	0 00							_	405	20.5:-
FORMER DIRECTOR	37 50						Х	0	196,081	20,919

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As Filed Data -

DLN: 93493134078286

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 1

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011

Open to Public Inspection

Name of the organization Employer identification number WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) A mount of (vi) A mount of listed in your governing organization organization monetary support other support (see (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No (A) WEST VIRGINIA UNIVERSITY 556000842 Yes 114,629,135 0

114,629,135

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organization instructions	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Castian	_	AII	Supporting	0	1:
Section	Α.	AII	Supporting	Organiza	TIONS

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		163	110
_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		No
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Νo
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
Ŀ	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ŀ	DID DID THE ORGANIZATION HAVE ANY EXCESS BUSINESS HOLDINGS IN THE TAX YEAR? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?	TOD		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
_	the governing body of a supported organization?	11a		No
Ŀ	A family member of a person described in (a) above?	11b		No
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νο

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ation E. Tuna III Functionally Integrated Comparting Organizations			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134078286

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Political Campaign and Lobbying Activities

www.irs.gov/form990. 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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

- 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION Part I-A 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 Political expenditures 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 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes 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 1 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? 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 (e) A mount of political (a) Name (b) Address (c) EIN (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-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	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				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).						
For	-		(a	a)		(b)	
activ		h 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	A	mour	nt
1		nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
а	Volunteers?			No			
b	Paid staff or management (include	compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			No			
d	Mailings to members, legislators, o	or the public?	Yes				
е	Publications, or published or broad	dcast statements?		Νo			
f	Grants to other organizations for lo	obbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?	Yes			15	59,508
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?			No			
j	Total Add lines 1c through 1i					15	59,508
2a	Did the activities in line 1 cause the	he organization to be not described in section 501(c)(3)?	. !	l No			
b	If "Yes," enter the amount of any t						
c		ax incurred by organization managers under section 4912		F			
d		section 4912 tax, did it file Form 4720 for this year?	!				
Pai		ganization is exempt under section 501(c)(4), section	501(c)(5), o	r se	ctio	<u>n</u>
	501(c)(6).			, ,,			
						Yes	No
1	Were substantially all (90% or mo	re) dues received nondeductible by members?		L	1		
2	Did the organization make only in-	house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry	y over lobbying and political expenditures from the prior year?			3		
Par		ganization is exempt under section 501(c)(4), section ther (a) BOTH Part III-A, lines 1 and 2, are answered ' "Yes."					
1	Dues, assessments and similar an	nounts from members	1				
2	Section 162(e) nondeductible lobb expenses for which the section 52	bying and political expenditures (do not include amounts of political (7(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to car	nt on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?		4				
5		olitical expenditures (see instructions)	5				
Р	art IV Supplemental Info	rmation					
		art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro 1 Also, complete this part for any additional information	up list),	Part II-	A, III	nes 1	and
	Return Reference	Explanation					
PAR	, ι ι	LOBBYING ACTIVITIES CONSIST OF IDENTIFYING FEDERAL AND AND DEVELOPMENT PROGRAMS WHICH CAN BE PERFORMED BY FUTURE OF THE LABORATORIES AND EQUIPMENT AVAILABLE TO LOBBYING ACTIVITIES FOCUS UPON ENGINEERING, MEDICAL AIRESEARCH OPPORTUNITIES	RESEAR THE O	CHERS RGANIZ	AND ATI	STA ON	

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493134078286

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

mai ke	renue service I I I I I I I I I I I I I I I I I I I	1 550) una les miseraccions is ac www.m	3.g 0 v /	
	of the organization VIRGINIA UNIVERSITY RESEARCH CORPORATION			oloyer identification number
) - wh	T. Overninskiens Maintaining Davis Ad	ieed Funds on Other Circlis - 5		0665758
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		
_		(a) Donor advised funds		(b) Funds and other accounts
	otal number at end of year		_	
	ggregate value of contributions to (during year)			
	ggregate value of grants from (during year)			
	ggregate value at end of year			
	ıd the organization inform all donors and donor advisc ınds are the organization's property, subject to the or	_	nor adv	rsed Yes No
u:	ıd the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benef onferring impermissible private benefit?			
art	Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV, line 7.
Г Г с	urpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a	or education)	certifie	rically important land area d historic structure m of a conservation
e	asement on the last day of the tax year			T
_			<u> </u>	Held at the End of the Year
_	otal number of conservation easements		2a	
	otal acreage restricted by conservation easements		2b	
	umber of conservation easements on a certified histo	• •	2c	
h	umber of conservation easements included in (c) acq istoric structure listed in the National Register		2d	
N	umber of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
tł	ne tax year 🗠			
Ν	umber of states where property subject to conservati	on easement is located ►		
	oes the organization have a written policy regarding t nforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	ndling of	f violations, and Yes No
S	taff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year
Δ	 mount of expenses incurred in monitoring, inspecting	and enforcing conservation easement	ts durin	α the vear
	· \$, and emoreing conservation casement	.s aarm	g inc , car
D	oes each conservation easement reported on line 2(c nd section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı) Yes No
I i	n Part XIII, describe how the organization reports cor alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easeme	e footnote to the organization's financia		
rt I	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
W	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
I 1 W	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet
(i	Revenue included in Form 990, Part VIII, line 1			▶ \$
(i	ii) Assets included in Form 990, Part X			► \$
Ιſ	the organization received or held works of art, historiollowing amounts required to be reported under SFAS			
R	evenue included in Form 990, Part VIII, line 1			▶ \$
	ssets included in Form 990, Part X			<u> </u>
А	SSELS MICIALEU III FUIIII SSU, FAIL A			F P

Part	Organizations Maintaining Collections of Art	, His	tori	cal ⁻	<u> Treası</u>	<u>ires, or Otl</u>	<u>ner</u>	Similar Ass	sets (c	ontinued)
3	Using the organization's acquisition, accession, and other record collection items (check all that apply) $ \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2$	ds, cł	neck _	·		_		significant use	of its	
а	Public exhibition	d	Γ	Loa	n or exc	:hange progra	ms			
b	Scholarly research	e	Γ	Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's collections and expla $\mbox{{\tt Part}}\ \mbox{{\tt XIII}}$	ın hov	w the	y furt	her the	organızatıon's	ex	empt purpose ır	ו	
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						sımı		_ Yes	┌ No
Par	Escrow and Custodial Arrangements. Complet Part IV, line 9, or reported an amount on Form 99	ete ıf	the	orga	nızatıo		"Ye	es" to Form 9	90,	,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?					or other asset	ts n	ot F	– Yes	
b	If "Yes," explain the arrangement in Part XIII and complete the	follov	ving	able						
								Am	ount	
С	Beginning balance					1	c			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					1	f			
2a	Did the organization include an amount on Form 990, Part X, line	e 21,	for e	scrow	orcust	odial account	lıa	bility? [Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the	expl	anatı	on ha	s been	provided in Pa	rt X	(III		Γ
Pai	t V Endowment Funds. Complete if the organization									
	(a)Current year	(b) Prior	year	b (c)	wo years back	(d) ⊺	hree years back	(e)Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance	ce (lır	ie 1g	, colu	mn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	Are there endowment funds not in the possession of the organiza	atıon	that	are he	eld and	admınıstered 1	for t	the		
	organization by							[<u></u>	Yes	No
	(i) unrelated organizations		•	•	• •		•	3a(i	_	
ь	(ii) related organizations	d on 5	Sched	 Jule R	? .		. •	3b		<u> </u>
4	Describe in Part XIII the intended uses of the organization's en				· -					
Par	Land, Buildings, and Equipment. Complete if t 11a. See Form 990, Part X, line 10.				on ans	wered 'Yes'	to I	Form 990, Pai	rt IV, l	ine
	Description of property				or other estment)	(b)Cost or other basis (other)		(c) Accumulated depreciation	(d) B	ook value
1a l	and					2,776,8	74			2,776,874
	Buildings					60,554,1	_	13,517,448	1	47,036,748
	easehold improvements					, ,	\dashv		1	<u> </u>
	Equipment					6,0	21	100	1	5,921
	 Other					445,9	\rightarrow		1	445,965
	. Add lines 1a through 1e (Column (d) must equal Form 990, Part)		imn (B), Iın	e 10(c).)		🕨		50,265,508
								Schedule D	(Form	990) 2014

(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security) 1)Financial derivatives		Cost or end-of-year market value
2)Closely-held equity interests		
ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
art VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
(column (2) mass equal (com 350) (are x) cor (2) mile 15)	<u>* </u>	
Part IX Other Assets. Complete if the organization (a) Descri		(b) Book value
(,		(-)
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.		▶ o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability	nızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes	nızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes THER LIABILITIES EFERRED GAIN ON REFUNDING	nization answered 'Yes' t	▶ o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes THER LIABILITIES EFERRED GAIN ON REFUNDING	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes THER LIABILITIES EFERRED GAIN ON REFUNDING	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes THER LIABILITIES DEFERRED GAIN ON REFUNDING	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes THER LIABILITIES EFERRED GAIN ON REFUNDING	(b) Book value	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability dederal income taxes OTHER LIABILITIES DEFERRED GAIN ON REFUNDING	(b) Book value	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability Federal income taxes OTHER LIABILITIES DEFERRED GAIN ON REFUNDING	(b) Book value	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(b) Book value	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability Federal income taxes OTHER LIABILITIES DEFERRED GAIN ON REFUNDING	(b) Book value	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability Gederal income taxes OTHER LIABILITIES DEFERRED GAIN ON REFUNDING	(b) Book value	o Form 990, Part IV, line 11e or 11f. See

Part		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		its Wit	n Reve	enue p	per Ret	turn Complete if
1	•	r support per audited financial statements					1	131,744,000
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses)	on investments	2a		-24	9,610		
b	Donated services and use of fa	acılıtıes	2b					
c	Recoveries of prior year grants	5	2c					
d	Other (Describe in Part XIII)		2d					
e	Add lines 2a through 2d .		· · ·				2e	-249,610
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	131,993,610
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)		4b			138		
C	Add lines 4a and 4b						4c	138
5	Total revenue Add lines 3 and	l 4c. (This must equal Form 990, Part I, line	12)				5	131,993,748
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line		nts Wi	th Exp	enses	s per R	Return. Complete
1	Total expenses and losses per	audited financial statements					1	121,559,000
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25						
а	Donated services and use of fa	acılıtıes	2a					
b	Prior year adjustments		2b					
C	Otherlosses		2c					
d	Other (Describe in Part XIII)		2d			-327]	
e	Add lines 2a through 2d						2e	-327
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	121,559,327
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)		4b					
C	Add lines 4a and 4b						4c	0
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lir	ne 18)				5	121,559,327
Part	XIII Supplemental Inf	ormation						
Part '		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and						any additional
	Return Reference	Explanation						
	XI, LINE 4B - OTHER STMENTS	FINANCIAL STATEMENT ROUNDING (\$	138)					
	XII, LINE 2D - OTHER STMENTS	FINANCIAL STATEMENT ROUNDING (-	\$327)					

Jenedale 2 (1 31111 33 3) 23 13		r age S					
Part XIII Supplemental Information	on (continued)						
Return Reference	Explanation						
l							
-							

Schedule D (Form 990) 2014

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493134078286

OMB No 1545-0047

2014

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the organization				Employer ident	ification number
WES.	T VIRGINIA UNIVERSITY RESEA	ARCH CORPOR	ATION			
					55-0665758	
Pa	rt I General Information "Yes" to Form 990, Par		s Outside th	e United States. Co	emplete if the organiz	ation answered
1	For grantmakers. Does the o	rganization m	aıntaın records	s to substantiate the a	mount of its grants	
	and other assistance, the gra	-			<u>=</u>	
	used to award the grants or a	_		·		┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grant	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)	
		1				
	(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 a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			649,122
	Total from continuation sheets to Part I	0	0			473,856
c	: Totals (add lines 3a and 3b)	0	0			1,122,978
	· ' '					

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(-) (403.14		43.5	
	and EIN (if applicable)		grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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 addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				I.	I .		

Part IV Foreign Forms

1	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	<u>r</u>	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	⊳	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Γ	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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 STUDENT'S ACCOUNT THE STUDENT'S ACCOUNT IS REVIEWED BY WWU 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 DISELECTION 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

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	3
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	9,033
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH	86,150
SOUTH ASIA	0	0	PROGRAM SERVICES	INSTRUCTION	6,526

Form 990 Schedule F	<u>Part I - Activi</u>	ties Outside 1	The United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	177,497
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		14,805
EAST ASIA AND THE PACIFIC	0	0		FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	173,942

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
EUROPE	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	125,441
NORTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	55,728
SOUTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	11,844

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				
SUB-SAHARAN AFRICA	O	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	31,905				
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	44,884				
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	15,165				

Form 990 Schedule F	Part I - Activi	ties Outside T	he 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
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	4 ,5 4 6
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	22,404
NORTH AMERICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	108,199

Form 990 Schedule F	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	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	178,529					
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	29,227					
SOUTH AMERICA	0	0	PROGRAM SERVICES	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	5,508					

Form 990 Schedule F	Part I - Activi	ties Outside 1	The United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	14,370
SOUTH ASIA	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	7,275

, rorm 990 Scneau	-orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(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 non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		SOUTH ASIA	INSTRUCTION	6,526	CHECK					
		EUROPE	RESEARCH	9,033	CHECK					
	1	SUB-SAHARAN AFRICA	RESEARCH	72,352	CHECK					
	1	SUB-SAHARAN AFRICA	RESEARCH	105,145	CHECK					

Form 990 Schedu	le F Part II	- Grants or Entitie	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		RUSSIA AND NEIGHBORING STATES	RESEARCH	86,150	CHECK			

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

DLN: 93493134078286

OMB No 1545-0047

2014

(Form 990)

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

	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	B. 444 B. 454 B.								
Name of the organization						Employer identificati	on number		
WEST VIRGINIA UNIVERSITY RE	SEARCH CORPORAT	ION				55-0665758			
Part I General Informat	ion on Grants and	d Assistance				•			
Does the organization mainta the selection criteria used toDescribe in Part IV the organ	award the grants or as	sistance?					▽ Yes ┌ N		
			ons and Domestic more than \$5,000. Pa				s" to		
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 gran or assistance		
See Additional Data Table									
See Additional Data Table									

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2014

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Part III Grants and Other Assistance to Domestic Individuals. 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) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL GRANTS TO STUDENTS		2,886,286		воок	

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
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 STUDENT'S ACCOUNT THE STUDENT'S ACCOUNT IS 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								

Additional Data

Software ID:

Software Version:

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
4D TECH SOLUTIONS INC 1275 STEWARTSTOWN RD STE 200 MORGANTOWN,WV 26505	46-3555380		52,500		воок		RESEARCH
ALDERSON BROADDUS UNIVERSITY INCPO BOX 2004 101 COLLEGE HILL DR PHILIPPI,WV 26416	55-0357072	501(C)(3)	35,553		воок		RESEARCH
AM LUNG ASSOCIATION OF THE MID ATLANTIC 3001 OLD GETTYSBURG RD CAMP HILL,PA 17011	25-1825116	501(C)(3)	8,000		воок		RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
AUBURN UNIV203 MARTIN HALL AUBURN,AL 368495119	63-6000724	SECTION 115	74,417		воок		RESEARCH			
AVIAN CONSERVATION CENTER OF APPALACHIA INC286 FAIRCHANCE RD MORGANTOWN, WV 26508	45-4294729	501(C)(3)	15,000		воок		RESEARCH			
BETHANY COLLEGEMAIN ST BETHANY,WV 26032	55-0356985	501(C)(3)	28,070		воок		RESEARCH & OTHER			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
BLUEFIELD STATE COLLEGE RESEARCH & DEV 704 BLAND ST BLUEFIELD,WV 24701	55-0785437	501(C)(3)	37,451		воок		RESEARCH & OTHER			
BUCKHANNON RIVER WATERSHED ASSOCIATION INC112 FAYETTE ST BUCKHANNON, WV 26201	55-0783924	501(C)(3)	30,770		воок		RESEARCH			
CABIN CREEK HEALTH SYSTEMS INCPO BOX 70 DAWES, WV 25054	55-0709223	501(C)(3)	117,713		воок		INSTRUCTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CALIFORNIA INSTITUTE OF TECHNOLOGY340 BECKMAN INSTITUTE MAIL CODE 139-74 PASADENA,CA 91125	95-1643307	501(C)(3)	5,285		воок		RESEARCH			
CALIFORNIA UNIV OF PENNS250 UNIVERSITY AVE CALIFORNIA,PA 154191341	25-1508140	SECTION 115	8,170		воок		INSTRUCTION			
CAMC HEALTH EDUCATION & RESEARCH INSTPO BOX 765 CHARLESTON, WV 25323	55-0753754	501(C)(3)	408,187		воок		RESEARCH & PUBLIC SERVICE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHOOSY KIDS3160 COLLINS FERRY RD MORGANTOWN,WV 26505	20-4425551		27,952		воок		RESEARCH		
CLEMSON UNIV238 POOLE AGRICULTURAL CTR CLEMSON,SC 296340753	57-6000254	SECTION 115	90,380		воок		RESEARCH		
COMMUNITY CARE OF WEST VIRGINIA INCPO BOX 217 ROCK CAVE, WV 26234	55-0599096	501(C)(3)	223,699		воок		INSTRUCTION & PUBLIC SERVICE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
CORNELL UNIV341 PINE TREE RD ITHACA,NY 14850	15-0532082	501(C)(3)	201,282		воок		RESEARCH			
EASTERN AREA HEALTH EDUCATION CENTE2500 FOUNDATION WAY MARTINSBURG, WV 25401	35-2174239	501(C)(3)	127,120		воок		INSTRUCTION			
EMBRY RIDDLE AERONAUTICAL UNIV INC 600 S CLYDE MORRIS BLVD DAYTONA BEACH,FL 32114	59-0936101	501(C)(3)	57,595		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
FAIRMONT STATE UNIV 1201 LOCUST AVE FAIRMONT,WV 26554	55-6000778	SECTION 115	43,372		воок		RESEARCH & OTHER			
FRANKLIN & MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA 176043003	23-1352635	501(C)(3)	135,707		воок		RESEARCH			
FRIENDS OF THE CHEAT 119 S PRICE ST STE 206 KINGWOOD, WV 26537	55-0739158	501(C)(3)	236,768		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
GENERAL ELECTRIC COMPANY3000 N GRANDVIEW BLVD WAUKESHA,WI 53188	14-0689340		67,068		воок		RESEARCH			
GLENVILLE STATE COLLEGE RESEARCH CO 200 HIGH ST GLENVILLE, WV 263511200	55-0713410	501(C)(3)	82,470		воок		INSTRUCTION			
GRAY DENIS 010720 DUNHILL TER RALEIGH,NC 27615	12-2402558		21,000		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GROW OHIO VALLEY INC 100 15TH STREET WHEELING,WV 26003	32-0293018	501(C)(3)	5,363		воок		RESEARCH			
GUARDIANS OF THE WEST FORK WATERSHED GROUP 830 BENONI AVE FAIRMONT, WV 26554	55-0784772	501(C)(3)	290,430		воок		RESEARCH			
INDIANA UNIV400 E 7TH ST RM 230 BLOOMINGTON, IN 474053085	35-6001673	SECTION 115	94,419				RESEARCH			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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			
INSTITUTE FOR ADVANCED STUDY1 EINSTEIN DR PRINCETON,NJ 08540	21-0634988	501(C)(3)	116,416				RESEARCH			
IOWA STATE UNIVERSITY 3609 ADMINISTRATIVE SERVICES BLDG AMES,IA 50011	42-6004224	SECTION 115	42,008				RESEARCH & PUBLIC SERVICE			
LAFAYETTE COLLEGE202 MARKLE HALL EASTON,PA 18042	24-0795686	501(C)(3)	40,523				RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
LAWRENCE LIVERMORE NATL LABPO BOX 5516 LIVERMORE,CA 94550	94-6031193		537,980		воок		RESEARCH		
LIBRARY OF VIRGINIA800 E BROAD STREET RICHMOND,VA 23219	54-6001813	SECTION 115	82,132		воок		PUBLIC SERVICE		
LOS ALAMOS NATIONAL LABORATORPO BOX 1663 MAIL STOP P245 LOS ALAMOS,NM 87545	20-3104541		382,198		воок		RESEARCH		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
MARQUETTE UNIVPO BOX 1881 MILWAUKEE,WI 532011881	39-0806251	501(C)(3)	59,859		воок		RESEARCH			
MARSHALL UNIV RESEARCH CORP401 11TH ST STE 1400 HUNTINGTON,WV 25701	55-0683361	501(C)(3)	1,197,602		воок		RESEARCH, INSTRUCTION, PULIC SERVICE, & OTHER			
MAX PLANCK FLORIDA INSTITUTE FOR NEUROSCIENCE1 MAX PLANCK WAY JUPITER, FL 334585293	26-2117502	501(C)(3)	44,239		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MICHIGAN STATE UNIV 110 JOHN HANNAH ADMIN BLDG EAST LANSING,MI 488241046	38-6005984	SECTION 115	538,247		воок		RESEARCH			
MID OHIO VALLEY HEALTH DEPT211 6TH STREET PARKERSBURG,WV 26101	55-0619203		195,236		воок		RESEARCH & PUBLIC SERVICE			
MSOPTI400 N LEE ST LEWISBURG,WV 24901	55-0763235	501(C)(3)	94,073		воок		INSTRUCTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
NATL RADIO ASTRONOMY OBSERVATORY520 EDGEMONT RD CHARLOTTESVILLE,VA 22903	11-1630900	501(C)(3)	253,819		воок		RESEARCH			
NORTH CAROLINA STATE UNIV4700 HILLSBOROUGH ST RALEIGH,NC 27606	56-6000756	SECTION 115	5,000		воок		RESEARCH			
NORTHEAST NATURAL ENERGY LLC707 VIRGINIA ST E STE 1200 CHARLESTON, WV 25301	27-0945493		31,972		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
NORTHERN ILLINOIS UNIV 1425 W LINCOLN HWY DEKALB,IL 601152828	36-6008480	SECTION 115	9,124		воок		RESEARCH			
NORTHWESTERN633 CLARK ST EVANSTON,IL 602081112	36-2167817	501(C)(3)	14,587		воок		RESEARCH			
OBERLIN COLLEGE173 WEST LORAIN ST OBERLIN,OH 44074	34-0714363	501(C)(3)	56,849		воок		RESEARCH			

Form 990,Schedule I, Part	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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				
OHIO DEPT OF NATURAL RESOURCESGEOLOGICAL SURVEY2045 MORSE ROAD COLUMBUS,OH 43229	31-1334820	SECTION 115	14,973		воок		RESEARCH				
OHIO STATE UNIV1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	SECTION 115	87,536		воок		RESEARCH				
PA GEOLOGIC SURVEY DCNR TOPOGRAPHIC & GEOLOGIC3240 SCHOOLHOUSE ROAD MIDDLETOWN,PA 17057	25-1773197	SECTION 115	11,518		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF UC1850 RESEARCH PARK DR STE 300 DAVIS,CA 95618	94-6036494	SECTION 115	70,383		воок		RESEARCH			
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET WEST HALL THIRD FLOOR ROOM 311 TROY,NY 12180	14-1340095	501(C)(3)	44,824		воок		RESEARCH			
RESEARCH FOUNDATION OF SUNYPO BOX 9 CASH RECEIPTS DEPT ALBANY,NY 120010009	14-1368361	501(C)(3)	120,830		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
SHEPHERD UNIVPO BOX 5000 SHEPHERDSTOWN, WV 254435000	55-6000799	SECTION 115	173,303		воок		RESEARCH & OTHER			
TEXAS AGRILIFE RESEARCH600 JOHN KIMBROUGH BLVD COLLEGE STATION,TX 778454375	74-6000541	SECTION 115	10,676		воок		RESEARCH			
UNIV OF VIRGINIAPO BOX 400195-1001 NORTH EMMET STREET CHARLOTTESVILLE,VA 22904	54-6001796	SECTION 115	94,533		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
TRUSTEES OF COLUMBIA UNIVOFFICE OF CLINICAL TRIALS 622 W 168TH ST PH 1540 NEW YORK, NY 10032	13-5598093	501(C)(3)	128,610		воок		RESEARCH		
TUG RIVER HEALTH ASSOCIATION INCPO BOX 507 GARY,WV 248360507	31-0889458	501(C)(3)	112,086		воок		INSTRUCTION		
UNIV OF ALABAMA AT BIRMINGHAM1530 THIRD AVE S 1170 ADMINISTRATIO BLDG BIRMINGHAM,AL 35294	63-6005396	SECTION 115	34,014		воок		RESEARCH		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
UNIV OF CA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	SECTION 115	44,962		воок		RESEARCH			
UNIV OF CENTRAL FLORIDAPO BOX 163555 ORLANDO,FL 328163555	59-2924021	SECTION 115	54,906		воок		RESEARCH			
UNIV OF GEORGIA RESEARCH FOUNDATION INC200 DW BROOKS DR ATHENS, GA 30602	58-1353149	501(C)(3)	10,000		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
UNIV OF KANSAS CTR FOR RESEARCH INC2385 IRVING HILL RD LAWRENCE,KS 660457563	48-0680117	501(C)(3)	65,547		воок		RESEARCH			
UNIV OF KY RESEARCH FOUNDATIONNATIONAL CITY BANK SECTION 506 LOUISVILLE, KY 40289	61-6033693	501(C)(3)	730,178		воок		RESEARCH			
UNIV OF MAINE SYSTEM 5717 CORBETT HALL ROOM 400 ORONO,ME 04669	01-6000769	SECTION 115	17,118		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
UNIV OF MICHIGAN4901 EVERGREEN RD DEARBORN,MI 481281491	38-6006309	SECTION 115	35,015		воок		RESEARCH			
UNIV OF MISSISSIPPI MEDICAL CENTER2500 N STATE STREET JACKSON,MS 39216	64-6008520	SECTION 115	45,284		воок		RESEARCH			
UNIV OF NORTH CAROLINA WILMINGTON 601 SOUTH COLLEGE RD WILMINGTON,NC 284033201	56-1258660	SECTION 115	99,570		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
UNIV OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH,TX 76107	75-6064033	SECTION 115	566,224		воок		RESEARCH			
UNIV OF NOTRE DAME 836A GRACE HALL NOTRE DAME, IL 46556	35-0868188	501(C)(3)	331,903		воок		RESEARCH			
UNIV OF PITTSBURGH4200 5TH AVE PITTSBURGH,PA 15260	25-0965591	SECTION 115	20,083		воок		RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIV OF RHODE ISLAND70 LOWER COLLEGE ROAD THIRD FLOOR KINGSTON,RI 02881	05-6000522	SECTION 115	99,266		воок		RESEARCH
UNIV OF TEXAS AT AUSTIN 1 UNIVERSITY STATION AUSTIN,TX 78712	74-6000203	SECTION 115	35,543		воок		RESEARCH
UNIV OF TEXAS AT BROWNSVILLE80 FORT BROWN BROWNSVILLE,TX 78520	74-2759269	SECTION 115	554,331		воок		RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
UNIV OF VERMONT AND STATE AGRICULTURAL COLLEGEPO BOX 1389 WILLISTON,VT 05495	03-0179440	SECTION 115	53,132		воок		RESEARCH				
UNIV OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	SECTION 115	43,649		воок		RESEARCH				
UNIV OF WISCONSIN- MADISON21 N PARK ST STE 7101 MADISON, WI 53706	39-6006492	SECTION 115	68,141		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
UNIV OF WYOMING1000 E UNIVERSITY AVENUE DEPT 3354 LARAMIE,WY 82071	83-6000331	SECTION 115	892,336		воок		RESEARCH				
UNIV OF WYOMING RESEARCH CORPWESTERN RESEARCH INSTITUTE365 N 9TH ST LARAMIE,WY 82072	74-2269704	501(C)(3)	17,457		воок		RESEARCH				
UNIVERSITY OF WEST GEORGIA1601 MAPLE ST CARROLLTON, GA 301184220	58-6002055	SECTION 115	6,061		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
US DEPARTMENT OF ENERGY1000 INDEPENDENCE AVE SW WASINGTON, DC 20585	31-1575142		50,000		воок		RESEARCH				
US DEPT OF ENERGY NETL 3610 COLLINS FERRY RD MORGANTOWN,WV 26507	62-0496456		125,000		воок		RESEARCH				
US FOREST SERVICEPO BOX 301550 LOS ANGELES,CA 90030	72-0564834		24,500		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
US-CHINA CLEAN ENERGY FORUM1301 FIFTH AVE STE 2500 SEATTLE, WA 98101	26-2792356	501(C)(3)	266,257		воок		RESEARCH				
UW MILWAUKEE CTIPO BOX 500 MILWAUKEE, WI 53201	39-1805963	SECTION 115	75,031		воок		RESEARCH				
VIRGINIA POLYTECHNIC INST & STATE UNIV201 SOUTHGATE CTR BLACKSBURG,VA 24061	54-6001805	SECTION 115	33,456		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
VISHWAMITRA RESEARCH INSTITUTE368 56TH ST CLARENDON HILLS,IL 60514	37-1490397	501(C)(3)	82,012		воок		RESEARCH				
WALS FOUNDATION1413 EOFF ST WHEELING, WV 26003	20-0777095	501(C)(3)	13,722		воок		PUBLIC SERVICE				
WEST LIBERTY UNIV RESEARCH CORP129 CSC PO BOX 295 WEST LIBERTY, WV 26074	27-2196294	501(C)(3)	194,809		воок		RESEARCH & OTHER				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
WESTERN CAROLINA UNIV 1 UNIVERSITY WAY CULLOWHEE,NC 28723	56-6001440	SECTION 115	74,377		воок		PUBLIC SERVICE				
WHEELING JESUIT UNIV 316 WASHINGTON AVE WHEELING,WV 26003	55-0394213	501(C)(3)	25,226		воок		OTHER				
WOOD CO BD OF EDUCATION1511 BLIZZARD DR PARKERSBURG, WV 261014144	55-6000418		39,466		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
WOODS HOLE OCEANOGRAPHIC INSTITUTION86 WATER ST WOODS HOLE, MA 02543	04-2105850	501(C)(3)	28,833		воок		RESEARCH				
WORCESTER POLYTECHNIC INSTITUTE100 INSTITUTE RD WORCESTER,MA 01609	04-2121659	501(C)(3)	34,045		воок		RESEARCH				
WORLD RESOURCES INSTITUTE1709 NEW YORK AVE NW WASHINGTON, DC 200065206	52-1257057	501(C)(3)	296,667		воок		RESEARCH				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
WV COMMUNITY DEVELOPMENT HUB INC 103 ADAMS ST STE 200 FAIRMONT, WV 26554	20-0022399	501(C)(3)	15,118		воок		RESEARCH				
WV GEOLOGICAL & ECONOMIC SURVE1 MONT CHATEAU ROAD MORGANTOWN,WV 26508	55-6000936	SECTION 115	44,169		воок		RESEARCH				
WV SCHOOL OF OSTEOPATHIC MEDIC400 N LEE STREET LEWSIBURG, WV 24901	55-0561541	SECTION 115	185,795		воок		RESEARCH & INSTRUCTION				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
WV STATE UNIVPO BOX 1000 INSTITUTE, WV 251121000	55-6000839	SECTION 115	10,445		воок		OTHER				
WV WESLEYAN COLLEGE59 COLLEGE AVE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	49,313		воок		RESEARCH & OTHER				
WVHTC FOUNDATION1000 TECHNOLOGY DR STE 1000 FAIRMONT, WV 26554		501(C)(3)	97,422		воок		RESEARCH				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
XORAN TECNOLOGIES 5210 S STATE ROAD ANN ARBOR,MI 48108	32-0039864		74,340		воок		RESEARCH				
BRNIEIGHT MEDICAL CENTER DRIVE MORGANTOWN, WV 265053409	55-0771139	501(C)(3)	1,000,000		воок		SUPPORT TO FURTHER BRNI'S RESEARCH OF NEUROLOGICAL DISEASES				
WEST VIRGINIA UNIVERSITYPO BOX 6201 MORGANTOWN, WV 26506	55-6000842	SECTION 115	6,930,192		воок		EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL ASSETS OR CONTRUCTION WHERE THE ASSET WAS TRANSFERRED TO WVU AS A BENEFICIARY OF				

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DLN: 93493134078286

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

Pa	rt I Questions Regarding Compensation)	<u> </u>			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u></u>	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

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

(A) Name and Title	((i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
BARBARA DUCATMAN, DIRECTOR	(I) (II)	0 142,700	1 01	0	0 8,736	0 5,331	0 156,767	0
EUGENE CILENTO, DIRECTOR	(I) (II)	0 254,254	0	0 2,029	0 15,628	0 9,007	0 280,918	0
NARVEL WEESE, DIRECTOR & EXECUTIVE DIRECTOR	(I) (II)	0 285,509	0	0 113	0 17,682	0 18,956	0 322,260	0 0
JIM ANDERSON, DIRECTOR	(I) (II)	0 125,868	0 16,978	0 650	0 9,020	0 16,635	0 169,151	0
E GORDON GEE, CHAIRMAN	(I) (II)	0 581,625	0	0 23	0 15,600	0 6,180	0 603,428	0
FRED KING, DIRECTOR	(I) (II)	0 232,914	0	0	0 14,202	0 8,604	0 255,720	0
GLENN DILLON, DIRECTOR	(I) (II)	0 342,098	0	0 3,814	0 15,600	0 13,209	0 374,721	0
LAURA GIBSON, DIRECTOR	(I) (II)	0 250,915	0	0 1,688	0 15,706	0 18,999	0 287,308	0
ROBERT JONES, DIRECTOR	(I) (II)	0 169,072	0	0 10,793	0 10,375	0 4,284	0	0
ARTHUR J ROSS III, DIRECTOR	(I) (II)	0 253,732	0	0 23,000	0 15,600	0 12,615	0	0
DANIEL ROBISON, DIRECTOR	(I) (II)	0 229,628	0	0 2,552	0 14,414	0 16,357	0 262,951	0
EARL SCIME, DIRECTOR	(I) (II)	0 218,624	0 13,375	0	0 14,559	0 18,491	0 266,010	0
JOYCE MCCONNELL, DIRECTOR	(I) (II)	0 334,143	0	0 16,539	0 21,310	0 12,278	0	0
ANJALI HALABE, ASSISTANT TREASURER	(I) (II)	0 141,744	0	0 842	0 8,759	0 3,430	0	0
ALAN MARTIN, SECRETARY	(I) (II)	0 146,964	0	0 4,059	0 9,310	0 8,964	0	0
DANIEL DURBIN, TREASURER	(I) (II)	0 204,548	0		0 13,132	0	0	0
DANIEL VASGIRD, DIRECTOR RESEARCH, ITEGRITY & COMPLI	(I) (II)	170,024 0	0	0	9,750 0	22,663		0
MATTHEW HARBAUGH, ASSOC VP FOR TRANSFORMATION	(I) (II)	167,144 0	0	0	10,428 0	22,772 0	200,344	0
PHILIP SPARKS, DIRECTOR, TECH TRANSFER	(I) (II)	186,761 0	0	5,000 0	11,838 0	22,772 0	226,371 0	0
JAMES PCLEMENTS, FORMER CHAIRMAN	(I) (II)	0 137,564	0		0 1,783	0 40	0 144,691	0

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

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
MICHELE WHEATLY, FORMER VICE-CHAIRMAN	(I) (II)	0 320,383	0	26,36	0 0 9 15,600	0 22,623	0 384,975	0 0
FRED BUTCHER, FORMER DIRECTOR	(I) (II)	0 164,960	0	31 12	0 0	0 10 681	0 217 006	0

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2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

Return Reference	Explanation
'	EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY DURING THE FISCAL YEAR COVERED BY THE RETURN THERE WERE ALSO THREE EXTERNAL BOARD OF DIRECTOR MEMBERS WHO WERE NOT EMPLOYED BY EITHER WVU RESEARCH CORPORATION NOR WEST VIRGINIA UNIVERSITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE AS OF THE BOARD OF DIRECTORS MEETING HELD ON MAY 26, 2015 THERE WERE CHANGES MADE TO THE STRUCTURE, COMPOSITION AND DUTIES OF THE WVU RESEARCH CORPORATION BOARD OF DIRECTORS THE VOTING MEMBERSHIP OF THE BOARD OF DIRECTORS NOW INCLUDES NINE VOTING MEMBERS AND SIX NON-VOTING OFFICERS THE NINE VOTING BOARD OF DIRECTOR MEMBERS INCLUDE THE FOLLOWING WEST VIRGINIA UNIVERSITY (WVU) REPRESENTATIVES THE WVU PRESIDENT, THE WVU PROVOST, THE WVU VICE PRESIDENT FOR HEALTH SCIENCES, THE WVU VICE PRESIDENT FOR ADMINISTRATION AND FINANCE, THE WVU VICE PRESIDENT FOR RESEARCH, THE WVU SENIOR ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES RESEARCH AND GRADUATE EDUCATION, THE WVU VICE PRESIDENT FOR LEGAL, GOVERNMENT, AND ENTREPRENEURIAL ENGAGEMENT, AND TWO WVU FACULTY MEMBERS AS APPOINTED BY THE WVU PRESIDENT ALL BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITH EMPHASIS ON WVU POSITIONS WITHIN A COLLEGE OR AREA WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH THERE IS NO SET TERM AN INDIVIDUAL MAY SERVE AS A BOARD OF DIRECTOR MEMBER AS DIRECTORS ARE APPOINTED BASED ON THEIR EMPLOYMENT POSITION AT WVU WITH THE INTENTION THAT BOARD OF DIRECTOR MEMBERS WILL RETAIN THEIR BOARD MEMBERSHIP FOR THE DURATION OF THEIR EMPLOYMENT IN ONE OF THE ABOVE LISTED WVU POSITIONS THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TERM UNDER THE AMENDED BY-LAWS THE TITLES OF TWO OF THE NON-VOTING OFFICERS WERE CHANGED AS FOLLOWS PRESIDENT WAS RENAMED ASSOCIATE DIRECTOR. THE ROLE OF THE EXECUTIVE DIRECTOR, AND VICE PRESIDENT WAS RENAMED ASSOCIATE DIRECTOR. THE ROLE OF THE EXECUTIVE DIRECTOR CHANGED WITH INCREASED DUTIES REGARDING THE OVERSIGHT OF THE INVESTMENT AND REINVESTMENT OF FUNDS AND THE PURCHASE AND SALE OF SECURITIES OF THE CORPORATION THESE DUTIES WERE PREVIOUSLY HELD BY THE TREASURER. THE DUTIES OF THE VICE PRESIDENT WAS RENAMED ASSOCIATE DIRECTOR DID NOT SIGNIFICANTLY CHANGE. OTHER BY-LAW AMENDMENTS INCLUDED PROVISIONS FOR A

Return Reference	Explanation
PART VI, SECTION A, MILINE 7A NA A A A A A A A A A A A A A A A A A	EFFECTIVE AS OF THE BOARD OF DIRECTORS MEETING HELD ON MAY 26, 2015 THERE WERE CHANGES MADE TO THE STRUCTURE, COMPOSITION AND DUTIES OF THE WVU RESEARCH CORPORATION BOARD OF DIRECTORS THE VOTING MEMBERSHIP OF THE BOARD OF DIRECTORS NOW INCLUDES NINE VOTING MEMBERS AND SIX NON-VOTING OFFICERS THE NINE VOTING BOARD OF DIRECTOR MEMBERS INCLUDE THE FOLLOWING WEST VIRGINIA UNIVERSITY (WVU) REPRESENTATIVES THE WVU PRESIDENT, THE WVU PROVOST, THE WVU VICE PRESIDENT FOR HEALTH SCIENCES, THE WVU VICE PRESIDENT FOR ADMINISTRATION AND FINANCE, THE WVU VICE PRESIDENT FOR RESEARCH, THE WVU SENIOR ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES RESEARCH AND GRADUATE EDUCATION, THE WVU VICE PRESIDENT FOR LEGAL, GOVERNMENT, AND ENTREPRENEURIAL ENGAGEMENT, AND TWO WVU FACULTY MEMBERS AS APPOINTED BY THE WVU PRESIDENT ALL BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITH EMPHASIS ON WVU POSITIONS WITHIN A COLLEGE OR AREA WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH THERE IS NO SET TERM AN INDIVIDUAL MAY SERVE AS A BOARD OF DIRECTOR MEMBER AS DIRECTORS ARE APPOINTED BASED ON THEIR EMPLOY MENT POSITION AT WVU WITH THE INTENTION THAT BOARD OF DIRECTOR MEMBERS WILL RETAIN THEIR BOARD MEMBERSHIP FOR THE DURATION OF THEIR EMPLOY MENT IN ONE OF THE ABOVE LISTED WVU POSITIONS THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TERM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF FINANCE, THE WVURC TREASURER, AND THE WVURC ASSISTANT TREASURER 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

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 EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY DURING THE FISCAL YEAR COVERED BY THE RETURN THERE WERE ALSO THREE EXTERNAL BOARD OF DIRECTOR MEMBERS WHO WERE NOT EMPLOYED BY EITHER WVU RESEARCH CORPORATION NOR WEST VIRGINIA UNIVERSITY WVURC BOARD DIRECTORS WHO WERE EMPLOYEES OF WVU DURING THE FISCAL YEAR 2015 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

PART VI, WEST VIRGINIA UNIVERSITY DURING THE FISCAL YEAR COVERED BY THE RETURN THERE WERE ALSO THREE EXTERNAL SECTION B, BOARD OF DIRECTOR MEMBERS WHO WERE NOT EMPLOYED BY EITHER WVU RESEARCH CORPORATION NOR WEST	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	WEST VIRGINIA UNIVERSITY DURING THE FISCAL YEAR COVERED BY THE RETURN THERE WERE ALSO THREE EXTERNAL BOARD OF DIRECTOR MEMBERS WHO WERE NOT EMPLOYED BY EITHER WVU RESEARCH CORPORATION NOR WEST VIRGINIA UNIVERSITY WITH THE EXCEPTION OF THESE THREE EXTERNAL DIRECTORS, THE ORGANIZATIONS OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY 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

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 WURC'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 WURC UPON REQUEST.

Return Reference	Explanation
· '	EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY DURING THE FISCAL YEAR COVERED BY THE RETURN THERE WERE ALSO THREE EXTERNAL BOARD OF DIRECTOR MEMBERS WHO WERE NOT EMPLOYED BY EITHER WVU RESEARCH CORPORATION NOR WEST VIRGINIA UNIVERSITY SEE THE NOTE BELOW FOR FORM 990, PART VII FOR CONTACT ADDRESSES FOR DIRECTORS WHO CANNOT BE REACHED AT THE ORGANIZATION'S MAILING ADDRESS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16 POLICIES	DURING THE FISCAL YEAR 2015 WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION BECAME A MEMBER INVESTOR IN THE WEST VIRGINIA GROWTH INVESTMENT LLC WHICH IS AN LLC ENTITY FILING AS A PARTNERSHIP FOR INCOME TAX PURPOSES THIS FOCUS OF THE WEST VIRGINIA GROWTH INVESTMENT LLC WILL BE TO INVEST IN SMALL BUSINESSES LOCATED WITHIN THE WEST VIRGINIA REGION THAT DOMENSTRATE THE POTENTIAL FOR GROWTH AND A SUITABLE RETURN

Return Reference	Explanation
1	JULIE SMITH - 3313 FOUR-H CAMP ROAD, MORGANTOWN, WV 26508-2428 MIKE GREEN - 5000 GREYSTONE DRIVE, MORGANTOWN, WV 26508-8616 MARK WISE - 1031 IMPERIAL DRIVE, MORGANTOWN, WV 26508-9180

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAINS/LOSSES -249,610 FINANCIAL STATEMENT ROUNDING 3

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

DLN: 93493134078286

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION						
				55-06657	58	
Part I Identification of Disregarded Entities Complete	ıf the organızatıon	answered "Yes" or	n Form 990, Pa	art IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(l (13) controlle entity?	
						Yes	No
(1) WEST VIRGINIA UNIVERSITY PO BOX 6005 MORGANTOWN, WV 265066005 55-6000842	EDUCATION AND RESEARCH	wv					No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	General	or Percenta
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	managı	ng ownersh
		(state or	entity	unrelated,		assets			20 of	partne	7
		foreign		excluded from					Schedule K-1		
		country)		tax under					(Form 1065)		
				sections 512-							
				514)						<u> </u>	
				·			Yes	No		Yes N	lo
								•	ı		

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contro enti	n 512 13) olled
								Yes	No
(1) F & P REALTY COMPANY 409 MARINA TOWER PO BOX 6555 MORGANTOWN, WV 26506 55-0571302	BUILDING LESSOR		WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	С	40,702	223,919	100 000 %	Yes	

rant, or capital contribution to related organization(s) rant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s)	1c 1d 1e	Yes Yes Yes	No No
or of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity rant, or capital contribution to related organization(s) rant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s)	1b 1c 1d 1e	Yes	
rant, or capital contribution to related organization(s) ant, or capital contribution from related organization(s) or loan guarantees to or for related organization(s) or loan guarantees by related organization(s)	1b 1c 1d 1e	Yes	
or loan guarantees by related organization(s) or loan guarantees by related organization(s) 1	1c 1d 1e	Yes	No
or loan guarantees to or for related organization(s) or loan guarantees by related organization(s) 1	1d 1e		No
or loan guarantees by related organization(s)	1e	Yes	No
or roun guarantees by related organization(s)		Yes	
nds from related organization(s)			
nds from related organization(s)			
Las nomitefacea organization(5)	1f		No
f assets to related organization(s)	1g		No
ase of assets from related organization(s)	1h		No
ge of assets with related organization(s)	1 i	Yes	
of facilities, equipment, or other assets to related organization(s)	1j	Yes	
of facilities, equipment, or other assets from related organization(s)	1k	Yes	
nance of services or membership or fundraising solicitations for related organization(s)	11		No
nance of services or membership or fundraising solicitations by related organization(s)	1m		No
of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
g of paid employees with related organization(s)	10	Yes	
ursement paid to related organization(s) for expenses	1 p	Yes	
ursement paid by related organization(s) for expenses	1q	Yes	
transfer of cash or property to related organization(s)	1r	Yes	
transfer of cash or property from related organization(s)	1s	Yes	
			—
	unt in	volved	
	asse of assets from related organization(s) age of assets with related organization(s) of facilities, equipment, or other assets to related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) nance of services or membership or fundraising solicitations for related organization(s) of facilities, equipment, mailing lists, or other assets with related organization(s) g of paid employees with related organization(s) ursement paid to related organization(s) for expenses ursement paid by related organization(s) for expenses transfer of cash or property to related organization(s) transfer of cash or property from related organization(s) unswer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization Method of determining amount mivolved Method of determining amount mivolve	asse of assets from related organization(s) age of assets with related organization(s) of facilities, equipment, or other assets to related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) anance of services or membership or fundraising solicitations for related organization(s) anance of services or membership or fundraising solicitations by related organization(s) and facilities, equipment, mailing lists, or other assets with related organization(s) and facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, mailing lists, or other assets with related organization(s) and of the advice in	ase of assets from related organization(s) age of assets with related organization(s) age of assets with related organization(s) and of facilities, equipment, or other assets from related organization(s) anance of services or membership or fundraising solicitations for related organization(s) anance of services or membership or fundraising solicitations by related organization(s) anance of services or membership or fundraising solicitations by related organization(s) and facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, mailing lists, or other assets with related organization(s) and of facilities, equipment, or other assets with related organization(s) and of facilities, equipment, or other assets with related organization(s) and of facilities, equipment, or other assets from related organizations by related organization(s) and of facilities, equipment, or other assets from related organizations by related organization(s) and of facilities, equipment, or other assets from related organizations by related organization(s) and of facilities, equipment, or other assets from related organizations for related organization(s) and of facilities, equipment, or other assets from related organizations for related organization(s) and of facilities, equipment, or other assets from related organization(s) and of facilities, equipment, or other assets from related organization(s) and of facilities, equipment, or other assets from related organization(s) and of facilities, equipment, or other assets with related organization(s) and of facilities, equipment, or other assets with related organization(s) and of facilities, equipment, or other assets with related organization(s)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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