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DLN: 93493135037887

OMB No 1545-0047

Department of the Internal Revenue Servi 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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

		iliac Scivic	'					
			lendar year, or tax year beginni C Name of organization	ng 07-01-2015 , and ending 06-30-2	016	D Emm	lavar	idontification number
_		pplicable	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION				-	identification number
_	ddress o ame ch	-	RESEARCH CORPORATION			55-0	0665	758
_	nitial ret	-	Doing business as					
F			Number and street (or P.O. box if i	mail is not delivered to street address) Room/	suita	E Telep	hone r	number
_	/termın nended		886 CHESTNUT RIDGE ROAD NO 40		suite	(304	1)29	3-4008
<u> </u>		n pending	City or town, state or province, cou	untry, and ZIP or foreign postal code			,	
		,	MORGANTOWN, WV 26506			G Gross	s recei	pts \$ 127,419,691
			F Name and address of princi	pal officer	H(a)	Is this a grou	ıp ret	urn for
			DANIEL DURBIN 886 CHESTNUT RIDGE ROA	D NO 408		subordinates	•	┌ Yes 🗸
			MORGANTOWN, WV 26506	D NO 408		No Aro all subor	dinat	0.5
I Ta	ıx-exen	npt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 527		Are all subor included?	umat	Yes No
	aheit <i>e</i>	. . HT	TP //RESEARCH WVU EDU	· / / / / /	- I	If "No," attac	:h a lı	ist (see instructions)
	ensite		TP //KL3LAKCII WVO LDO		H(c)	Group exem	ptıon	number ▶
K For	m of or	ganızatıon	✓ Corporation Trust Assoc	ation Other ►	L Year	r of formation	1985	M State of legal domicile
		C						1
Pē	rt I		mary scribe the organization's missio	n or most significant activities				
		•	3	AT WEST VIRGINIA UNIVERSITY				
e C	-							
ĕ	-							
Le II	2 (heck th	us box ▶ □ if the organization o	liscontinued its operations or dispose	d of more t	han 25% of i	ts ne	t assets
65								
×ŏ	3 1	Number	of voting members of the goverr	ing body (Part VI, line 1a)			3	9
Activities & Governance	4	Number	of independent voting members	of the governing body (Part VI, line 1	o)		4	0
Ĭ.	5 1	otal nur	mber of individuals employed in		5	557		
ACI	6 T	otal nur	mber of volunteers (estimate if r		6	0		
			related business revenue from P			7a	6,357,973	
	b N	et unrela	ated business taxable income fr	om Form 990-T, line 34	· · · ·		7b	1
						Prior Year		Current Year
Q,	8					96,914		
Ravenue	9	_	· · · · · · · · · · · · · · · · · · ·	line 2g)	-	26,427,992 365,970		
Rọv	10 11			n (A), lines 3, 4, and 7d)	• —	8,285		· ·
	1			, lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), l	ıne 🗀		•	
	12	12)	revenue add imes o emough 1.	(mast equal t are viii, column (,t,, t		131,993	748,	126,109,400
	13	Grants	s and sımılar amounts paıd (Par	t IX, column (A), lines 1-3)		23,873	767,	25,826,207
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)	·		0) (
s	15			ee benefits (Part IX, column (A), lines	;	21,787	7,475	20,876,175
Expenses	16a	5-10)	•	(, column (A), line 11e)	-		0)
e d	b		- '	, ,,	` <u> </u>			,
ă	17		indraising expenses (Part IX, column (I	J), line 25) ▶		75,898	2 0.85	88,667,129
	18			ust equal Part IX, column (A), line 25)		121,559	•	+
	19			18 from line 12	·	10,434		+
<u>გ</u> ფ	1		,			ing of Curren		
anc anc					Бедіпп	ing of Curren	t real	citu or Year
Net Assets or Fund Balances	20				·	108,929	472	113,372,724
2 E	21				·	51,444		
	22			t line 21 from line 20	·	57,484	601,401	48,177,016
	rt III		nature Block Derrury, I declare that I have ex	amined this return, including accompa	anving sch	edules and s	taten	nents, and to the best of
my k	nowled	dge and I	belief, it is true, correct, and co	mplete Declaration of preparer (other				
prep	arer ha	as any kr	nowledge					
		****	***			2017-05-15	;	
Sigi	1	Signa	ature of officer			Date		
Her		DANI	IEL DURBIN TREASURER					
		17	or print name and title					
	_	P	Print/Type preparer's name	Preparer's signature	Date	Check ıf	PTI	IN
Pai		- -	Firm's name		<u> </u>	self-employe Firm's EIN ▶	d	
	pare	r F	Firm's name			Phone no		
Use	On!	ly ∣ˈ						

Forr	n 990 (2015)				Page 2
Pa	rt IIII Statement of Pro	gram Service Acc	omplishments		
	Check if Schedule O	contains a response or r	ote to any line in this Part III		
1	Briefly describe the organiza	ation's mission			
	FOSTER AND SUPPORT RESE				
PAT	ENTING, MANAGEMENT ANI	O MARKETING SERVIC	ES FOR INVENTIONS BY TH	IE FACULTY, STAFF AND ST	UDENTS OF WVU
2	Did the organization underta	ke any significant progra	am services during the year w	hich were not listed on	
	the prior Form 990 or 990-E	Z?			⊤Yes √No
	If "Yes," describe these new	services on Schedule C)		
3	Did the organization cease c	onducting, or make sign	ificant changes in how it cond	lucts, any program	
	services?				Yes √No
	If "Yes," describe these cha	nges on Schedule O			
4	Describe the organization's i	orogram service accomp	dishments for each of its three	e largest program services, as	measured by
	expenses Section 501(c)(3) and 501(c)(4) organiza	ations are required to report tl	he amount of grants and alloca	
	the total expenses, and reve	nue, if any, for each prog	gram service reported		
		- + +0.4.000		25.005.007.) (2	45.000.054.)
4 a	,		5,565 including grants of \$	25,826,207) (Revenue \$	16,020,251)
	THE EXPRESSED PURPOSE TO FO CHARITABLE, EDUCATIONAL, AND UNIVERSITY, AND(2) TO PROVID AND STUDENTS OF WEST VIRGIN INSTITUTIONS OF HIGHER EDUC, CHALLENGES BY STRENGTHENING DEVELOPMENT ASSISTANCE, AND RESEARCH GRANT AND SENATE FOF EXTERNAL FUNDING OPPORTU APPLICATIONS PRIOR TO EXTERN SUPPORT TO MORE EFFICIENTLY OPPORTUNITIES ONE EXAMPLE I INCREASE THE AMOUNT OF CONSPECIAL FOCUS ON INCREASING RELATIONSHIPS WITH INDUSTRY ("CAFEE") IN ADDITION TO UIC, FUNDING BOTH ENTITIES, ALONG EDUCATION MISSION OF WEST VICOMPETITIVE THROUGH PRIVATE AS THE WVU RESEARCH CORPOR RESEARCH CENTER (CPRC) THE COMPANY IN THE WORLD) TO COEXPANSION IN THE FUTURE FINA BROADEN THE IMPACT OF THE UNDUSTRY PARTNERSHIPS OVER WHICH PROVIDES ADVICE AND A ADDITION, THE WVU RESEARCH THE HEALTH THE UNIVERISTY, AND THE HEALTH THE UNIVERISTY, AND THE HEALTH THE UNIVERISTY, AND THE WVU	STER AND SUPPORT RESEAR(SCIENTIFIC PURPOSES, INC. E EVALUATION, DEVELOPMEN- IA UNIVERSITY THE FEDERAL ATION HOWEVER, THE UNIVE GOTHER STRUCTU FACULTY TRAVEL GRANT PROGUNITIES IN ADDITION, THE H IAL SUBMISSION TO INCREASIS SUPPORT INVESTIGATORS AL STHROUGH THE CREATION CO TRACT-BASED TESTING AND E OUR FUNDING FROM THE DE OUR FUNDING FROM THE DE OUR FUNDING FROM THE DE AS IS EVIDENT FROM ITS TE THE NEWLY CREATED WAY BE SWITH THE WAY RESEARCH RIGHIAU UNIVERSITY AS AN A SECTOR PARTNERSHIPS COI ATION ENTERED INTO ITS TH SPROJECT HAS PARTNERED ONDUCT CLINICAL TRIALS IN LLY, THE WAY RESEARCH CO INVERSITY'S RESEARCH, INCI THE PAST TWO YEARS, THES SSISTANCE TO STUDENTS IN CORPORATION IS CURRENTLY SCIENCES INNOVATION CENT RESEARCH CORPORATION, FR	CH AT WEST VIRGINIA UNIVERSITY (LUDING FOR SUCH PURPOSES (1) T, PATENTING, MANAGEMENT AND M FUNDING LANDSCAPE HAS BEEN CH RSITY, THROUGH THE WVU RESEAR RE ENHANCEMENTS TO SUPPORT TI GRAMS, HELP PROVIDE A SIMPLE, US SC HAS DEVELOPED AN INTERNAL N E COMPETITIVENESS AND HAS CENT ITHOUGH CHALLENGING, THE UNIVE FOF THE WEST VIRGINIA UNIVERSITY PARTMENT OF DEFENSE UIC WILL STING AND EVALUATION ARM OF TH ENEREGY INSTITUTE SERVES AS THE CORPORATION ALL SERVE AS SUPPO LITERNATIVE TO TRADITIONAL FEDER WITH MYLAN PHARMACEUTICALS (TH 2016 THIS OPERATION GENERATED REPORATION HAS TAKEN THE LEADER EASE ENTREPRENEURSHIP AMONG E EFFORTS HAVE RESULTED IN THE THE AREAS OF STARTUP BUSINESS: IV WORKING WITH THE UNIVERSITY IN OF STARTUP BUSINESS: IN OFFICE OF THE COMMERCY INDIVINITY OF THE COMMERCY INDIVINITY OF THE COMMERCY OF THE WEST VIRGINIA UNIVERSITY OF THE WEST VIRGINIA UNIVERSITY PARTMENT OF DEFENSE UIT CALS THE LEADER THE LEADER THE LEADER THE LEADER THE LEADER THE LEADER THE AREAS OF STARTUP BUSINESS: TO WORKING WITH THE UNIVERSITY THE RESULTED IN THE THE AREAS OF STARTUP BUSINESS: THE TO ACCELERATE THE COMMERCY INDIVINITY OF THE THE COMMERCY THE TO ACCELERATE THE COMMERCY THE TO ACCELERATE THE COMMERCY THE TO ACCELERATE THE COMMERCY THE TIME OF THE TIME THE TO ACCELERATE THE COMMERCY THE TIME OF THE TIME OF THE TIME OF THE TIME THE TO ACCELERATE THE COMMERCY THE TIME OF THE TIME OF THE TIME OF THE TIME THE TIME OF THE TIME OF THE TIME OF THE TIME THE TIME OF THE TIME OF THE TIME OF THE TIME THE TIME OF THE TIM	WAS CREATED IN ACCORDANCE WITH INVUIT THE CORPORATION IS ORGAT TO FOSTER AND SUPPORT RESEARCH LARKETING SERVICES FOR INVENTION ALLENGING FOR MOST STATES LIKE CH CORPORATION, HAS BEEN ACTIVED HAS ACCOMPANIATION OF FACULTY TRAIN HAT ENDEAVOR THIS, COMBINED WITH STYLE STUDY SECTION FOR SCIETRALIZED COMPONENTS OF PRE-AWARSITY CONTINUES TO TARGET STRAINNOVATION CORPORATION (UIC), A PERFORMS FOR INDUSTRY AND GOVALSO ALLOW THE UNIVERSITY TO BUILD FRINCIPLA ROUTE TO SECURE RESIDER OR ALTERNATIVE FUELS. PRINCIPLA ROUTE TO SECURE RESIDER OR AND FACULTY STALL STATES WAS BEST EXEMPLIFIED TO PERFORMS FOR THE UNIVERSITY'S STIED STRATEGY WAS BEST EXEMPLIFIED OF OPERATING THE WYU CLINICAL HE THIRD LARGEST GENERIC AND SERVENUES OF APPROXIMATELY \$6 2 SHIP ROLE IN A MULTI-YEAR, UNIVESTING AND MOBITS THE LAUNCHLAB, MARSTRATEGY, PROTOTYPING AND MOBITS TO DEVELOP AN INTERNAL SEED FUNIALIZATION OF THE LAUNCHLAB, MARSTRATEGY, PROTOTYPING AND MOBITO DEVELOP AN INTERNAL SEED FUNIALIZATION OF THE UNIVERSITY'S FAINDING ENVIRONMENT, BOTH ARE DISE FROM ALL SOURCES AND LOOKS	NIZED EXCLUSIVELY FOR H AT WEST VIRGINIA NS BY THE FACULTY, STAFF WEST VIRGINIA AND THEIR PROPOSAL THE STAFF WEST VIRGINIA AND THEIR FILLY COUNTERING THESE NING PROGRAMS, PROPOSAL THE ITH INTERNAL SENATE ITATES THE IDENTIFICATION VITIFIC REVIEW OF GRANT RD (GRANT PREPARATION) TEGIC FEDERAL A TOOL TO ENABLE US TO FERNMENT AGENCIES, WITH A LID STRONG SERVICE-BASED , ENGINES AND EMMISSIONS EARCH ENERGY RELATED OTHE RESEARCH AND RATEGY TO REMAIN DURING FISCAL YEAR 2016 AND PHAR MACCIOGICAL MILLION AND IS POISED FOR ERSITY-WIDE EFFORT TO CATALYZE UNIVERSITY-CETALTY BUT AND TO COULTY RESEARCH WHILE EPLOYING INNOVATIVE
4b	(Code)(Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code)(Expenses \$	including grants of \$) (Revenue \$)
	, /(/ (Notolide #	,
					
4d	Other program services (D	escribe in Schedule O \			
	(Expenses \$	including gra	nts of \$) (Revenue \$)
4-				- т	,
4e	Total program service expe	nses ► 124,305	,,,,,		

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

Par	t IV Checklist of Required Schedules (continued)			
	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	22	Yes	
	i i	i		

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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Р	а	g	e

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

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32

33

34

35a

35b

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37

38

Yes

Yes

Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		eneak in seneaule o contains a response of note to any line in this	· uic	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	509			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did th	L ne organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
٠		ig (gambling) winnings to prize winners?	•	· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	557			
.	•	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes	
ь	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
	over,	a financial account in a foreign country (such as a bank account, securities acc			4a		
	accou	int)?			-TG	Yes	
Ь		s," enter the name of the foreign country CJ					
	(FBAR	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	,	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			ວນ		
· ·	11 16	3, to fine 3a of 3b, and the organization file Form 8880-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
_	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	cn contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		Νo
.		es provided to the payor?			7b		
		is, and the organization notify the donor of the value of the goods of services prices proper the goods of services proper and the goods of services proper the organization sell, exchange, or otherwise dispose of tangible personal proper			70		
Č		orm 8282?	•		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots \dots$	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
					7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the or	rganız 	zation file Form 8899 as	7g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	sines	s holdings at any time			
		the year?	•	· · · · ·	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667	٠.		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 . . . _	10 a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10 b				
11		on 501(c)(12) organizations. Enter					
		ncome from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın İre	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
		, , , , , , , , , , , , , , , , , , , ,					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states			a		
-		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			
56	ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		res	NO
	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	1 b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12 c	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		Νo
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	15 a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	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?		.,	
	, , , , , , , , , , , , , , , , , , , ,	16 b	Yes	
Se	ection C. Disclosure			

17 List the States with which a copy of this Form 990 is required to be filed▶

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year State the name, 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

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

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

	,				•						
	(A) Name and Title	(B) Average 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-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Institutional Trustee individual trustee or director		Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table										
1b	Sub-Total			•			>				
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	٠.			840,404	5,588,323	640,702
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not l	lımıted t	o the			d abov	e) wl	no received more th	an	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WVU MEDICAL CORP DBA UNIV HEALTH ASSOCIA	HOSPITAL	2,126,131
PO BOX 740		
MORGANTOWN, WV 26507		
ADNET SYSTEMS INC	IT SOLUTION/SERV	1,432,045
6720B ROCKLEDGE DR STE 504		
BETHESDA, MD 20817		
MANHEIM CORP	BUILDING CONTRACTOR	1,355,218
2025 GREENTREE ROAD		
PITTSBURGH, PA 15220		
MARSHALL UNIV RESEARCH CORP	RESEARCH	1,113,654
ONE JOHN MARSHALL DRIVE		
HUNTINGTON, WV 25755		
UNIV OF WYOMING	UNIV/RESEARCH	1,093,446
1000 E UNIV AVE DEPT 3355		
IARAMIE WV 82071		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 79

Yes

No

Form 99								Page 9
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रें रे	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	es 1b					
Ami G	С	Fundraising eve	ents 1c					
Siffs lar	d	Related organiz	ations 1d					
im:	е	Government grants	s (contributions) 1e	96,421,333				
tior er S	f	All other contribution	ons, gifts, grants, and 1f	6,873,515	j	j		
ributions, Gifts, Grants Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contributions, Gifts, and Other Similar A	h	1a-1f \$ Total. Add lines	s 1a-1f		103,294,848			
	-"	Totall / (dd illies		Business Code				
Program Service Revenue	2a	SCI RESEARCH & [DEV SER	541700	21,773,103	15,415,130	6,357,973	
.¥ .¥	b		_					
-Se	С							
Serv	d							
am	e							
rogr	f	All other progra	am service revenue					
	g		s 2a-2f		21,773,103			
	3		ome (including dividen ar amounts)		232,428			232,428
	4		stment of tax-exempt bond	·	64.754			64.754
	5	Royalties	(ı) Real	(II) Personal	64,754			64,754
	6a	Gross rents	18,982	(ii) i cisolidi				
	ь	Less rental	0					
	С	expenses Rental income	18,982					
	d	or (loss) Net rental inco	me or (loss)		18,982			18,982
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,430,455					
	b	Less cost or other basis and	1,310,291					
	С	sales expenses Gain or (loss)	120,164					
	d		s)		120,164			120,164
/enne	8a	Gross income f events (not inc	luding 					
Other Revenue	_	See Part IV, lin	a					
ō	b c		penses b (loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	b		penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold b					
	С		(loss) from sales of inv					
	11a	Miscellaneous TRANSFER OF		Business Code 900099	605,121	605,121		
	b	INANSILKUF	NUULIU		,]	, -		
	с							
	d	All other revenu						
	е	Total. Add lines	s 11a-11d	•	605,121			
	12	Total revenue.	See Instructions .	•	126,109,400	16,020,251	6,357,973	436,328

Part IX Statement of Functional Expenses

Section $50.1(c)/3$) and $50.1(c)/4$) organizations must	complete all columns. All other or	ganizations must complete column (A.)

		1	(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	22,983,800	22,983,800		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	2,769,121	2,769,121		
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15 and 16	73,286	73,286		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors, trustees, and				
	key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,350,423	12,174,846	3,175,577	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	894,721	729,854	164,867	
9	Other employee benefits	3,293,436	2,686,567	606,869	
LO	Payroll taxes				
		1,337,595	1,100,984	236,611	
L1	Fees for services (non-employees)				
а	Management				
b	Legal	286,914	18,247	268,667	
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	89,903	4,355	85,548	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2	Advertising and promotion	741,262	674,997	66,265	
L3	Office expenses	2,903,948	1,837,445	1,066,503	
L4	Information technology	1,307,833	914,464	393,369	
L5	Royalties	11,974		11,974	
L6	Occupancy	2,197,755	2,124,277	73,478	
L7	Travel	4,190,132	3,979,042	211,090	
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	355,165	299,903	55,262	
20	Interest	314,407	314,407		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,264,409	1,264,409		
23	Insurance	204,122	54,591	149,531	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SHARED SERVICES	42,885,485	41,021,135	1,864,350	
b	CONSULTING/SUBCONT FEE	14,378,451	14,376,609	1,842	
c	OPERATING EXP TO WVU	11,096,479	8,938,999	2,157,480	
d	RESEARCH/EDUC SUPPLIES	5,135,471	5,088,114	47,357	
e	All other expenses	1,303,419	876,113	427,306	
25	Total functional expenses. Add lines 1 through 24e	135,369,511	124,305,565	11,063,946	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Form 990	(2015)					Page 11			
Part X	Balance Sheet								
	Check if Schedule O contains a response or note to any	line in th	ns Part X						
				(A) Beginning of year		(B) End of year			
1	Cash-non-interest-bearing			25,135,283	1	23,933,269			
2	Savings and temporary cash investments				2				
3	Pledges and grants receivable, net			22,165,913	3	25,143,893			
4	Accounts receivable, net				4	183,060			
5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L				5				
Assets	section 4958(f)(1)), persons described in section 4956 contributing employers and sponsoring organizations o	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 Pa II of Schedule L							
š ,	Notes and leans recovable not			74,951	6 7	1,981,143			
7 8	Notes and loans receivable, net			74,951	8	1,901,143			
				958,331	9	1,028,215			
9	Prepaid expenses and deferred charges			930,331	9	1,020,213			
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	65,390,284						
6	·	10b	14,781,132	50,265,508	10 c	50,609,152			
11	Investments—publicly traded securities	· ·		10,328,094	11	10,493,992			
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			1,392	15	0			
16	Total assets.Add lines 1 through 15 (must equal line 3	4)		108,929,472	16	113,372,724			
17	Accounts payable and accrued expenses			18,066,463	17	18,797,056			
18	Grants payable				18				
19	Deferred revenue			12,542,980	19	14,354,645			
20	Tax-exempt bond liabilities				20				
21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21				
Se Julia	Loans and other payables to current and former officers key employees, highest compensated employees, and o	, directo	ors, trustees,						
<u>.</u>	persons Complete Part II of Schedule L				22				
Liabilit	Secured mortgages and notes payable to unrelated thir	d parties	· .	20,341,581	23	31,613,102			
24	Unsecured notes and loans payable to unrelated third p	parties			24				
25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,						
				493,847	25	430,905			
26	Total liabilities. Add lines 17 through 25			51,444,871	26	65, 195, 708			
or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check holines 27 through 29, and lines 33 and 34.	nere 🟲	and complete						
<u>E</u> 27	Unrestricted net assets				27				
<u>ක</u> 28	Temporarily restricted net assets				28				
29	Permanently restricted net assets				29				
何	Organizations that do not follow SFAS 117 (ASC 958),	check he	ere 🕨 🔽 and						
ō	complete lines 30 through 34.								
₹ 30	Capital stock or trust principal, or current funds			27,957,186	30	29,628,728			
S 31	Paid-in or capital surplus, or land, building or equipmen			29,527,415	31	18,548,288			
Net Assets 31 32 33	Retained earnings, endowment, accumulated income, o			0	32	0			
≥ 33	Total net assets or fund balances			57,484,601	33	48,177,016			

Total liabilities and net assets/fund balances

108,929,472

Other changes in net assets or fund balances (explain in Schedule O) .

9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) 48,177,016 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII ▽ Yes No

Both consolidated and separate basis

✓ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2015)

Νo

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther

Software ID: Software Version:

EIN: 55-0665758

EIN. 33-000373

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	ctor tors	s,Tı	rus	tees	i, Ke	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
J ROBERT ALSOP DIRECTOR	7 00 50 00	×						0	241,421	15,512
E GORDON GEE CHAIRMAN	0 20 70 00	×						0	774,481	21,990
EUGENE CILENTO DIRECTOR	1 00 70 00	х						0	258,690	24,475
NARVEL WEESE DIRECTOR & EXEC DIRECTOR	2 00 65 00	x		х				0	326,482	36,875
FRED KING DIRECTOR	2 00 59 00	x						0	234,657	22,931
LAURA GIBSON DIRECTOR	0 20 50 00	x						0	295,101	37,430
CLAY MARSH DIRECTOR	1 00 70 00	x						0	257,164	16,333
JOYCE MCCONNELL DIRECTOR	2 00 75 00	х						0	394,570	35,848
EARL SCIME DIRECTOR	0 10 90 00	х						0	248,587	31,273
ANJALI HALABE ASSISTANT TREASURER	5 00 40 00			х				0	159,236	3,396

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

39,725

37,858

8,037

36,968

Compensated Employees, and Inde	Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore the ss pe office direct	than ersoi icer i	not one on is and trust		a Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARY JANE BUCKLAND ASSISTANT SECRETARY	2 00 			x				0	88,492	20,378
ALAN MARTIN SECRETARY	1 00			x				0	169,995	21,981
DANIEL DURBIN TREASURER	5 00 52 00			х				0	219,027	28,854
JOHN CHILDRESS ASSISTANT SECRETARY	6 00			x				0	111,326	21,760
JEAN-FRANCOIS DIETIKER SENIOR RESEARCH ENGINEER	37 50		 			×		109,515	0	15,085
DANIEL VASGIRD DIR RES, ITEGRITY & COMP	60 00					×		174,416	0	31,493

26 80

13 20 65 00

0 00 40 00

> 0 00 0 00

75 00

Х

Х

Χ

226,013

195,683

134,777

215,802

MATTHEW HARBAUGH

DIR TECH TRANSFER

PHILIP SPARKS

GERALD IWAN

MICHELE WHEATLY

FORMER VICE-CHAIRMAN

ASSOC VP FOR TRANSFORMATIO

MANAGER, NATIONAL ENVIRONM

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

(A)

(B)

(C)

(D)

(E)

Reportable

Reportable

	hours per week (list any hours for related	unless person is both an urs officer and a director/trustee)						compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
BARBARA DUCATMAN	0 00									
FORMER DIRECTOR	50 00						X	0	135,568	19,929
JIM ANDERSON FORMER DIRECTOR	0 00						x	0	145,853	24,863
GLENN DILLON	0 00	$\vdash \vdash \vdash$		\vdash	\vdash	\vdash				
FORMER DIRECTOR	70 00						x	0	144,246	15,153
ARTHUR J ROSS III	0 00							_		
FORMER DIRECTOR	50 00						X	0	811,290	32,813
RUDOLPH ALMASY	0 00						x	0	118,502	16,413

237,833

23,329

50 00

37 50

FORMER DIRECTOR

FORMER DIRECTOR

DANIEL ROBISON

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

SCHEDULE A (Form 990 or 990EZ)

WEST VIRGINIA UNIVERSITY

(A) WEST VIRGINIA UNIVERSITY

Total1

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

2015
Open to Public Inspection

Name of the organizat	ion
Internal Revenue Service	
Treasury	
Department of the	

1 2 <u>www.irs.gov/Torm990</u>.

Employer identification number

RESEARCH CORPORATION 55-0665758

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

b	V			IV, Sections A and B. pervised or controlled	in connection with its suppor	ted organization(s), b	y having control or				
D	 	management of the s	upporting organiz	ation vested in the sa	ame persons that control or m	. ,,	, -				
		must complete Part				• •					
c	Г				operated in connection with,		rated with, its				
	ı				plete Part IV, Sections A, D,		•				
d					ation operated in connection v		anızatıon(s) that ıs				
u	I										
					satisfy a distribution require	ement and an attentive	eness requirement				
			(see instructions) You must complete Part IV, Sections A and D, and Part V.								
е					ination from the IRS that it is	a Type I, Type II, Ty	pe III functionally				
	ı			ly integrated supporti			•				
f	Enter	3 , , , ,		, , , , , , , , , , , , , , , , , , , ,		1					
	Linter	• • • • • • • • • • • • • • • • • • • •	-			· · · · · · · · <u> · · · · · · · · · ·</u>					
g		Provide the following	information abou	t the supported organ	ization(s)						
	Na	me of supported	(ii)EIN	(iii)	(iv)	(v)	(vi)				
		organization	\"/11	Type of	Is the organization	A mount of	A mount of other				
	(')	organización	l l	i y pc oi	13 the organization	A III O U II C U I	A mount of other				

organization

(described on lines

1- 9 above (see instructions))

556000842

No

listed in your governing

document?

Yes

Yes

support (see

instructions)

0

monetary support

(see instructions)

135,369,511

135,369,511

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts 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)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses 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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V,

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
36	Ection A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		No
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
	If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		No
Ī	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?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
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		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70	<u> </u>	
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		I I	
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
ь	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
b	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
0a	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
b	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		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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
b	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	11 c		No

Part IV Supporting Organizations (continued)

Section B.	Tyne 1	Supporting	Organizations

36	scholi 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		
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		

Section	_	Tyna	TT	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	Yes	

	Section D. All Type 111 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?	2						
	If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3						

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Inte	aral Part Test during the	vear ((see instructions)
---	---	---------------------	---------------------------	--------	--------------------

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

	mstractions;			
2	Activities Test Answer (a) and (b) below.		Yes	
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	2 a		

- **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 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
 - **b** 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

2b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomp	olish exempt purposes						
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	uured)						
6 Other distributions (describe in Part VI) See instru							
·	ic tions						
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 2015 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-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a .							
b c							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
a Applied to underdistributions of prior years			-				
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
		Schodulo A	/Form 990 or 990-F7) /2015				

DLN: 93493135037887

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

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

С	hedule C (Fo	rm 990 or 990-EZ) 2015		Page 2
P	art II-A	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	filed Form 5768	(election
١.	Check ►	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	group member's nam	ne, address, EIN
3	Check ▶	If the filing organization checked box A and "limited control" provisions apply		
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobb lobbying)	ying expenditures to influence public opinion (grass roots		
b	Total lobb	ying expenditures to influence a legislative body (direct lobbying)		
	T - 4 - 1 1 - 1 - 1			

20% of the amount on line 1e

\$1,000,000

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period**

(b)2013

(a)2012

Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:

Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Lobbying nontaxable amount

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Not over \$500,000

Over \$17,000,000

g

2a

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	

(c)2014

Sched	lule C (Form	990 (or 9 90-	EZ)	2015

(d)2015

(e) Total

Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

	filed Form 5768 (election under section 501(h)).	(a)		(b)	
	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ctivity				Amoun	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				77,37
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?		Νo			
j	Total Add lines 1c through 1i					77,37
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ļ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c	I			

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Part IV **Supplemental Information**

Taxable amount of lobbying and political expenditures (see instructions)

RESEARCH OPPORTUNITIES

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

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

3

4

5

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

SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

Inspection

DLN: 93493135037887

Treasury Internal Revenue Service

Department of the

(Form 990)

Employer identification number Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year)

Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

easement on the last day of the tax year

Held at the End of the Year 2a

Total number of conservation easements Total acreage restricted by conservation easements 2b

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_

Number of states where property subject to conservation easement is located ▶_

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

(B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015 Cat No 52283D

	t III	Form 990) 2015 Organizations Maintaining (continued)	Collections of	Art, His	storical	Tre	asures, or	Oth	er Similar A	ssets	Page 2
3		the organization's acquisition, accion items (check all that apply)	ession, and other re	cords, cl	neck any	of the	e following tha	t are	a sıgnıfıcant us	e of its	
а	Р	ublic exhibition		d		oan o	r exchange pr	ogran	ns		
b	┌ s	cholarly research		e	Го	ther					
c	Р	reservation for future generations									
4	Provide Part XI	e a description of the organization	s collections and ex	kplain ho	w they fur	ther	the organizati	on's e	exempt purpose	ın	
5		the year, did the organization sol to be sold to raise funds rather t							mılar Ve	s □No	
Pai	rt IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.	angements.		<u>-</u>						
1a		organization an agent, trustee, cu d on Form 990, Part X?	stodian or other inte	rmediary	for contr	rıbutı	ons or other a	ssets	not Ye :	s No	
b	If"Y	es," explain the arrangement in F	art XIII and comple	te the fo	llowing ta	ble			Am	ount	
c	Begi	nning balance					<u>_</u> :	lc			
d	A ddı	tions during the year						ld			
е	Dist	ributions during the year					_ 1	le			
f	Endi	ng balance					_ :	Lf			
2a	Did the	organization include an amount	on Form 990, Part X,	line 21,	for escro	wor	custodial acc	ount I	iability? Ye :	s No	
b		," explain the arrangement in Par Endowment Funds. Compl									
Г.		Litadowiii ent Tulius. Compi	(a)Current year		nor year		c)Two years bac		Three years back	(e)Four yea	ars back
1 a	Beginn	ung of year balance									
b	Contri	butions 									
С	Net inv losses	vestment earnings, gains, and									
d		orscholarships	•								
е		expenditures for facilities ograms									
f	A dmın	istrative expenses									
g	End of	year balance									
2	Provide	e the estimated percentage of the	current year end ba	lance (lir	ne 1g, col	umn	(a)) held as				
а	Board o	designated or quasi-endowment 🖡	•								
b	Permar	nent endowment ▶									
c	•	rarily restricted endowment ► rcentages on lines 2a, 2b, and 2c	should equal 100%								
За	organiz	ere endowment funds not in the po ration by	essession of the orga	inization	that are I	neld a	and administe	red fo		Yes	No
		elated organizations				•				(i) (ii)	
ь 4	If"Yes	" on 3a(II), are the related organi be in Part XIII the intended uses	zations listed as reqi							8b	
		Land, Buildings, and Equi		- CIIGOWII	. Sile fallas	-					
		Complete if the organization Description of property			(a)		(b)		Accumulated	(d)Book	value
	1			Co	st or other (investmer		Cost or other to (other)		(c)depreciation		700 700
	Land . Building			· · -			2,799	,729		1 2	,799,729
D	· ·						60,869	,899	14,760,32	46	,109,575
c	Leaseho	old improvements		. [
d	Equipme	ent		· [_			107	,487	20,80	8	86,679
е	Other						1,613	160		1	,613,169
Tota	ıl. Add lır	nes 1a through 1e (Column (d) mu	st equal Form 990, Pa	nt X, colu	mn (B), lii	ne 10		,109	>	_	,609,152
		5 (,	,	1-77 311		· / /	-		D (Form 99	

(a) Description of security of security (b) Rook value (c) Control of values and security (c) Control of values and security (d) Product and security products and security	Part VII	Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the orga	anızatıon answered 'Y	es' on Form 990, Part IV, line 11t
Total, (Colone Dr. most equal time MP, And Conf. (Mark 2). Total, (Colone Dr. most equal time MP, And Conf. (Mark 2). (a) Description of measurem. (b) Dock value (c) Part IV, line 10: Spec Form 990, Part X, line 13. (c) Part IV of measurement of measurement (Period of measurement of me		(a) Description of security or categ	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
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Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Supplemental Information

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Schedule D (Form 990) 2015

1

2

Part XIII

information

ADJUSTMENTS

Return Reference

PART XI, LINE 2D - OTHER

126,062,000

3	Subtract line 2e from line 1	3	126,109,400
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	126,109,400
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	135,370,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	489
3	Subtract line 2e from line 1	3	135,369,51
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............. 4b		
c	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	135 369 51

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

FINANCIAL STATEMENT ROUNDING (\$72)

2a

2b

2c

2d

-47,472

72

2e

Schedule D (Form 990) 2015		Page 5							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
		_							

efile GRAPHIC print - DO	NOT PROCESS	As Filed Dat	ta -	DLN:	93493135037887			
	Statement of Activities Outside the United States							
(Form 990) Department of the Treasury Internal Revenue Service ▶ Info	► Complete	if the organizatio Part IV, line : ► Attach t ile F (Form 990) a	·	2015 Open to Public Inspection				
Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION				Employer iden 55-0665758	tification number			
			ne United States. orm 990, Part IV, line	14b				
 and other assistance, the used to award the grants For grantmakers. Describes assistance outside the U Activites per Region (The formal of the /li>	s or assistance? libe in Part V the oi United States	rganızatıon's p	rocedures for monitori	ng the use of its gran	⊤ Yes 			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region			
(1) See Add'l Data		region	regiony					
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuation she to Part I		0			413,931 744,729			
c Totals (add lines 3a and 3b For Paperwork Reduction Act Notice	7			No 50082W Sche	1,158,660 dule F (Form 990) 2015			

Schedule F (Form 990) 2015

organization	section and EIN (if applicable)	(c) Region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)		SOUTH ASIA	INSTRUCTION	6,046	CHECK			
(2)		SUB-SAHARAN AFRICA	RESEARCH	27,615	CHECK			
(3)		SUB-SAHARAN AFRICA	RESEARCH	33,250	CHECK			
(4)		CENTRAL AMERICA	RESEARCH	10,000	CHECK			

& THE CARRIBEAN 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

Schedule F (Form 990) 2015

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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)						1	
(2)				1			
(3)							
(4)		+				<u></u>	
(5)							
(6)				1			
(7)				,			
(8)							
(9)							
(10)							
(11)						1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

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)

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)

7 Yes ▼ No

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	GRANT ELIGIBILITY AND SELECTION OF RECIPIENTS ARE DETERMINED BY THE PRINCIPAL INVESTIGATOR FOR EACH INDIVIDUAL GRANT EDUCATIONAL GRANTS ARE AWARDED BASED ON ACADEMIC MERIT IF THE RECIPIENT IS KNOWN AT THE TIME THE PRINCIPAL INVESTIGATOR WRITES THE GRANT PROPOSAL, THAT INFORMATION IS INCLUDED IN THE PROPOSAL FOR SPONSOR APPROVAL IF THE RECIPIENT IS DETERMI NED AT A LATER DATE, THE PRINCIPAL INVESTIGATOR SUBMITS A REQUEST FOR A SUB-AWARD TO THE S PONSOR FOR APPROVAL AT THAT TIME SUB-RECIPIENTS ARE PAID ON A COST REIMBURSABLE OR FIXED PRICE BASIS IN BOTH INSTANCES, THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES F OR PAYMENT THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TEC HNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIR ECTLY 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 STUDEN TS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THE EIR ACCOUNTS

Additional Data

SUB-SAHARAN AFRICA

Software ID: Software Version:

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

RESEARCH

60,865

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

0

0

Form 990 Schedule F Part I - Activities Outside The Officed States								
(a) Region	(b) N umber 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			
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	10,000			
SOUTH ASIA	0	0	PROGRAM SERVICES	INSRUCTION	6,046			

PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	101,620				
EUROPE	0	0		FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	132,166				
NORTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	43,471				

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					
SOUTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	11,352					
SUB-SAHARAN AFRICA	0	0		FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	48,411					
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	48,333					

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	9,514				
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	33,683				
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	5,115				

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
NORTH AMERICA	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	52,858					
EUROPE	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	203,346					
EAST ASIA AND THE PACIFIC	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	371,244					

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (d) (f) Total expenditures offices in the employees or conducted in region for region is a program service, describe specific type of agents in (by type) (i e, region service(s) in region region fundraising, program services, grants to recipients located in the region) PROGRAM SERVICES OPERATING EXPENSES 636 SOUTH ASIA IRELATED TO RESEARCH/EDUCATION RUSSIA AND PROGRAM SERVICES OPERATING EXPENSES 20,000 **NEIGHBORING STATES** IRFLATED TO

RESEARCH/EDUCATION

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493135037887

Open to Public Inspection

Employer identification number

55-0665758

Part I General Information	on on Grants an	d Assistance				I	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	ward the grants or a	ssistance?				stance, and	√ Yes
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	, for any recipient
(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							
2 Enter total number of section 5	. , . ,	-					88
Enter total number of other org. For Paperwork Reduction Act Notice, se				Cat No 50055P			5 le I (Form 990) 2015

Schedule I (Form 990) 2015

EDUCATIONAL GRANNITS TO ST	OBLITIO				
Part IV Supplemental I	information. Provide the in	formation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				

	Information. Provide the info	ormation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				
, , , , , , , , , , , , , , , , , , ,	REVIEWS AND APPROVES INVEREVIEWS TECHNICAL PROGRE	OICES FOR PAYMENT T SS REPORTS FROM SUB	THE PRINCIPAL INVEST B-RECIPIENTS EDUCAT	TIGATOR IS ALSO THE INDI TIONAL GRANTS TO STUDE	THE PRINCIPAL INVESTIGATOR VIDUAL WHO RECEIVES AND NTS ARE POSTED DIRECTLY TO THE 1INE 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

Page **2**

Additional Data

Software ID: Software Version:

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Form 990,Schedule I, Par	t II, Grants and	(c) IRC section	to Domestic Orga (d) Amount of cash		omestic Governme		(h) Purpose of grant
organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
4D TECH SOLUTIONS INC 1275 STEWARTSTOWN RD STE 200 MORGANTOWN,WV 26505	46-3555380		26,250		воок		RESEARCH
ALDERSON BROADDUS UNIVERSITY INC PO BOX 2004 101 COLLEGE HILL DR PHILIPPI,WV 26416	55-0357072	501(C)(3)	215,405		воок		RESEARCH
AMERICAN ASSOCIATION OF DIABETES EDUCATORS INC 200 WEST MADISON ST SUITE 800 CHICAGO,IL 60606	51-0161670		25,000		воок		PUBLIC SERVICE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 63-6000724 SECTION 115 58,558 Івоок RESEARCH AUBURN UNIV 203 MARTIN HALL ALIBIIRN AL 368495119 ERVICE

AODORN,AL 300733113					
BELINGTON COMM MEDICAL SERVICES	23-7310126	501(C)(3)	11,297	воок	PUBLIC SEF
ASSOCIATION					
70 NORTH STURMER					
STREET					

BETHANY, WV 260323002

BELINGTON, WV 26250

55-0356985 32,710 ВООК

BETHANY COLLEGE 501(C)(3)

RESEARCH & OTHER

31 E CAMPUS DR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) BLUEFIELD STATE 55-0785437 501(C)(3) 40.045 воок RESEARCH & OTHER COLLEGE RESEARCH & DEV 704 BLAND ST BLUEFIELD, WV 24701 BUCKHANNON RIVER 55-0783924 501(C)(3) 185,097 воок RESEARCH WATERSHED ASSOCIATION INC

77,071

воок

INSTRUCTION

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

501(C)(3)

112 FAYETTE ST

SYSTEMS INC PO BOX 70 DAWES, WV 25054

CABIN CREEK HEALTH

55-0709223

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CAMC HEALTH EDUCATION 55-0753754 501(C)(3) воок 1.140.202 RESEARCH & PUBLIC & RESEARCH INST SERVICE PO BOX 765

CHARLESTON, WV 25323 CHOOSY KIDS 20-4425551 5,464 воок 3160 COLLINS FERRY RD

RESEARCH MORGANTOWN, WV 26505 332,151 воок CITY OF MORGANTOWN 55-6000215 RESEARCH

389 SPRUCE STREET

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

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 15-0532082 501(C)(3) 47,314 ВООК CORNELL UNIV RESEARCH 341 PINE TREE RD

ITHACA,NY 14850					
EASTERN AREA HEALTH EDUCATION CENTE 2500 FOUNDATION WAY	35-2174239	501(C)(3)	97,155	воок	INSTR

RUCTION MARTINSBURG, WV 25401

FAIRMONT STATE UNIV SECTION 115 62,376 воок 55-6000778 RESEARCH & OTHER

1201 LOCUST AVE FAIRMONT, WV 26554

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 23-1352635 501(C)(3) 99,500 Івоок RESEARCH FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003 55-0739158 501(C)(3) 5,358 ВООК RESEARCH

FREINDS OF THE CHEAT 119 S PRICE ST STE 206 KINGWOOD, WV 26537

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

3000 N GRANDVIEW BLVD WHEELING, WV 26003

GENERAL ELECTRIC 14-0689340 265,775 Воок RESEARCH COMPANY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance GLENVILLE STATE 55-0713410 501(C)(3) 113,099 ВООК INSTRUCTION COLLEGE RESEARCH CO 200 HIGH ST GIENVIIIE.WV RCH

263511200					
GROW OHIO VALLEY INC 1006 GRANDVIEW ST WHEELING, WV 26003	32-0293018	501(C)(3)	12,000	воок	RESEAR

FAIRMONT, WV 26554

501(C)(3) GUARDIANS OF THE WEST 55-0784772 201,547 Воок

RESEARCH FORK WATERSHED GROUP 830 BENONI AVE

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) HARDY CO HEALTH & 31-1621185 5,314 ВООК PUBLIC SERVICE WELLNESS CTR PO BOX 548 MOOREFIELD, WV 26836 HUGO W MOSER RESEARCH 52-1524967 501(C)(3) 19,564 ВООК RESEARCH INST AT KENNEDY KRIEGER 707 NORTH BROADWAY

INC BALTIMORE, MD 21205 IBM CORP 13-0871985 7,039 воок RESEARCH

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

1101 KITCHAWAN RD YORKTOWN HEIGHTS, NY

10598

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 35-6001673 SECTION 115 96,871 воок INDIANA UNIV RESEARCH 400 E 7TH ST RM 230 BLOOMINGTON.IN ARCH

воок

RESEARCH & PUBLIC

SERVICE

474053085					
INSTITUTE FOR ADVANCED STUDY 1 EINSTEIN DR	21-0634988	501(C)(3)	55,504	воок	RESEAF

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

SECTION 115

IOWA STATE UNIVERSITY

515 MORRILL ROAD

AMES, IA 50011

42-6004224

PRINCETON, NJ 08540

130,903

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 55-0709841 501(C)(3) 18,855 ВООК KARST WATERS INSTITUTE PUBLIC SERVICE INC PO BOX 4142 LEESBURG, VA 20177 LAFAYETTE COLLEGE 24-0795686 501(C)(3) 28,231 ВООК RESEARCH 202 MARKIF HALL EASTON, PA 18042

ВООК

RESEARCH

173,767

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

LAWRENCELIVERMORE

LIVERMORE, CA 94550

NATL LAB PO BOX 5516 94-6031193

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 92,837 LIBRARY OF VIRGINIA 54-6001813 SECTION 115 Івоок PUBLIC SERVICE 800 E BROAD STREET DICHMOND VA 22210 RCH

Воок

RESEARCH

11,532

RICHMOND, VA 23219					ı
LOYOLA UNIV OF CHICAGE	36-1408475	501(C)(3)	9,999	воок	RESEAR
820 N MICHIGAN AVE					l
CHICAGO,IL 60611					i

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

501(C)(3)

MANNA MEALINC

1105 QUARRIER STREET CHARLESTON, WV 25301 31-0977670

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) MARQUETTE UNIV 39-0806251 501(C)(3) 6,238 Воок RESEARCH PO BOX 1881 MILWAUKEE, WI

532011881					
MARSHALL UNIV RESEARCH CORP ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-0683361	501(C)(3)	1,296,769	воок	RESEARCH, INSTRUCTION, PULIC SERVICE, & OTHER

JUPITER, FL 334585293

ONE JOHN MARSHALL
DRIVE
HUNTINGTON, WV 25755

MAX PLANCK FLORIDA 26-2117502 501(C)(3) 58,680
NEUROSCIENCE
1 MAX PLANCK WAY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) MICHIGAN STATE UNIV 38-6005984 SECTION 115 90,533 воок RESEARCH 110 JOHN HANNAH ADMIN BLDG EACT LANCING MI ARCH & PUBLIC

488241046				
MID OHIO VALLEY HEALTH DEPT 211 6TH STREET	55-0619203	347,187	воок	RESEARCH SERVICE

110,905

воок

INSTRUCTION

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

501(C)(3)

PARKERSBURG, WV 26101

LEWISBURG, WV 24901

55-0763235

MSOPTI

400 N LEE ST

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) NATL RADIO ASTRONOMY 11-1630900 501(C)(3) 122,187 Воок RESEARCH OBSERVATORY 520 EDGEMONT RD CHARLOTTESVILLE, VA RCH

22903					
NORTH CAROLINA STATE UNIV 4700 HILLSBOROUGH ST RALEIGH,NC 27606	56-6000756	SECTION 115	9,996	воок	RESEARCH
NORTHEAST NATURAL	27-0945493		5,395,594	воок	RESEARCH

ENERGY LLC 707 VIRGINIA ST E STE

CHARLESTON, WV 25301

1200

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 36-2167817 501(C)(3) 118,475 ВООК RESEARCH NORTHWESTERN UNIV 633 CLARK ST EVANSTON.IL 602081112 OHIO STATE UNIV 31-6025986 SECTION 115 215,314 ВООК RESEARCH 2020 BLANKENSHIP HALL

901 WOODY HAYES DRIVE COLUMBUS, OH 43210 REGENTS OF UC 94-6036494 SECTION 115 99,695 воок RESEARCH

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

1850 RESEARCH PARK DR STE 300

DAVIS,CA 95618

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RESEARCH FOUNDATION 14-1368361 501(C)(3) 124,922 ВООК RESEARCH OFSUNY PO BOX 9 CASH RECEIPTS DEDT RCH

воок

RESEARCH

ALBANY, NY 120010009					
RURAL APPALACHIAN IMPROVEMENT LEAGUE INC 300 FRONT STREET MULLENS, WV 25882	55-0784597	501(C)(3)	7,250	воок	RESEARC

183,134

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

501(C)(3)

94-6017638

SAN JOSE STATE UNIV

RESEARCH ROUNDATION 210 N FOURTH STREET SAN JOSE, CA 95112

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SHACK NEIGHBORHOOD 55-0631216 501(C)(3) 5,136 воок RESEARCH HOUSE INC 537 BLUE HORIZON DR PURSGLOVE, WV 265460600 SHEPHERD UNIV 55-6000799 SECTION 115 234,058 воок RESEARCH, PUBLIC PO BOX 5000 SERVICE, & OTHER SHEPHERDSTOWN, WV

12,101

воок

RESEARCH

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

501(C)(3)

254435000 ST LOUIS UNIV

357

3700 WEST PINE MALL FUSZ HALL STE

SAINT LOUIS, MO 63108

43-0654872

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) SYRACUSE UNIV 15-0532081 501(C)(3) 347,262 воок RESEARCH 900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244 UNIV OF VIRGINIA 54-6001796 SECTION 115 58,250 воок RESEARCH PO BOX 400195-1001 воок 13-5598093 501(C)(3) 83,371 RESEARCH

NORTH EMMET STREET CHARLOTTESVILLE, VA 22904 TRUSTEES OF COLUMBIA UNIV OFFICE OF CLINICAL TRIALS 622 W

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

168TH ST PH 1540 NEW YORK, NY 10032

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) TUG RIVER HEALTH 31-0889458 501(C)(3) 81.092 воок INSTRUCTION ASSOCIATION INC. RT 103 SUPPLY ST GARY, WV 24836 UNIV OF ALABAMA AT 63-6005396 SECTION 115 39,145 воок RESEARCH BIRMINGHAM 1530 THIRD AVE S 1170 ADMINISTRATIO BLDG BIRMINGHAM, AL 35294

59,715

воок

RESEARCH

UNIV OF CA SAN DIEGO

9500 GILMAN DRIVE LA JOLLA, CA 92093 95-6006144

SECTION 115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIV OF CENTRAL 59-2924021 SECTION 115 21,013 Івоок RESEARCH FLORIDA PO BOX 163555 ORLANDO, FL 328163555

UNIV OF CHARLESTON 2300 MACCORKLE AVENUE SE	55-0357039	501(C)(3)	7,113	воок	RESEARCH
UNIV OF FLORIDA PO BOX 115706 431 ARCH	59-6002052	SECTION 115	8,956	воок	RESEARCH

BLDG

GAINSVILLE, FL 32611

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNIV OF IOWA 42-6004813 SECTION 115 35.740 Івоок RESEARCH 8 JESSUP HALL IOWA CITY, IA 52242 HNIV OF KANSAS CID FOR 49-0690117 501(C)(3) 50,308 ВООК RESEARCH

	UNIV OF KANSAS CIRTOR	40-0000117	
	RESEARCH INC		
	2385 IRVING HILL RD		
_	LAWRENCE, KS 660457568		
	UNIV OF KY RESEARCH	61-6033693	
	FOUNDATION		
	NATIONAL CITY DANK		l

501(C)(3) 555,052 ВООК RESEARCH NATIONAL CITY BANK SECTION 506 LOUISVILLE, KY 40289

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 01-6000769 SECTION 115 6,512 Івоок RESEARCH UNIV OF MAINE SYSTEM 5717 CORBETT HALL ROOM 400 ORONO ME 04669 RCH

OKONO, ME 04005					
UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON,MS 39216	64-6008520	SECTION 115	12,086	воок	RESEARCH
UNIV OF NORTH TEXAS	75-6064033	SECTION 115	261,975	воок	RESEARCH

HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-0868188 501(C)(3) 736,910 ВООК RESEARCH UNIV OF NOTRE DAME 415 MAIN BUILDING NOTED DAME IN ACCEC H & OTHER

NOTRE DAME, IN 46556					
UNIV OF PITTSBURGH 4200 5TH AVE PITTSBURGH,PA 15260	25-0965591	SECTION 115	19,170	воок	RESEARCH
UNIV OF RHODE ISLAND	05-6000522	SECTION 115	207,302	воок	RESEARCH

THIRD FLOOR KINGSTON, RI 02881

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNIV OF TEXAS AT 74-2759269 SECTION 115 14,554 ВООК RESEARCH BROWNSVILLE 80 FORT BROWN BROWNSVILLE, TX 78520 UNIV OF TEXAS AT DALLAS 75-1305566 SECTION 115 2,986 ВООК RESEARCH 800 W CAMPBELL RD RICHARDSON, TX

750803021 UNIV OF TEXAS RIO 46-5292740 SECTION 115 6,822 ВООК RESEARCH

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

BROWNSVILLE, TX 78520

GRANDE VALLEY ONE WEST UNIVERSITY BLVD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIV OF VERMONT AND 03-0179440 SECTION 115 39,180 воок RESEARCH STATE AGRICULTURAL COLLEGE PO BOX 1389 WILLISTON VT 05/05

UNIV OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	SECTION 115	114,095	воок	RESEARCH
WILLISTON, VI 03493					

21 N PARK ST STE 7101 MADISON, WI 53706

UNIV OF WISCONSIN-39-6006492 SECTION 115 83,116 ВООК RESEARCH MADISON

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 83-6000331 474,797 ВООК UNIV OF WYOMING SECTION 115 RESEARCH 1000 F UNIVERSITY AMENIUS DEDT 2214 IC SERVICE

ВООК

RESEARCH

41,531

LARAMIE, WY 82071					
UNIVERSITY OF MEMPHIS 3720 ALUMNI AVE	62-0648618	SECTION 115	5,188	воок	PUBLIC

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

MEMPHIS, IN SOISE

72-0564834

US FOREST SERVICE

LOS ANGELES, CA 90030

PO BOX 301550

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 26-2792356 501(C)(3) 75.190 ВООК US-CHINA CLEAN ENERGY RESEARCH FORUM 1301 FIFTH AVE STE 2500 RCH

WIRGINIA BOLVETOUNIG					
UM MILWAUKEE CTI PO BOX 500 MILWAUKEE, WI 53201	39-1805963	SECTION 115	41,841	воок	RESEARC
SEATTLE, WA 98101					

BLACKSBURG, VA 24061

VIRGINIA POLYTECHNIC 54-6001805 SECTION 1151 15,6971 воок

RESEARCH INST & STATE UNIV 201 SOUTHGATE CTR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 37-1490397 501(C)(3) 64,752 Івоок RESEARCH VISHWAMITRA RESEARCH INSTITUTE 368 56TH ST

60514					
WALS FOUNDATION 1413 EOFF ST WHEFLING WV 26003	20-0777095	501(C)(3)	5,580	воок	PUBLIC SERVICE

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

WEST LIBERTY, WV 26074

WEST LIBERTY UNIV 27-2196294 501(C)(3) 92,532 Воок RESEARCH & OTHER RESEARCH CORP 129 CSC PO BOX 295

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (c) IRC section (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(C)(3) 22,814 ВООК OTHER WHEELING IESUIT UNIV 55-0394213 316 WASHINGTON AVE WHEELING, WV 26003 WOOD CO BD OF 55-6000418 61.554 ВООК RESEARCH FDUCATION 1210 13TH STREET PARKERSBURG, WV 26101

ВООК

RESEARCH

30,644

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

501(C)(3)

WORCESTER POLYTECHNIC

INSTITUTE 100 INSTITUTE RD WORCESTER, MA 01609 04-2121659

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WORLD RESOURCES 52-1257057 501(C)(3) 181,656 ВООК RESEARCH INSTITUTE 1709 NEW YORK AVE NW WASHINGTON, DC 200065206 20-0022399 501(C)(3) 6,902 воок RESEARCH

 WV COMMUNITY
 20-0022399
 501(C)(3)
 6,902
 BOOK
 RESEARCH

 DEVELOPMENT HUB INC
 103 ADAMS ST STE 200
 FAIRMONT, WV 26554
 BOOK
 RESEARCH

 WV HIGH TECH
 55-0711973
 501(C)(3)
 132,767
 BOOK
 RESEARCH

 CONSORTIUM
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 RESEARCH

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

1000 TECHNOLOGY DR STE

FAIRMONT, WV 26554

1000

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) SECTION 115 235,999 Воок WV SCHOOL OF 55-0561541 RESEARCH. OSTEOPATHIC MEDIC INSTRUCTION. & 400 NIFE ST PUBLIC SERVICE LEWICRIDG WV 24001 OTHER

56,249

воок

RESEARCH & OTHER

LLWISDURG, WV 24901					
WV STATE UNIV	55-6000839	SECTION 115	12,468	воок	
PO BOX 1000					
INSTITUTE, WV					

501(C)(3)

251121000

59 COLLEGE AVE

WV WESLEYAN COLLEGE

BUCKHANNON, WV 26201

55-0357056

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

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance WVSU RESEARCH & 55-0708567 501(C)(3) 9,619 ВООК PUBLIC SERVICE DEVELOPMENT CORP PO BOX 1000 201 ACEOP ADMIN BUILDING INSTITUTE, WV 251121000 06-0646973 501(C)(3) 34,330 воок RESEARCH 25 SCIENCE PARK 3RD

воок

SUPPORT TO

RESEARCH OF

DISEASES

FURTHER BRNI'S

NEUROLOGICAL

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

YALE UNIV FLOOR 150 MUNSON STREET NEW HAVEN, CT 06511 BRNI 55-0771139 501(C)(3) 1,000,000

FIGHT MEDICAL CENTER

MORGANTOWN, WV

DRIVE

265053409

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WEST VIRGINIA 55-6000842 SECTION 115 5,317,720 воок **EXPENDITURES ON** GRANTS AWARDED UNIVERSITY PO BOX 6201 TO WVURC ON MORGANTOWN, WV 26506 BEHALF OF WVU FOR ACQUISITION OF CAPITAL ASSETS OR CONTRUCTION WHERE THE ASSET WASTRANSFERRED

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

ASSET GLENVILLE STATE 55-6000779 SECTION 115 32,406 воок OTHER

TO WVU AS A BENEFICIARY OF THE

COLLEGE

200 HIGH ST GLENVILLE, WV 26351 Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on 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.

DLN: 93493135037887 OMB No 1545-0047

2015

Open to Public

	rial Revenue Service	10	ispe	ectio	1
	ame of the organization	Employer identification	nun	ıber	
	EST VIRGINIA UNIVERSITY SEARCH CORPORATION	55.0665750			
	art I Questions Regarding Compensation	55-0665758			
Fe	Questions Regarding Compensation			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide an			res	No
		sing allowance or residence for personal use			
	<u>·</u>	ments for business use of personal residence	j	İ	
	Tax idemnification and gross-up payments Heal	Ith or social club dues or initiation fees	ĺ	ĺ	
	Discretionary spending account Pers	sonal services (e g , maid, chauffeur, chef)	į	ĺ	
b	If any of the boxes in line 1a are checked, did the organization folloreimbursement or provision of all of the expenses described above		1 b		
2	Did the organization require substantiation prior to reimbursing or directors, trustees, officers, including the CEO/Executive Director		2		
3	Indicate which, if any, of the following the filing organization used torganization's CEO/Executive Director Check all that apply Donused by a related organization to establish compensation of the CI	not check any boxes for methods			
	Compensation committee Writt	ten employment contract			
	Independent compensation consultant Com	npensation survey or study			
	Form 990 of other organizations Appr	roval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Sector a related organization	tion A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualifie	ed retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compens	ation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	icable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must con	mulete lines 5-9			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did ti compensation contingent on the revenues of				
а	The organization?	·	5a		Νo
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did to compensation contingent on the net earnings of	he organization pay or accrue any			
а	The organization?		6 a		Νo
b	Any related organization?		6 b		Νo
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did to payments not described in lines 5 and 67 If "Yes," describe in Par	, ,	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid or accure subject to the initial contract exception described in Regulations s	section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable pi section 53 4958-6(c)?		9		

ruge L							
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.						
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·			
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred benefits	benefits	(B)(ı)-(D)	column(B) reported
		Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Page 3					
Part III Supplemental Information					
Provide the information, explanation, o	r 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					
Return Reference	Explanation				

Schedule J (Form 990) 2015

Cahadula 1 (Farm 000) 201 F

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		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1J ROBERT ALSOPDIRECTOR	(1)	0	n	Compensation 0	0	0	0	0
	(11)	241,363	0	58	14,546		<u>-</u>	0
1E GORDON GEECHAIRMAN	(1)	0	0	0	0	1,028	256,995	
	(11)	774,481						
	(")	774,401	0	0	15,900	6,102	- 796,483	0
2EUGENE CILENTODIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	256,651	0	2,039	15,769	- - 8,947	283,406	0
3NARVEL WEESE DIRECTOR & EXEC	(1)	0	0	0	0	0	0	0
DIRECTOR	(11)	326,419	0	63	20,131	16,902	363,515	0
4FRED KINGDIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	234,657	0	0	14,309			0
5LAURA GIBSONDIRECTOR	(1)	0	_	_		8,646	257,612	
SEAUTA GIBSONDINECTON	(1)		0	0	0	0	0	0
	(11)	278,219	15,110	1,772	18,274	- 19,295	- 332,670	0
6CLAY MARSHDIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	237,100	0	20,064	15,487			0
7JOYCE MCCONNELL	(1)	0	0	0	0	977 0	273,628	0
DIRECTOR	(11)	377,869	0	16,701	23,700			0
8EARL SCIMEDIRECTOR	(1)					12,383	430,653	
	(11)	227,713	0	0 20,874	14,207			0
			0	20,674	14,207	17,305	280,099	
9ANJALI HALABE ASSISTANT TREASURER	(1)	0	0	0	0	0	0	0
	(11)	158,364	0	872	0	- 3,420	162,656	0
10ALAN MARTINSECRETARY	(1)	0	0	0	0	0	0	0
	(11)	165,487	0	4,508	10,523			0
11DANIEL DURBIN	(ı)	0				11,694	192,212	
TREASURER		218,025						
	(11)	218,025	0	1,002	13,935	- 15,020	- 247,982	0
12DANIEL VASGIRD DIR RES, ITEGRITY & COMP	(1)	174,416	0	0	5,849	35,434	215,699	0
	(11)	0	0	0	0	-		0
13MATTHEW HARBAUGH ASSOC VP FOR	(1)	226,013	0	0	14,082	26,719	266,814	0
TRANSFORMATIO	(11)	0	0	0	0			0
14PHILIP SPARKS	(1)	100 603				0	0	
DIR TECH TRANSFER	(1)	190,683	0	5,000	12,214	26,692	234,589	0
		0	0	0	0	0	. 0	0
15MICHELE WHEATLY FORMER VICE-CHAIRMAN	(1)	0	0	0	0	0	0	0
	(11)	201,090	0	14,712	13,731			0
16BARBARA DUCATMAN	(1)	0	0	n	0	23,965	253,498	0
FORMER DIRECTOR	(11)	135,568			0.530			
			0	0	8,530	11,423	155,521	<u> </u>
17JIM ANDERSON FORMER DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	127,571	17,669	613	9,157	16,215	171,225	0
18GLENN DILLON FORMER DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	131,864	0	12,382	8,228			0
19ARTHUR J ROSS III	(ı)	0	n	0	0	6,966 0	159,440	0
FORMER DIRECTOR	(11)	787,290		24,000	15,900			
		•		21,000	13,500	16,926	844,116	

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 21RUDOLPH ALMASY FORMER DIRECTOR 110,647 [(II)] 7,855 6,914 9,508 134,924 1 DANIEL ROBISON FORMER DIRECTOR

2.414

14,555

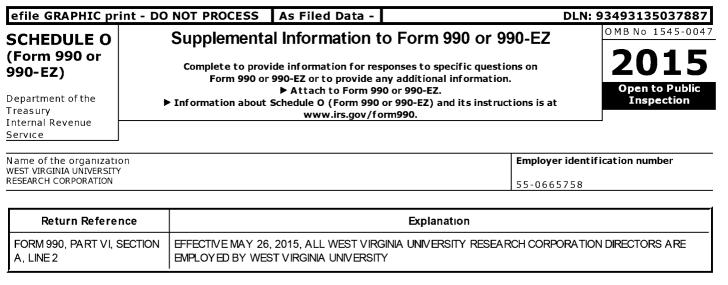
8,890

261,278

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

235,419

[(II)]



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

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 WVURC BOARD DIRECTORS WHO WERE EMPLOYEES OF WVU 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY WHO 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 PERFORMANCE AS DOCUMENTED BY OUR PERFORMANCE EVALUATION PROCESS

Return Reference	Explanation
FORM 990, PART VI.	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
SECTION C,	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THIS CERTIFICATE IS AFFIXED TO THE ARTICLES OF
LINE 19	INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THAT CERTIFICATE ALONG WITH THE
	WYURC'S IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S WEBSITE. THE
	AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST

Return Reference	Explanation
FORM 990, PART	DURING THE FISCAL YEAR 2015 WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION BECAME A MEMBER
VI, SECTION B, LINE	INVESTOR IN THE WEST VIRGINIA GROWTH INVESTMENT LLC WHICH IS AN LLC ENTITY FILING AS A PARTNERSHIP
16 POLICIES	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
FORM 990 PART VI SECTION A GOV ERNING BOARD AND MANA GEMENT	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 VICE PRESIDENT FOR RESEARCH, 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FINANCIAL STATEMENT ROUNDING -2

Return Reference	Explanation
FORM 990 SCHEDULE R PART V 1D LOANS OR LOAN GUARANTEES TO OR FOR RELATED OR	DURING FISCAL YEAR 2016, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (CORPORATION) ENTERED INTO AN AGREEMENT TO PROVIDE A LINE OF CREDIT OF \$1 MILLION FOR THE BENEFIT OF WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION (UIC) THIS LOAN DOES NOT BEAR INTEREST AND IS DUE IN FULL ON AUGUST 16, 2025 THE OUTSTANDING NOTE RECEIVABLE DUE FROM UIC AT JUNE 30, 2016 WAS \$1 MILLION DURING FISCAL YEAR 2016, THE CORPORATION ALSO ENTERED INTO A SECOND AGREEMENT WITH UIC FOR A \$1 5 MILLION LINE OF CREDIT THIS LOAN DOES NOT BEAR INTEREST AND THE DUE DATE IS OPEN ENDED THE OUTSTANDING NOTE RECEIVABLE DUE FROM UIC AT JUNE 30, 2016 FOR THIS LINE OF CREDIT WAS \$586,192 BOTH AGREEMENTS AND ALL LOAN TERMS WERE APPROVED BY THE BOARD OF DIRECTORS FOR BOTH ORGANIZATIONS THE NOTE RECEIVABLES UNDER BOTH AGREEMENTS ARE REPORTED ON FORM 990, PART X, BALANCE SHEET THE CURRENT PORTION DUE AS PER THE TERMS OF THE LOAN AGREEMENTS IS REPORTED ON LINE 4 AS A CURRENT ACCOUNTS RECEIVABLE. THE NON-CURRENT PORTION IS REPORTED AS PART OF THE LINE 7 AMOUNT FOR NOTES AND LOANS RECEIVABLE.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection **Employer identification number**

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION				Employer i 55-06657	identification number		
Part I Identification of Disregarded Entities Co	omplete if the organization	n answered "Yes" o	n Form 990, Par		7.30		
(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 Orgor more related tax-exempt organizations dur		the organization an	nswered "Yes" or	n Form 990, Pa	art IV, line 34 because it	had on	ıe
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	(e) Public charity s (if section 501(Section (13) co en	ontrolle htity?
(1)STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY PO BOX 6005 MORGANTOWN, WV 265066005	EDUCATION AND RESEARCH	WV			N/A	Yes	No No
55-6000842 (2)WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION PO BOX 693 MORGANTOWN, WV 26507	RESEARCH	WV	501(C)(3)	LINE 11B, II	STATE OF WV DBA WEST VIRGINIA UNIVERSITY		No
61-1764272							
							-

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part	[V, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	are of Disproportion			e V-UBI Gene nt in box mana 0 of part dule K-1		managing partner?		(k) Percentage ownership
] 311/			Yes	No	1	Yes	No			
Park TV Identification of Polated Overnientians Tayable	6							115.4 1		.00 -		T) ()		

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)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	i 512 l3) illed
(1)F & P REALTY COMPANY 409 MARINA TOWER PO BOX 6555 MORGANTOWN, WV 26506 55-0571302	BUILDING LESSOR		WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	С	34,521	266,959	100 000 %	Yes Yes	No

medule K (Form 990) 2013					Pa	ge 3			
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
During the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1b	Yes				
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes				
d Loans or loan guarantees to or for related organization(s)				1d	Yes				
e Loans or loan guarantees by related organization(s)				1e	Yes				
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i	Yes				
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes				
Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1p	Yes				
q Reimbursement paid by related organization(s) for expenses				1 q	Yes				
r Other transfer of cash or property to related organization(s)				1r	Yes				
s Other transfer of cash or property from related organization(s)				1 s	Yes				
If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	ıvolved				
						-			

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		(f) (g) Share of total income assets		ear allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 I					
													<u> </u>				

