efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131030798 **Return of Organization Exempt From Income Tax** Form **990** 

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Inspection

			alendar year, or tax year begin C Name of organization	ning 07-01-2016 , and endi	ng 06-	30-20	17	D Fl		
	ck if ap dress cl	plicable	WEST VIRGINIA UNIVERSITY					DEMPIOY	er identii	ication number
	me cha	_	RESEARCH CORPORATION					55-066	5758	
	tial retu	-	Doing business as							
Fin	al n/term	unated						E Telephoi	na numbar	<u> </u>
	ended		Number and street (or P O box if m 886 CHESTNUT RIDGE ROAD NO 40	nail is not delivered to street address)	Room/s	suite				
⊐ Арі	olicatio	n pending						(304) 2	93-4008	
			City or town, state or province, coul MORGANTOWN, WV 26506	ntry, and ZIP or foreign postal code						
									· · · · · · · · · · · · · · · · · · ·	35,916,500
			<b>F</b> Name and address of principal ANJALI HALABE	al officer		H(		a group re	turn for	
			886 CHESTNUT RIDGE ROAD NO	0 408				linates? subordina	tec	☐Yes ☑No
T			MORGANTOWN, WV 26506		_	⊣ "ՙ	include		ces	☐ Yes ☐No
Idi	r-exem	pt status	✓ 501(c)(3)	(insert no )	<b>_</b> 527	╛			•	instructions)
W	ebsite	e:▶ HTT	P //RESEARCH WVU EDU			H(	c) Group	exemption	number	<b>&gt;</b>
						LV	ar of forma	tion 100E	M Ctata	of legal domicile
Forn	n of org	ganızatıon	Corporation Trust Asso	ociation U Other >		LIE	al Ol IOIIIIa	1965	WV	or legal dofflicile
Pa	rt I	Sumr	mary							
		•	cribe the organization's mission o	r most significant activities						
ย	_ <u></u>	O FOSTER	R AND SUPPORT RESEARCH AT W	EST VIRGINIA UNIVERSITY						
2	_									
2										
	2 (	Check this	s box $\blacktriangleright$ $\square$ if the organization dis	scontinued its operations or disp	osed of	more	than 25%	of its net a	ssets	
5			of voting members of the governing						3	9
<b>5</b> ∴	4 1	Number o	of independent voting members of	f the governing body (Part VI, lir	ne 1b)				4	0
	5	Total num	nber of individuals employed in ca	llendar year 2016 (Part V, line 2	a) .			•	5	600
	6	Total num	nber of volunteers (estimate if ne	cessary)					6	0
2	7a -	Total unre	elated business revenue from Part	t VIII, column (C), line 12				ı	7a	2,604,630
	bi	Net unrela	ated business taxable income from	m Form 990-T, line 34					7b	-1,556,280
				·			Pric	or Year		Current Year
_	8 (	Contributi	ions and grants (Part VIII, line 1h	)		F		103,294,	848	105,826,010
Rəvenue			service revenue (Part VIII, line 2g	•		ŀ		21,773,		22,834,912
ōΛċ		_	nt income (Part VIII, column (A),	•		F		352,		599,779
ď			renue (Part VIII, column (A), lines	· · · · · · · · · · · · · · · · · · ·		F		688,		3,058,474
			enue—add lines 8 through 11 (mu		ine 12)	ŀ		126,109,		132,319,175
			nd similar amounts paid (Part IX,					25,826,	207	22,603,698
			paid to or for members (Part IX, c			ŀ			0	0
ري دي			other compensation, employee be			, F		20,876,		26,288,899
Expenses		-	nal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,		ĺ			0	0
9	_		raising expenses (Part IX, column (D), I		•	ŀ			+	
3			penses (Part IX, column (A), lines	·	_	ŀ		88,667,	129	88,320,392
			enses Add lines 13-17 (must equ	· ·	•	ŀ		135,369,		137,212,989
			less expenses Subtract line 18 fr			F		-9,260,		-4,893,814
· ·	19 1	ive veriue i	less expenses Subtract line 10 II	on me 12	•		Seainnina (	of Current Y		End of Year
Fund Balances						[		an-one i		
ger	20	Total asse	ets (Part X, line 16)			F		113,372,	724	129,150,786
2	21	Total liabi	ilities (Part X, line 26)			Ī		65,195,	708	85,625,018
F	22	Vet assets	s or fund balances Subtract line	21 from line 20		ľ		48,177,	016	43,525,768
Par	t II	Signa	ature Block						_	
Inder	pena	lties of pe	erjury, I declare that I have exam	ined this return, including accon	npanyın	ng sche	dules and	statement	s, and to	the best of my
	edge a nowled		f, it is true, correct, and complete	Declaration of preparer (other	than of	ficer) i	s based or	n all inform	ation of v	which preparer has
,										
		*****	*					3-05-11		
ign		Signatu	ure of officer				Date	!		
lere	:		HALABE TREASURER							
		<b>     </b>	r print name and title							
		Pr	rınt/Type preparer's name	Preparer's signature		Date	Chec	ck 🔲 ıf	PTIN	
Paic		<u> </u>					self-	employed		
re	oare	ı ⊢	irm's name					's EIN ►		
Jse	Onl	y   <sup>Fi</sup>	ırm's address ▶				Phor	ne no		
1ay t	he IRS	discuss	this return with the preparer show	wn above? (see instructions) .			<u>.                                    </u>	<u>.</u>	□ <b>\</b>	res 🗆 No
or P	aperv	vork Red	duction Act Notice, see the sep	parate instructions.			Cat No 1:	1282Y		Form <b>990</b> (2016)

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
				RSITY (WVU) AND TO PF THE FACULTY, STAFF AN	ROVIDE EVALUATION, DEVELOPME ID STUDENTS OF WVU	ENT, PATENTING,
2	<u>=</u>	undertake any signific		vices during the year wh	nich were not listed on	☐ Yes ☑ No
	•	ese new services on Sc				
3				changes in how it condu	icts, any program	
		ese changes on Schedu				☐ Yes ☑ No
4	Describe the organiz Section 501(c)(3) ar	ation's program servic	e accomplishmer ons are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code See Additional Data	) (Expenses \$	119,230,710	including grants of \$	22,603,698 ) (Revenue \$	21,867,053 )
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	Others	(Danamha ur C				
4d	(Expenses \$	ices (Describe in Sched inc	ule O ) luding grants of	\$	) (Revenue \$	)
4e	Total program ser		119,230,7	*		<u> </u>
		•	· · · · · ·			Form <b>990</b> (2016)

Section 501(c)(3) organizations.

or X as applicable

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11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Page 3

No

Nο

Nο

Pa

	/	
alr	t IV Checklist of Required Schedules	
		Yes
L	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	 Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

Yes

Yes

Nο Νo

Nο No Nο Yes Nο

Nο

Nο

Nο

No

Nο

Νo

Νo

No

Nο

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29

Part IV Checklist of Required Schedules (continued)			
		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . 20a

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

**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? . . .

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

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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)?

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

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

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

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

20b

21

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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32

33

34

35a

35h

36

37

Yes

Yes

Yes

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Page 4

Yes Yes

Νo

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 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 and 24a

Yes

Nο Nο Nο Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

instructions for applicable filing thresholds, conditions, and exceptions)

/////	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 758			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	162	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e	<u> </u>	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C <sup>7</sup>	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Institution foce and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Fotor	-		
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1	l	
c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

-orm	990 (2	(016)					Page <b>6</b>
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI		<del></del>			<u> </u>
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	9		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	0			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2	Yes	
3		ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other p			3		No
4	Dıd tl	ne organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more	7a		No
b	Are a perso	ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	under	taken during the year by			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C	canno	t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenu	e Code	⊋.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pi			10b		
11a	Has t form?	he organization provided a complete copy of this Form 990 to all members of its go	vernın •	g body before filing the	11a	Yes	
b	Descr	ıbe ın Schedule O the process, ıf any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int	erests	that could give rise to	12b		No
С		ne organization regularly and consistently monitor and enforce compliance with the	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?			13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review ones, comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or sille entity during the year?	mılar a	arrangement with a	16a	Yes	
b		s," did the organization follow a written policy or procedure requiring the organizat					
		nt venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?		e organization's exempt	16b	Yes	
Se	ction	C. Disclosure					
17	Lıst tl	ne States with which a copy of this Form 990 is required to be filed▶					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ible for public inspection  Indicate how you made these available  Check all that ap		990-T (501(c)(3)s only)			
		Own website 🛮 🗹 Another's website 🗗 Upon request 🔲 Other (explain in So					
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20	State ►ALA	the name, address, and telephone number of the person who possesses the organ N MARTIN SECRETARY 886 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26506 (	ization 304) 2	's books and records 293-7398			

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

or reportable compensation from the organization	i dila diliy i cideo	Ju olgul	. II Zu ci	0113						
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>										
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	itution	nal t	:rust	:ees, c	office	ers, key employees	s, highest	
Check this box if neither the organization no	r anv related or	rganizat	ion c	:omr	ens	ated a	any (	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Positio tha pers	on (do an on on is	(C) o not ne bo both	) t che ox, u h an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) J ROBERT ALSOP DIRECTOR	7 00 50 00	×						0	287,707	16,866
(2) E GORDON GEE	0 20								707 410	22.226
CHAIRMAN	70 00	×		'		!		0	787,418	22,326
(3) EUGENE CILENTO DIRECTOR	1 00 70 00	×						0	266,540	25,323
(4) NARVEL WEESE DIRECTOR & EXEC DIRECTOR	2 00	×		x				0	293,870	37,794
(5) FRED KING DIRECTOR	2 00	×						0	240,250	23,702
(6) LAURA GIBSON DIRECTOR	0 20 50 00	×						0	328,914	40,553
(7) CLAY MARSH DIRECTOR	1 00	×						0	440,803	16,866
(8) JOYCE MCCONNELL DIRECTOR	2 00	×						0	408,178	36,553
(9) EARL SCIME	0 10							0	240,814	31,488
DIRECTOR	90 00	_		∟'	igspace	<u> </u> '	Ш			
(10) ANJALI HALABE ASSISTANT TREASURER	5 00 40 00			x				0	168,427	14,286
(11) MARY JANE BUCKLAND ASSISTANT SECRETARY	2 00 37 50			х				0	128,150	21,105
(12) ALAN MARTIN SECRETARY	1 00			х				0	173,709	25,693
	50 00	<u> </u>	<u> </u>	—'	₩	₩'	₩			

ASSOCIATED UNIVERSITIES INC 1400 16TH ST NW STE 730 WASHINGTON, DC 02252

compensation from the organization ▶ 93

Page **8** 

10111 990 (2010)													Page <b>6</b>
Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	d Hig	jhes	st Compens	ated	Employees (	cont	inued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, i in of tor/t	ot che unle: fficer trust		son	( <b>D)</b> Reportab compensat from the organization 2/1099-MI	tion e n (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization an	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		,	MISC)		rela organiz	ted
(18) PHILIP SPARKS	65 00					×		1.5	30,221		0		39,174
DIR TECH TRANSFER	0 00							10	50,221		$\Box$		
(19) MARK GAROFOLI MTM MANAGER	37 50 0 00					х		11	18,877		0		12,280
(20) MICHELE WHEATLY FORMER VICE-CHAIRMAN	0 00 75 00						х		0	78	,898		12,545
(21) BARBARA DUCATMAN FORMER DIRECTOR	0 00 50 00	<b></b> .					х		0	128	,125		18,976
(22) JIM ANDERSON FORMER DIRECTOR	0 00 60 00	<b></b>					х		0	150	,807		27,332
(23) DANIEL ROBISON FORMER DIRECTOR	0 00 37 50	<b></b>					х		0	244,953		244,953 2	
1b Sub-Total	VII, Section A		<u> </u>	· · abov			ceiv	857,710 ed more than	\$100	4,731,43	1		604,308
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for							-	•	ted er	mployee on	3	<b>Yes</b> Yes	No
4 For any individual listed on line 1a, is the organization and related organizations grandividual										he	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If "								ganızatıon or	individ	dual for	5	ies	No
Section B. Independent Contractors													
1 Complete this table for your five highest of from the organization. Report compensation.	•									,	npen	sation	
Name and h	(A) pusiness address							-	)eccrin	(B) tion of services		(C Comper	
NORTHEAST NATURAL ENERGY LLC	asiliess duuless							WELL PR					,941,349
707 VIRGINIA ST E STE 1200 CHARLESTON, WV 25301													
ADNET SYSTEMS INC			_				-	IT SOLU	TION/S	SERV	_	1	,588,125
6720B ROCKLEDGE DR STE 504 BETHESDA, MD 20817 WVU MEDICAL CORP DBA UNIV HEALTH ASSOCIA								HOSPITA	AL			1	,485,331
PO BOX 740													
MORGANTOWN, WV 26507 CROTHALL FACILITIES MANAGEMENT INC								MAINTE	NANCE			1	,183,817
955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087													
ACCOCIATED UNIVERSITIES INC								DENT					007 500

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

RENT

987,500

Part	VII												
		Check if Schedul	e O contains a	a respo	onse or	note to any	(	his Part VIII (A) revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections
	1a	Federated campaig	ns	1a					re	evenue			512-514
nts ants	b	Membership dues		1b									
Gra mo	С	: Fundraising events		1c									
ਜੈ ਨੂੰ ਬੁ	d	Related organizatio	ns	1d									
يَّةٍ ق	е	Government grants (co	ontributions)	1e	,	99,538,662							
ons, Sin	f	All other contributions, and similar amounts n											
Contributions, Gifts, Grants and Other Similar Amounts	g	above  Noncash contribution in lines 1a-1f \$	ons included			6,287,348							
g G	h	Total.Add lines 1a-1	.f			<b>&gt;</b>	105	5,826,010					
<u> </u>						Business	Code						
Service Revenue	2a	SCI RESEARCH & DEV S	ER			,	541700	22,8	34,912	20,230	,282	2,604,631	
ı α <u>¥</u>	b			_									
۲۷۱C	C												
፠	d e			_									
Program	f	All other program se	rvice revenue										
ě	g٦	Fotal.Add lines 2a-2f	f		<b>&gt;</b>	22,8	834,912						
		nvestment income (ii			nterest,	and other		217,224	1				217,224
		imilar amounts) . ncome from investme			ond pro	ceeds 🕨	`		1				217,221
						. •	•	1,392,017	7				1,392,017
			(ı) Real		(11)	Personal							
	6a	Gross rents		29,686									
	b	Less rental expenses		0			-						
	_	Rental income or		29,686			4						
	C	(loss)		29,000									
	d	Net rental income o	r (loss)	•		. •	]	29,686	5				29,686
	<b>-</b> -	Gross amount	(ı) Securit	ies	(11	) Other	4						
		from sales of assets other than inventory	3,9	79,880									
		Less cost or other basis and sales expenses		97,325									
		Gain or (loss)  Net gain or (loss)		82,555			_	382,555	5				382,555
		Gross income from fi				<u> </u>		302,33	1				302,333
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of									
Re	ь	Less direct expense	s	b			╛						
er		Net income or (loss)		_	ents .	. •							
<del>‡</del> o		Gross income from g See Part IV, line 19		es									
				а									
		Less direct expense		b									
		Net income or (loss) Gross sales of invent		activit	les .	• •	1						
		returns and allowand	ces	a									
	b	Less cost of goods s	sold	b			_						
	С	Net income or (loss) Miscellaneous		invent									
	<b>11</b> a	aTRANSFER OF ASSE			Busir	ness Code 90009	9	1,636,77	1	1,636,771			
	b			_									
	С											+	
							1						
		All other revenue .					1						
		Total. Add lines 11a				•		1,636,77	1				
	12	Total revenue. See	Instructions	• •		· <b>•</b>		132,319,17	5	21,867,053	2,6	04,630	2,021,482
													Form <b>990</b> (2016)

Fair TV	Statement of r	unctional Expen	ses		
Section 501(	c)(3) and 501(c)(4)	organizations must	complete all columns	All other organizations	must complete column (A)

Forr	m 990 (2016)					Page <b>10</b>
	ITT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anızatıons must comp	elete column (A)		
	Check if Schedule O contains a response or note to any	y line in this Part IX				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	19,631,905	19,631,905			
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,929,933	2,929,933			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	41,860	41,860			
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	20,508,105	17,247,958	3,260,147		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,011,849	825,399	186,450		
9	Other employee benefits	3,295,146	2,687,961	607,185		
10	Payroll taxes	1,473,799	1,213,095	260,704		
11	Fees for services (non-employees)					
ā	a Management					
I	D Legal	487,775	68,691	419,084		
•	a Accounting					
•	d Lobbying					
•	e Professional fundraising services See Part IV, line 17					
1	Investment management fees	78,709	6,585	72,124		
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)					
12	Advertising and promotion	605,251	562,014	43,237		
13	Office expenses	3,056,715	2,965,569	91,146		
14	Information technology	1,739,580	1,562,261	177,319		
15	Royalties	671,466		671,466		
16	Occupancy	2,078,126	1,984,439	93,687		
17	Travel	4,047,401	3,889,878	157,523		
	Payments of travel or entertainment expenses for any federal, state, or local public officials .					
19	Conferences, conventions, and meetings	350,444	299,677	50,767		
20	Interest	557,662	4,770	552,892		
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	1,414,498	1,414,498			
	Insurance	217,697	59,328	158,369		
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)					
	a SHARED SERVICES	43,088,899	41,340,161	1,748,738		
	<b>b</b> OPERATING EXP TO WVU	10,972,646	8,895,097	2,077,549		
	c CONSULTING/SUBCONT FEE	9,766,791	3,060,529	6,706,262		

6,809,583

2,377,149

137,212,989

6,774,573

1,764,529

119,230,710

35,010

612,620

0

Form **990** (2016)

17,982,279

d RESEARCH/EDUC SUPPLIES

25 Total functional expenses. Add lines 1 through 24e

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)

e All other expenses

Page **11** 

129,150,786

25,505,498

16,831,536

42.872.958

415.026

85,625,018

23,454,778

20.070.990 0

43,525,768

129.150.786

Form **990** (2016)

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0 32

113,372,724

18,797,056

14,354,645

31.613.102

65,195,708

29,628,728

18.548.288

48,177,016

113,372,724

430.905

1	Cash–non-interest-bearing	23,933,269	1	23,325,272
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	25,143,893	3	24,311,462
4	Accounts receivable, net	183,060	4	1,495,943
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
-	I came and ather was such as forms ather discussions of movement (as defined and a			

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . . 1.981.143

Assets 4.070.112 Inventories for sale or use . 8 1.028.215 9 413.086 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a 80,537,017 basis Complete Part VI of Schedule D 50,609,152 16,217,126 64,319,891 b Less accumulated depreciation 10b 10c 10.493.992 11 Investments—publicly traded securities . 11 11.215.020 12 12 Investments—other securities See Part IV, line 11 .

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Form 990 (2016)

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Liabilities 22 Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Intangible assets . . . .

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

2c

3a

3b

Yes

Yes

Yes (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

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

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 Schedule O

## Additional Data

Software ID:

**Software Version:** 

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Form 990 (2016)

### Form 990, Part III, Line 4a:

SEE SCHEDULE OIN 1985, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (WVURC) WAS CREATED IN ACCORDANCE WITH THE STATE LAW AND WITH THE EXPRESSED PURPOSE TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU) THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE. EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES (1) TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY, AND(2) TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF WEST VIRGINIA UNIVERSITY RESEARCH IS AN INTEGRAL PART OF THE UNIVERSITY'S MISSION AND THE RESEARCH CORPORATION FACILITATES THIS MISSION THROUGH ITS ROLE AS A FISCAL AGENT FOR SPONSORED PROJECTS. THE RESEARCH CORPORATION ALSO USES ITS UNIQUE STATUS TO MAXIMIMZE THE EFFECTIVENESS OF TECHNOLOGY TRANSFER IN ADDITION TO ITS ECONOMIC AND BUSINESS DEVELOPMENT FUNCTIONS. AN INDICATION OF THIS SUCCESS WAS WHEN THE CARNEGIE FOUNDATION RECOGNIZED WVU AS AN R1 UNIVERSITY IN FISCAL YEAR 2016 PLACING WVU AMOUNG THE 115 STRONGEST RESEARCH INSTITUTIONS IN THE US THE FEDERAL FUNDING LANDSCAPE HAS BEEN CHALLENGING FOR MOST STATES LIKE WEST VIRGINIA AND THEIR INSTITUTIONS OF HIGHER EDUCATION HOWEVER. THE UNIVERSITY, THROUGH THE WVU RESEARCH CORPORATION, HAS BEEN ACTIVELY COUNTERING THESE CHALLENGES BY STRENGTHENING THE COMPETITIVENESS OF ITS FACULTY FOR GRANTS THROUGH A COMBINATION OF FACULTY TRAINING PROGRAMS, PROPOSAL DEVELOPMENT ASSISTANCE, AND CORPORATE INFRASTRUCTURE ENHANCEMENTS TO SUPPORT THAT ENDEAVOR THIS, COMBINED WITH INTERNAL INVESTMENTS BEING MADE IN EMERGING RESEARCHERS AND TECHNIQUES THROUGH PROGRAMS SUCH AS THE SENATE RESEARCH GRANT AND SENATE FACULTY TRAVEL GRANT PROGRAMS, HELP BUILD THE RESEARCH ENTERPRISE IN ADDITION, THE HSC HAS DEVELOPED AN INTERNAL NIH STYLE STUDY SECTION FOR SCIENTIFIC REVIEW OF GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION TO INCREASE COMPETITIVENESS AND HAS CENTRALIZED COMPONENTS OF PRE-AWARD (GRANT PREPARATION) SUPPORT TO MORE EFFICIENTLY SUPPORT INVESTIGATORS ALTHOUGH CHALLENGING, THE UNIVERSITY CONTINUES TO TARGET STRATEGIC FEDERAL OPPORTUNITIES ONE EXAMPLE IS THROUGH THE CREATION OF THE WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION (UIC) UIC WILL SERVE AS A CONDUIT TO LINK UNIVERSITY RESEARCHERS WITH DEFENSE CONTRACTING OPPORTUNITIES FROM BOTH GOVERNMENT ORGANIZATIONS AND PRIME CONTRACTORS THAT REQUIRE CUSTOM ACCOUNTING SYSTEMS AND FACILITIES WITH ENHANCED SECURITY TO PERFORM THE WORK AS AN ALTERNATIVE TO TRADITIONAL FEDERAL FUNDING, THE UNIVERSITY'S STRATEGY TO REMAIN COMPETITIVE THROUGH PRIVATE SECTOR PARTNERSHIPS CONTINUES TO PRODUCE RESULTS THIS STRATEGY WAS BEST EXEMPLIFIED DURING FISCAL YEAR 2016 AS THE WVU RESEARCH CORPORATION ENTERED INTO ITS THIRD, AND MOST SUCCESSFUL, YEAR OF OPERATING THE WVU CLINICAL AND PHARMACOLOGICAL RESEARCH CENTER (CPRC). THIS PROJECT HAS PARTNERED WITH MYLAN PHARMACEUTICALS (THE THIRD LARGEST GENERIC AND SPECIALTY PHARMACEUTICAL COMPANY IN THE WORLD) TO CONDUCT CLINICAL TRIALS IN 2016 THIS OPERATION GENERATED REVENUES OF APPROXIMATELY \$6 2 MILLION AND IS POISED FOR FURTHER DIVERSIFICATION OF ITS SERVICE PORTFOLIO IN THE FUTURE FINALLY. THE WVU RESEARCH CORPORATION HAS TAKEN THE LEADERSHIP ROLE IN A MULTI-YEAR. UNIVERSITY-WIDE EFFORT TO BROADEN THE IMPACT OF THE UNIVERSITY'S RESEARCH, INCREASE ENTREPRENEURSHIP AMONG ITS STUDENTS AND FACULTY, AND CATALYZE UNIVERSITY-INDUSTRY PARTNERSHIPS OVER THE PAST TWO YEARS, THESE EFFORTS HAVE RESULTED IN THE CREATION OF THE LAUNCHLAB, MAKERLAB AND CODELAB, WHICH PROVIDES ADVICE AND ASSISTANCE TO STUDENTS IN THE AREAS OF STARTUP BUSINESS STRATEGY, PROTOTYPING AND MOBILE APP DEVELOPMENT. IN ADDITION, THE WVU RESEARCH CORPORATION HAS PARTNERED WITH HSC TO ESTABLISH THE HEALTH SCIENCES INNOVATION CENTER. THIS ACCELERATOR CURRENTLY HOUSES TWO STARTUP BIOTECH FIRMS AND HAS ATTRACTED NEW SBIR AND STTR FUNDING TO WV WHILE THE UNIVERISTY, AND THE WVU RESEARCH CORPORATION, FINDS ITSELF IN A VERY DYNAMIC FUNDING ENVIRONMENT. BOTH ARE DEPLOYING INNOVATIVE STRATEGIES TO EXPAND THE QUANTITY AND QUALITY OF FUNDING FOR THE RESEARCH ENTERPRISE FROM ALL SOURCES AND LOOKS FORWARD TO CONTINUED SUCCESS IN THE FUTURE

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ъ.	. 0	`.1 T	▶ Int	formation about	Attach to Form 9 Schedule A (Form !			ections is at	Open to Public		
Interna	Reven	the Treasury			www.irs.go	•			Inspection		
		<b>ne organiza</b> NA UNIVERSIT						Employer identifica	tion number		
	_	ORPORATION						55-0665758			
	t I				<b>s</b> (All organizations it is  (For lines 1 throu			see instructions.			
1			•		ociation of churches d	·	,	(A)(i)			
2		·		•				(~)(')'			
					)(A)(ii). (Attach Sche	·		:::>			
3		·	•	·	ce organization descri			•			
4		name, city,	and state .					170(b)(1)(A)(iii). En			
5		(b)(1)(A)	( <b>iv).</b> (Čomp	lete Part II )	-			ernmental unit describ	ed in <b>section 170</b>		
6		A federal, s	tate, or loca	al government or q	governmental unit des	crıbed ın <b>sectio</b> ı	170(b)(1)(A	()(v).			
7				ormally receives a <b>)(vi).</b> (Complete l		support from a (	governmental u	ınıt or from the genera	public described in		
8		A communi	ty trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II	)				
9					scribed in <b>170(b)(1)(</b> e instructions Enter th			with a land-grant colle college or university	ge or university or a		
10		from activit	ies related t income and	o its exempt fund	tions—subject to certa ss taxable income (les	in exceptions, a	nd (2) no more	s, membership fees, ar than 331/3% of its sup sses acquired by the or	port from gross		
11		An organiza	ition organiz	zed and operated	exclusively to test for	public safety Se	e section 509	(a)(4).			
12	✓	more public	ly supporte	d organizations de		9(a)(1) or sect	ion 509(a)(2	s of, or to carry out the <b>).</b> See <b>section 509(a)</b> s 12e, 12f, and 12g			
а		organizatio	n(s) the pov					zation(s), typically by of the supporting organ			
b	<b>✓</b>	manageme	nt of the sup		ion vested in the sam			organization(s), by havinge the supported organ			
С					ipporting organization ns) <b>You must comp</b>			nd functionally integrat <b>nd E.</b>	ed with, its		
d		functionally	ıntegrated	The organization		/ a distribution re		th its supported organi an attentiveness requ	· ·		
e							S that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter			non-functionally i ed organizations	ntegrated supporting (	organization		1			
g				3	pported organization(s	)					
		(i) supported or	_	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		Is the organization listed in Amount of Amount of other			
						Yes	No	<u> </u>			
(A) W	EST VI	RGINIA UNIVE	RSITY	556000842	5	Yes		137,212,990	0		
Total			1					137,212,990	0		
		work Reduc	tion Act No	tice, see the In	structions for	Cat No 11285F	: ,	Schedule A (Form 99			

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
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	<b>Public support.</b> Subtract line 5 from line 4						
	Section B. Total Support	1	•		•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<del>_</del> _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is fo	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a <b>33 1/3% support test—2016.</b> If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and <b>stop here.</b> The organization qual						ightharpoons
b	<b>33 1/3% support test—2015.</b> If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	rne organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· <b>—</b>
	instructions		, -	. , ,	,		<b>▶</b> □
					Schodu	le Δ (Form 990 o	r 990-F7) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	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,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

No

No

No

No

No

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2016

7

10a

answer line 10b below

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 Yes

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

1 in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination

No 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations 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 organization was used exclusively for section 170(c)(2)(B) purposes 4c

No 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 5a No amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) 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

6 No

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

8

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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.

Ρā	Irt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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
h	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
·	A 33% controlled entity of a person described in (a) of (b) above. If the stola, b, of c, provide detail in Fait VI	110		NO
S	ection B. Type I Supporting Organizations			
	7 7 7 7		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			
	<b>VI</b> 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		
-	ection C. Type II Supporting Organizations			
	ection c. Type 12 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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1	V	
		1	Yes	
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's			
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the			
	Form 990 that was most recently filed as of the date of notification, and (III) 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 <b>Part VI</b> how the organization			
	maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the			
	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	_		
	year 27 700, describe in 1 die 12 the fore the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	a  The organization satisfied the Activities Test Complete line 2 below	•		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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	<b>2</b> a		
	<b>b</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 <b>Part VI</b> the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	21		
2		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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 <b>Part VI.</b> the role played by the organization in this regard	3 h		

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

2

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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# **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.

OMB No 1545-0047

DLN: 93493131030798

Open to Public Inspection

Internal Revenue Service

EZ)

4

3

5

SCHEDULE C (Form 990 or 990-

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

Department of the Treasury www.irs.gov/form990. 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes □ No h 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 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 5 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) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

1

c

C

expenditure next year?

Return Reference

3

5

Part IV

PART II-B, LINE 1

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Supplemental Information** 

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

(b)

Amount

(a)

Yes

Yes

Yes

2c 3

4

No

Nο

Nο

Nο

### No Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 79,129 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Nο Total Add lines 1c through 1i 79,129 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 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). 2a Current year b Carryover from last year 2b

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

ENGINEERING, MEDICAL AND ENERGY RELATED RESEARCH OPPORTUNITIES

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493131030798 OMB No 1545-0047

Open to Public

**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.

Inspection

WE	me of the organization ST VIRGINIA UNIVERSITY			Employer iden	tification num	ber
	SEARCH CORPORATION			55-0665758		
Pa	Tt I Organizations Maintaining Donor Complete if the organization answere			ds or Accounts.		
		(a) Donor advised	'	(b)Funds and o	other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			or advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization ar	nswered "Yes" on	Form 990, Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all th	nat apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of	of an historically impor	tant land area	
	Protection of natural habitat		☐ Preservation o	of a certified historic st	ructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservati	on contribution in th		on the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
С	Number of conservation easements on a certified		` '	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	) acquired after 8/17/06, a	and not on a historic	2d		
3	Number of conservation easements modified, transtax year ▶	nsferred, released, extingu	ushed, or terminated	d by the organization d	uring the	
4	Number of states where property subject to conse	ervation easement is locat	ed <b>▶</b>	<u></u>		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		ng, inspection, hand	· -	□ Yes □	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of vic	olations, and enforce	ng conservation easem	ents during the	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violation	ns, and enforcing co	nservation easements	during the year	
8	Does each conservation easement reported on lin	ie 2(d) above satisfy the re	equirements of secti	on 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea:	of the footnote to the orga				
Pai	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historica		Other Similar Ass	ets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, ed	ducation, or research	n in furtherance of pub		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to rep	ort in its revenue st	atement and balance s		
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(	ii)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under			financial gain, provide	the	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat	No 52283D <b>Sched</b>	lule D (Form 9	90) 2016

Part	***	Organizations Ma	aintaining Col	lections o	of Art, H	<u>ist</u> ori	cal Ti	reası	ires, o	r Other	<u>Similar A</u>	ssets (co	ontinued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other	r records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcant ı	use of its	collection
а		Public exhibition				d		Loan	or exch	ange prog	rams		
b		Scholarly research				e		Othe	r				
c		Preservation for future	e generations										
4		e a description of the		lections and	d explain h	ow the	y furtl	ner the	e organiz	zation's ex	empt purpo	ose in	
5		g the year, did the orga to be sold to raise fur									lar	☐ Yes	i □ No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	d an amou	unt on Fo	orm 990, Part
1a		organization an agent ed on Form 990, Part I		an or other	ıntermedi	ary for	contri	bution	s or othe	er assets i	not	☐ Yes	; 🗆 No
b	If "Yes	s," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table				Α	mount	
c		ning balance				,				1c			
d	Addıtı	ons during the year								1d			
e	Distrib	outions during the year	r							1e			
f	Ending	g balance								1f			
2a	Did th	e organization include	an amount on Fo	rm 990, Pai	rt X, line 2	1, for	escrow	or cu	istodial a	account lia	bility?	☐ Yes	s □ No
b	If "Yes	s," explain the arrange				'			'				. 🗆
Pai	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organ	ization a	nswer	ed "Y	es" oı	n Form	990, Par	t IV, line 1	LO.	
1a	Beginni	ng of year balance .		(a)Currer	nt year	<b>(b)</b> Pi	rior yea	r	<b>(c)</b> Two y	ears back	(d)Three year	ars back (	(e)Four years back
Ь	Contrib	utions											
c	Net inve	estment earnings, gair	ns, and losses										
d (	Grants	or scholarships	•										
		xpenditures for facilitie grams	es										
f	Adminis	strative expenses .											
g	End of y	year balance											
2	Provid	e the estimated perce	ntage of the curre	nt year end	d balance (	(line 1g	g, colu	mn (a	)) held a	s			
а	Board	designated or quasi-e	ndowment <b>&gt;</b>										
b	Perma	nent endowment 🕨											
c	Tempo	orarily restricted endov	wment 🟲										
3a	Are th	ercentages on lines 2a ere endowment funds				on that	are h	eld an	d admın	ıstered foı	r the		V N-
	-	zation by related organizations										За	
b		lated organizations .s" on 3a(ii), are the re		 s listed as i	 required o	 n Sche	 dule R	? .	• •			3a(	
4	Descri	be in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds						•
Par	t VI	Land, Buildings,								_			_
	Dess	Complete if the or								See Forr			
	Descrip	otion of property	(a) Cost or oth (investme		(b)Cost o	other	vasis (d	otner)	(c)Acc	urnuiated d	epreciation	(0	d)Book value
1a	Land .						3,47	74,973					3,474,97
Ь	Building	js					72,85	50,908			16,078,815		56,772,09
c	- Leaseho	old improvements											
d I	Eguipm	ent					4:	14,040			81,617		332,42

3,797,096

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

3,740,402

64,319,891

56,694

	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>b)</b> Book value			d of valuation year market value
(1)Financial						your manner tande
( <b>3</b> )Other	leta equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related. Complete if the 6	<b>▶</b> organizat	ion ans	wered 'Yes'	on Form 99	0. Part IV. line 11c.
	See Form 990, Part X, line 13.					d of valuation
	(a) Description of investment	<b>(b)</b> Boo	k value	Co		year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes	<b>&gt;</b>				
Part IX	Other Assets. Complete in the organization answered Tes	on Form	990, Par	t IV, line 11d	See Form 9	90, Part X, line 15
	(a) Description	s' on Form	990, Par	t IV, line 11d	See Form 9	90, Part X, line 15 (b) Book value
(1)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4) (5)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4) (5) (6)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4) (5) (6) (7)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4) (5) (6) (7)		s' on Form	990, Par	t IV, line 11d	See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description					(b) Book value
	(a) Description		· · ·			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbatt X) 1.	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability		· · ·			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbatt X) 1.	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.		· · ·			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (1)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes		· · ·		· · · · : IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columer	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes		· · ·	m 990, Pari	: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the Liable o	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columeter X  1. (1) Federal I  OTHER LIAB. DEFERRED G (3) (4)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II  OTHER LIAB  DEFERRED G (3) (4) (5)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II  OTHER LIAB  DEFERRED G (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II  OTHER LIAB  DEFERRED G (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columeration of the column	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the LIAB of the LI	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		· · ·		: IV, line 11	(b) Book value

Add lines 2a through 2d .

Add lines 4a and 4b . .

Subtract line 2e from line 1 .

Part XI

2

c

d

е

3

4

5

1

2

b

d

е

а

b

C

Part XIII

5

3

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

242,825

137,213,000

137.212.989

137,212,989

Schedule D (Form 990) 2015

11

Recoveries of prior year grants		
Other (Describe in Part XIII ) .		

Other (Describe in Part XIII ) . . . . .

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Net unrealized gains (losses) on investments . Donated services and use of facilities .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

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

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

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2d 4a

2a

2b

2a

2b

2c

2d

4b

Explanation

4b

242,566

259

11

2e

3

4c

5

2e

3 132,319,175 4c 132,319,175

Page <b>5</b>		Schedule D (Form 990) 2015
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2016

## **Additional Data**

Software Version:

FINANCIAL STATEMENT ROUNDING \$259

Software ID:

**EIN:** 55-0665758 Name: WEST VIRGINIA UNIVERSITY

Explanation

RESEARCH CORPORATION

# **Supplemental Information**

- PART XI, LINE 2D OTHER
- ADJUSTMENTS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FINANCIAL STATEMENT ROUNDING \$11

efile GRAPHIC print	: - DO NOT I	PROCESS	As Filed Data	-	DLN	: 93493131030798
SCHEDULE F (Form 990)	State	ement of Activities Outside the United States			OMB No 1545-0047	
(1 01111 000)		2016				
				14b, 15, or 16.		
Department of the Treasury Internal Revenue Service	▶ Informa			See separate instructions. and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization WEST VIRGINIA UNIVERS	·ITV				Employer ide	ntification number
RESEARCH CORPORATION					55-0665758	
	<b>nformation</b> Part IV, line		s Outside the l	<b>Jnited States.</b> Comple	ete if the organization a	answered "Yes" to
1 For grantmakers	<b>s.</b> Does the org	ganızatıon maı	ntain records to s	substantiate the amount	of its grants and	
other assistance,	the grantees'	eligibility for tl	he grants or assis	stance, and the selection	criteria used	
to award the gran	ts or assistan	ce?				☑ Yes ☐ No
2 For grantmakers outside the United		Part V the org	anızatıon's proce	dures for monitoring the	use of its grants and ot	her assistance
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed )	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data						
( 2)						
( 3)						
(4)						
( 5)						
3a Sub-total b Total from continuat	ion sheets to		0 0	)		394,877 336,677
Part I <b>c Totals</b> (add lines 3a	, and 3h)		0 0			731,554
For Paperwork Reduction			-		No 50082W <b>Sched</b> i	ile F (Form 990) 2016

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3** 

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
( 2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
		☐ Yes	<b>✓</b> No
organization i	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
(		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	□Yes	<b>☑</b> No
	, and the second		

Schedule F (F	orm 990) 2016 Page <b>5</b>	
	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).	_
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 DETERMINED AT A LATER DATE, THE PRINCIPAL INVESTIGATOR SUBMITS A REQUEST FOR A SUB-AWARD TO THE SPONSOR 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 FOR PAYMENT THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENT'S ACCOUNT THE STUDENT'S ACCOUNT IS REVIEWED BY WYU STUDENT AFFAIRS TO DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS	

## **Additional Data**

(a) Pegion

CENTRAL AMERICA AND THE

EAST ASIA AND THE PACIFIC

CARIBBEAN

## Software ID: Software Version:

EIN:

**1:** 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

RESEARCH

FOREIGN TRAVEL RELATED

TO RESEARCH/EDUCATION

20,000

86,642

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

0

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	24,360

0 PROGRAM SERVICES

0 PROGRAM SERVICES

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) **EUROPE** 0 PROGRAM SERVICES FOREIGN TRAVEL RELATED 147.631 TO RESEARCH/EDUCATION NORTH AMERICA 0 PROGRAM SERVICES FOREIGN TRAVEL RELATED 32.649 TO RESEARCH/EDUCATION 0 PROGRAM SERVICES FOREIGN TRAVEL RELATED 10.199 SOUTH AMERICA TO RESEARCH/EDUCATION

Form 990 Schedule F Par	<u>t I - Activities</u>	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	33,485
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	39,911
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	11,520

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) 0 PROGRAM SERVICES FOREIGN TRAVEL RELATED 7.639 MIDDLE EAST AND NORTH TO RESEARCH/EDUCATION AFRICA RUSSIA AND NEIGHBORING 0 PROGRAM SERVICES FOREIGN TRAVEL RELATED 4.415 STATES ITO RESEARCH/EDUCATION NORTH AMERICA 0 PROGRAM SERVICES OPERATING EXPENSES 94,373 IRELATED TO RESEARCH/EDUCATION

Form 990 Schedule F Par	Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
EUROPE	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	158,398				
EAST ASIA AND THE PACIFIC	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	37,332				
SOUTH ASIA	0	0		OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	10,000				

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (f) Total expenditures (e) If activity listed in (d) offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES OPERATING EXPENSES 10.000 IRELATED TO RESEARCH/EDUCATION MIDDLE EAST AND NORTH 0 PROGRAM SERVICES OPERATING EXPENSES 3,000 RELATED TO AFRICA RESEARCH/EDUCATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131030798 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** WEST VIRGINIA UNIVERSITY 55-0665758 RESEARCH CORPORATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eliqibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)

(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . Schedule I (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P

(5) (6) (7)

Return Reference **Explanation** 

PART I, LINE 2

SUB-RECIPIENTS ARE PAID ON A COST-REIMBURSABLE OR FIXED PRICE BASIS IN BOTH INSTANCES. THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES FOR PAYMENT. THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENT'S ACCOUNT. THE STUDENT'S ACCOUNT IS REVIEWED BY WVU STUDENT AFFAIRS TO DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND. STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO

## **Additional Data**

(a) Name and address of

organization

AUBURN, AL 36849

Software ID: Software Version: **EIN:** 55-0665758

(b) EIN

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

(d) Amount of cash

grant

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

RESEARCH

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

(c) IRC section

ıf applıcable

or government		assistance	other)	

ALDERSON BROADDUS UNIVERSITY INC	55-0357072	501(C)(3)	80,632	воок	

PO BOX 2004 101 COLLEGE

HILL DR

PHILIPPI, WV 26416 SECTION 115 31,285 AUBURN UNIV 63-6000724 воок

RESEARCH 126 INGRAM HALL

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 55-0356985 501(C)(3) 17.000 воок OTHER BETHANY COLLEGE 31 E CAMPUS DR BETHANY, WV 26032 BLUFFIELD STATE COLLEGE 55-0785437 501(C)(3) 30.773 воок RESEARCH & OTHER

RESEARCH & DEV 704 BLAND ST

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

BLUEFIELD, WV 24701

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 37-6000511 SECTION 115 12.599 воок RESEARCH UNIVERSITY OF ILLINOIS GRANTS & CONTRACTS 28392 NETWORK PLACE CHICAGO, IL 60673 BRIGHAM YOUNG UNIV 87-0217280 501(C)(3) 5.000 воок RESEARCH

B-340 ASB PROVO, UT 84602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-0783924 501(C)(3) 290,075 воок RESEARCH BUCKHANNON RIVER

CABIN CREEK HEALTH	55-0709223	501(C)(3)	118.987	воок	INSTR
WATERSHED ASSOCIATION INC 112 FAYETTE ST BUCKHANNON, WV 26201					

PO BOX 70 DAWES, WV 25054

TRUCTION . ( \_ ) ( \_ ) SYSTEMS INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 55-0753754 501(C)(3) 791.137 воок CAMC HEALTH EDUCATION & RESEARCH & PUBLIC RESEARCH INST SERVICE 3200 MACCORKLE AVENUE SE CHARLESTON, WV 25304

PUBLIC SERVICE

13.090

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

501(C)(3)

CHRISTIAN HELP INC.

219 WALNUT STREET MORGANTOWN, WV 26505

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 45 0533003 E04/63/33 24 252 I DOOL CTION

317 DAY HALL ITHACA, NY 14853	15-0532082	501(C)(3)	24,352	B	SOOK	RESEARCE
EASTERN AREA HEALTH EDUCATION CENTE	35-2174239	501(C)(3)	98,507	В	зоок	INSTRUCT

2500 FOUNDATION WAY MARTINSBURG, WV 25401

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) Amount 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 other) or government assistance 55-6000778 SECTION 115 67.669 воок FAIRMONT STATE UNIV IRESEARCH & OTHER 59-1961248 SECTION 115 12,391 воок RESEARCH

1201 LOCUST AVE FAIRMONT, WV 26554 FLORIDA STATE UNIV 874 TRADITIONS WAY PO BOX

3064166

TALLAHASSEE, FL 323064166

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance GAS TECHNOLOGY INSTITUTE 36-2170137 501(C)(3) 40,946 воок RESEARCH

3000 N GRANDVIEW BLVD WAUKESHA, WI 53188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0196603 501(C)(3) 7.880 воок RESEARCH GEORGETOWN UNIV 37TH O STREET NW

OTHER

19,948

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

SECTION 115

WASHINGTON, DC 20057
GLENVILLE STATE COLLEGE

GLENVILLE, WV 26351

200 HIGH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-0713410 501(C)(3) 122.929 воок INSTRUCTION GLENVILLE STATE COLLEGE RESEARCH CO 200 HIGH ST GLENVILLE, WV 263511200 H LEE MOFFITT CANCER CNT & 59-2451713 501(C)(3) 21.177 воок RESEARCH

RESEARCH INST INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

HUGO W MOSER RESEARCH INST AT KENNEDY KRIEGER INC 707 NORTH BROADWAY BALTIMORE, MD 21205	52-152496/	501(C)(3)	19,565	BOOK	RESEARCH
HUNTINGTON INTERNAL MED	55-0578595		8,067	воок	PUBLIC SERVICE

GROUP INC

5170 US ROUTE 60 EAST HUNTINGTON, WV 25705

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance IBM CORP 13-0871985 192.500 воок RESEARCH 1101 KITCHAWAN ROAD ROUTE 134

RESEARCH

81,738

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

SECTION 115

YORKTOWN HEIGHTS, NY

509 E 3RD STREET BLOOMINGTON, IN 47401 35-6001673

10598 INDIANA UNIV

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance INCTITUTE FOR ADVANCED 21-0634988 E01/C1/31 68 464 BOOK RESEARCH

PUBLIC SERVICE

STUDY 1 EINSTEIN DR PRINCETON, NJ 08540	21 0034300	301(0)(3)	33,404		KESEARC
IOWA STATE UNIVERSITY	42-6004224	SECTION 115	107.246	воок	PUBLIC S

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

515 MORRILL ROAD AMES, IA 50011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-0595110 501(C)(3) 21.917 воок RESEARCH JOHN HOPKINS UNIV CENTRAL LOCKBOX 3910 KESWICK RD SUITE N5145

RESEARCH

9,487

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

501(C)(3)

BALTIMORE, MD 21211
LAYFAYETTE COLLEGE

202 MARKLE HALL EASTON, PA 18042

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 94-6031193 125.000 воок RESEARCH LAWRENCE LIVERMORE NATL LAB PO BOX 5516

LAB
PO BOX 5516
LIVERMORE, CA 94550

LIBRARY OF VIRGINIA 54-6001813 SECTION 115 96.570 BOOK PUBLIC SERVICE

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

800 E BROAD STREET RICHMOND, VA 23219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-3104541 270.197 воок RESEARCH LOS ALAMOS NATIONAL LABORATORY

CASA GRANDE DR LOS ALAMOS, NM 87544 MARSHALL UNIV RESEARCH 55-0683361 501(C)(3) 1.032.138 воок RESEARCH, PUBLIC CORP SERVICE, & OTHER

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

ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25755

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-2117502 501(C)(3) 56.598 воок RESEARCH MAX PLANCK FLORIDA INSTITUTE FOR

PUBLIC SERVICE

NEUROSCIENCE 1 MAX PLANCK WAY JUPITER, FL 33458

6,800

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

MCDOWELL CO BD OF EDUC

30 CENTRAL AVENUE WELCH, WV 24801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-6005984 SECTION 115 278.880 воок RESEARCH MICHIGAN STATE UNIV 110 JOHN HANNAH ADMIN BLDG EAST LANSING, MI 488241046 55-0619203 211.910 воок RESEARCH & PUBLIC MID OHIO VALLEY HEALTH DEPT SERVICE

211 6TH STREET

PARKERSBURG, WV 26101

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 24-0795460 501(C)(3) 32.843 воок RESEARCH MORAVIAN COLLEGE 1200 MAIN STREET BETHLEHEM, PA 18018 55-0752968 501(C)(3) 6,387 воок PUBLIC SERVICE MOUNTAIN OPPORTUNITIES

CORPORATION
433 BALTIMORE AVENUE
CLARKSBURG, WV 23601

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance MSOPTI 55-0763235 501(C)(3) 86.725 воок INSTRUCTION 400 N LEE ST LEWISBURG, WV 24901 NATL RADIO ASTRONOMY 11-1630900 501(C)(3) 30,781 воок RESEARCH

OBSERVATORY
520 EDGEMONT RD

CHARLOTTESVILLE, VA 22903

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance NORTHEAST NATURAL ENERGY 27-0945493 1,036,375 воок RESEARCH LLC 707 VIRGINIA ST E STE 1200

CHARLESTON, WV 25301

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

EVANSTON, IL 602081112

NORTHWESTERN UNIV 36-2167817 501(C)(3) 96.060 воок RESEARCH 633 CLARK ST

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-6025986 SECTION 115 271.346 воок RESEARCH OHIO STATE UNIV 2020 BLANKENSHIP HALL 901

WOODY HAYES DRIVE COLUMBUS, OH 43210					
REGENTS OF UC	94-6036494	SECTION 115	152,292	воок	RESEARC

DAVIS, CA 95618

RCH 1850 RESEARCH PARK DR STE 300

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount 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 government other) assistance 38-6006309 SECTION 115 34.335 воок RESEARCH REGENTS OF UNIV OF MICHIGAN 6032 WOLVERINE TOWER 3003 S STATE

RESEARCH

139,884

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

501(C)(3)

3003 S STATE
ST
ANN ARBOR, MI 48109
RESEARCH FOUNDATION OF
SUNY

PO BOX 9 CASH RECEIPTS

ALBANY, NY 120010009

DEPT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance RESEARCH INSTITUTE AT 31-6056230 501(C)(3) 61,815 воок RESEARCH NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43221 32,810 DIVISION OF GRANTS & 22-6001086 SECTION 115 воок RESEARCH CONTRACT ACCOUNTING

RUTGERS THE STATE UNIVERSITY OF 33 KNIGHTSBRIDGE RD 2 EAST

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

PISCATAWAY, NJ 08854

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-6017638 501(C)(3) 117.362 воок RESEARCH SAN JOSE STATE UNIV RESEARCH FOUNDATION 210 N FOURTH STREET SAN JOSE, CA 95112 55-6000799 SECTION 115 280.069 воок RESEARCH & PUBLIC SHEPHERD UNIV

SERVICE

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

PO BOX 5000

254435000

SHEPHERDSTOWN, WV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-0654872 501(C)(3) 25.417 воок RESEARCH ST LOUIS UNIV 3700 WEST PINE MALL FUSZ HALL 255

3700 WEST PINE MALL FUSZ
HALL 255
ST LOUIS, MO 63108

SYRACUSE UNIV 15-0532081 501(C)(3) 140,485 BOOK

RESEARCH

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

900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-6000541 SECTION 115 13,040 воок RESEARCH TEXAS AGRILIFE RESEARCH

168TH ST PH 1540 NEW YORK, NY 10032

COLLEGE STATION, TX 778544375					
TRUSTEES OF COLUMBIA UNIV OFFICE OF CLINICAL TRIALS 622 W	13-5598093	501(C)(3)	48,633	воок	RESEARCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 31-0889458 501(C)(3) 101.285 воок TUG RIVER HEALTH INSTRUCTION ASSOCIATION INC RT 103 SUPPLY ST GARY, WV 24836

RESEARCH

59.520

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

SECTION 115

UC REGENTS SANTA CRUZ

1156 HIGH STREET SANTA CRUZ, CA 95064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-6001393 SECTION 115 28.606 воок RESEARCH UNC CHAPEL HILL 104 AIRPORT DR SUITE 2200 CHAPEL HILL, NC 27599 UNIV OF ALABAMA AT 63-6005396 SECTION 115 RESEARCH & PUBLIC

CHAPEL HILL, NC 27599

UNIV OF ALABAMA AT 63-6005396 SECTION 115 29,391

BIRMINGHAM 1530 THIRD AVE S 1170 ADMINISTRATIO BLDG

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

BIRMINGHAM, AL 35294

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RCH LA JOLLA, CA 92093

воок

RESEARCH

UNIV OF CA SAN DIEGO 9500 GILMAN DRIVE	95-6006144	SECTION 115	23,466	воок	RESEAR

44.548

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

501(C)(3)

UNIV OF CHARLESTON

2300 MACCORKLE AVENUE SE CHARLESTON, WV 25304

55-0357039

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) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6002052 SECTION 115 47.545 воок PUBLIC SERVICE UNIV OF FLORIDA PO BOX 115706 431 ARCH BLDG GAINESVILLE, FL 32611 UNIV OF GEORGIA RESEARCH 58-1353149 SECTION 115 10.000 воок RESEARCH FOUNDATION INC

200 D W BROOKS DRIVE ATHENS, GA 30602

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) Amount 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 other) or government assistance 82-6000945 SECTION 115 57.953 воок RESEARCH UNIV OF IDAHO 875 PERIMETER DRIVE MS 3168 MOSCOW, ID 83844 42-6004813 SECTION 115 117.035 воок RESEARCH UNIV OF IOWA 8 JESSUP HALL

IOWA CITY, IA 52242

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 48-0680117 501(C)(3) 17,919 воок RESEARCH UNIV OF KANSAS CTR FOR DECEMBELL INC

2385 IRVING HILL RD LAWRENCE, KS 66045						
UNIV OF KY RESEARCH FOUNDATION NATIONAL CITY BANK SECTION 506	61-6033693	501(C)(3)	881,650	воок	I	RESEARCH & PUBLIC SERVICE

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

LOUISVILLE, KY 40289

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) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-6002033 SECTION 115 10.464 воок RESEARCH UNIV OF MARYLAND 4101 CHESAPEAKE BLDG CONTRACT GRANT ACCT COLLEGE PARK, MD 207423141 UNIV OF MARYLAND AT 52-6002033 SECTION 115 107,608 воок RESEARCH BALTIMORE 620 W WEXINGTON STREET

BALTIMORE, MD 21201

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) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 64-6008520 SECTION 115 266.965 воок RESEARCH UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216 56-1258660 SECTION 115 51.671 воок RESEARCH UNIV OF NORTH CAROLINA WILMINGTON CONTROLLER 601 S COLLEGE ROAD -H0155

WILMINGTON, NC 284035934

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance UNIV OF NOTRE DAME 35-0868188 501(C)(3) 582.297 воок RESEARCH

415 MAIN BUILDING NOTRE DAME, IN 46556

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

4200 5TH AVE

PITTSBURGH, PA 15260

UNIV OF PITTSBURGH 25-0965591 SECTION 115 22,420 воок RESEARCH & OTHER

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 05-6000522 SECTION 115 196.147 воок RESEARCH UNIV OF RHODE ISLAND 70 LOWER COLLEGE ROAD THIRD FLOOR KINGSTON, RI 02881 UNIV OF TENNESSEE 62-6001636 SECTION 115 71.452 воок RESEARCH

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

1534 WHITE AVE KNOXVILLE, TN 37996

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 75-1305566 SECTION 115 155.159 воок RESEARCH

UNIV OF TEXAS AT DALLAS 800 W CAMPBELL ROAD RICHARDSON, TX 75080

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

SALT LAKE CITY, UT 84112

UNIV OF UTAH 87-6000525 SECTION 115 10,000 воок RESEARCH 201 PRESIDENTS CIR

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 03-0179440 SECTION 115 23.129 воок RESEARCH UNIV OF VERMONT AND STATE AGRICULTURAL COLLEGE PO BOX 1389 WILLISTON, VT 05495 UNIV OF WASHINGTON 253.392 воок RESEARCH

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

SECTION 1151

91-6001537

12455 COLLECTIONS DRIVE CHICAGO, IL 60693

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) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-6006492 SECTION 115 69.633 воок RESEARCH UNIV OF WISCONSIN-MADISON 21 N PARK ST STF 7101 MADISON, WI 53706 UNIV OF WYOMING 83-6000331 SECTION 115 643.208 воок RESEARCH 1000 E UNIVERSITY AVENUE DEPT 3314

LARAMIE, WY 82071

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 72-0564834 37.296 воок RESEARCH US FOREST SERVICE 54-6001805 SECTION 115 47.895 воок RESEARCH

PO BOX 301550 LOS ANGELES, CA 90030 VIRGINIA POLYTECHNIC INST & STATE UNIV 201 SOUTHGATE CTR

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

BLACKSBURG, VA 24061

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 37-1490397 501(C)(3) 63.822 воок RESEARCH VISHWAMITRA RESEARCH INSTITUTE 368 56TH ST CLARENDON HILLS, IL 60514

воок

RESEARCH

381.217

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

501(C)(3)

WASHINGTON UNIV

700 ROSEDALE AVENUE SAINT LOUIS, MO 63112

43-0653611

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 27-2196294 501(C)(3) 15.514 воок RESEARCH WEST LIBERTY UNIV RESEARCH CORP 129 CSC PO BOX 295

WEST LIBERTY, WV 26074

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

WEST LIBERTY, WV 26074

55-6000822 25.249 воок RESEARCH WEST LIBERTY UNIVERSITY SECTION 1151 208 UNIVERSITY DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-0394213 501(C)(3) 10.955 воок OTHER WHEELING JESUIT UNIV 316 WASHINGTON AVE WHEELING, WV 26003

воок

RESEARCH

25,000

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

WILSON WORKS INC

202 DISTRIBUTOR DRIVE MORGANTOWN, WV 26501

01-0633196

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 55-6000418 56.965 воок RESEARCH WOOD CO BD OF EDUCATION 1210 13TH STREET PARKERSBURG, WV 26101 WORLD RESOURCES 52-1257057 501(C)(3) 128,290 воок RESEARCH

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

INSTITUTE

1709 NEW YORK AVE NW WASHINGTON, DC 200065206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance RCH SECTION 115 воок WV SCHOOL OF OSTEOPATHIC 55-0561541 382,364 RESEARCH & PUBLIC

SERVICE

WV ASSOCIATION OF FREE CLINICS 1520 WASHINGTON STREET CHARLESTON, WV 25311	81-0563951	501(C)(3)	13,000	воок	RESEAR
CHARLESTON, WV 25511					

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

MEDIC

400 N LEE STREET LEWISBURG, WV 24901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WV STATE UNIV PO BOX 1000 INSTITUTE, WV 251121000	55-6000839	SECTION 115	11,000	воок	OTHER
WV WESLEYAN COLLEGE	55-0357056	501(C)(3)	89,707	воок	RESEARCH & OTHER

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

59 COLLEGE AVE BUCKHANNON, WV 26201

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 55-0708567 501(C)(3) 16.445 воок PUBLIC SERVICE WVSU RESEARCH & DEVELOPMENT CORP DO BOY 1000 201 ACEOD

ADMIN BUILDING INSTITUTE, WV 25112				
WVU INNOVATION CORP 886 CHESTNUT RIDGE ROAD PO BOX 6216	61-1764272	44,182	воок	RESEARCH

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

6216

MORGANTOWN, WV 26506

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) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-6000842 SECTION 115 54.863 воок PUBLIC SERVICE WVU PARKERSBURG 300 CAMPUS DR PARKERSBURG, WV 26104 YALF UNIV 06-0646973 501(C)(3) 25.885 воок RESEARCH 25 SCIENCE PARK 3RD FLOOR

150

MUNSON STREET NEW HAVEN, CT 06511

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) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) BRNI 55-0771139 501(C)(3) 1,505,000 воок SUPPORT TO FURTHER EIGHT MEDICAL CENTER BRNI'S RESEARCH OF DRIVE NEUROLOGICAL MORGANTOWN, WV DISEASES 265053409 55-6000842 SECTION 115 5,498,862 воок EXPENDITURES ON WEST VIRGINIA UNIVERSITY PO BOX 6201 GRANTS AWARDED TO MORGANTOWN, WV 26506 WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL ASSETS OR EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL ASSETS OR CONTRUCTION WHERE THE ASSET WAS TRANSFERRED TO WVU

AS A BENEFICIARY OF

THE ASSET

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) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-6000756 33.864 ВООК RESEARCH NORTH CAROLINA STATE UNIVI SECTION 1151 4700 HILLSBOROUGH ST

RALEIGH, NC 27606

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

### 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.

OMB No 1545-0047

DLN: 93493131030798

**Employer identification number** 

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule J (Form 990)

> WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule J (Form 990) 2015							Page 2
Part III Officers, Director	s, Trustees, Key Er	mployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.
For each individual whose compens instructions, on row (ii) Do not list <b>Note.</b> The sum of columns (B)(i)-(ii	any individuals that are	not listed on Form 990	, Part VII		-	·	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
	Base (ı) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

See Additional Data Table

Schedule J (Form 990) 2015

Cahadula 1 (Farm 000) 201 F

Schedule 1 (Form 990) 2015	Page <b>3</b>					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					

Schedule J (Form 990) 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

Form 990, Schedule J, Pai (A) Name and Title	1 ( 1		fW-2 and/or 1099-MIS		(C) Retirement and		(E) Total of columns	(E) Componentian in
(A) Ivallie and Title		(i)	(ii)	(iii)	other deferred	benefits	(B)(I)-(D)	column (B)
		Base Compensation	Bonus & incentive	O ther reportable	compensation			reported as deferred on prior Form 990
1) ROBERT ALSOPDIRECTOR	ار د ا		compensation I	compensation	I	1		
1) ROBERT ALSOPDIRECTOR	(1)		0	0	0	0	0	0
	(11)	287,664	0	43	15,900	966	- 304,573	0
1E GORDON GEECHAIRMAN	(1)	0	0	0	0	0	0	0
	(11)	769,151		18,267	15,900			
		<u> </u>	0	10,207	13,900	6,436	809,754	
2EUGENE CILENTODIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	264,380	0	2,160	16,236	-	-	0
3NARVEL WEESE	(1)	0	0	0	0	9,247	292,023	
DIRECTOR & EXEC DIRECTOR	'	202.005						
	(II) 	293,805	0	65	18,186	19,789	- 331,845	0
4FRED KINGDIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	240,250	0	0	14,648		-	0
5LAURA GIBSONDIRECTOR					,	9,073	263,971	
SLAURA GIBSUNDIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	309,567	17,500	1,847	20,321	20,338	- 369,573	0
6CLAY MARSHDIRECTOR	(1)	0	0	0	0	20,338	0	0
	(11)	268,354	147,290	25.150	15.000			
	(,	200,00	147,290	25,159	15,900	1,086	457,789	0
<b>7</b> JOYCE MCCONNELL DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	391,361	0	16,817	23,700	-	-	0
8EARL SCIMEDIRECTOR	(1)	0				13,040	444,918	
			0	0	0	0		0
	(11)	239,425	0	1,389	14,973	17,063	- 272,850	0
9ANJALI HALABE ASSISTANT TREASURER	(1)	0	0	0	0	0	0	0
ASSISTANT TREASURER	(II)	167,235		1,192	10,342			
	()		0	1,192	10,342	3,963	182,732	
10ALAN MARTINSECRETARY	(1)	0	0	0	0	0	0	0
	(11)	169,223	0	4,486	10,834	-	-	0
11DANIEL DURBIN	(1)	0	0	0	0	15,133	199,676	
TREASURER		220.752						
	(II) 	239,753	10,000	762	15,825	21,651	- 287,991	0
12RICHARD GIERSCH DIRECTOR RES INNOVATION	(1)	146,590	0	0	9,000		167,098	0
	(11)	0	0	0	0			0
13DANIEL VASGIRD			_	-	_	0	0	
DIR RES, ITEGRITY & COMP	(1)	176,657	0	0	6,025	28,793	211,475	0
	(11)	0	0	0	0	-	-	0
14MATTHEW HARBAUGH	(1)	235,365	n	0	14,664	29,001	279,030	<u> </u>
ASSOC VP FOR TRANSFORMATIO	(11)	0						
	(,		0	0	0	0	0	0
<b>15</b> PHILIP SPARKS DIR TECH TRANSFER	(1)	180,221	0	0	11,302	28,623	220,146	0
	(11)	0	0	0	0	-	-	0
16MICHELE WHEATLY	(1)	0	_	_	_	0	0	
FORMER VICE-CHAIRMAN			0	0	0	0		0
	(II)	77,234	0	1,664	5,022	<b>-</b> 7,799	<b>-</b> 91,719	0
17BARBARA DUCATMAN	(1)	0	0	0	0	0	0	0
FORMER DIRECTOR	(II)	128,125			8,156			0
		, ==			3,130	10,840	147,121	
18JIM ANDERSON FORMER DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	131,269	18,800	738	9,506		-	0
19DANIEL ROBISON	(1)	n	^		^	18,373	178,686	
FORMER DIRECTOR		242.555						
	(II) 	242,555	0	2,398	14,989	- 8,940	<b>-</b> 268,882	0

efile GRAPH	IIC print -	DO NOT PROCESS As Filed Data -	DLI	N: 93493131030798
SCHEDULE O S		Supplemental Information to Form 99	0 or 990-F7	OMB No 1545-0047
(Form 990 or EZ)	<b>I</b>	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information by Attach to Form 990 or 990-EZ.	2016	
► Information about Schedule O (Form 990 or 990-EZ) and its instructions  www.irs.gov/form990.				Open to Public Inspection
Internal Revenue Se Name of the org WEST VIRGINIA UI RESEARCH CORPO 990 Schedul	NIVERSITY PRATION	lemental Information	<b>Employer ide</b> 55-0665758	ntification number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2		/E MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CO VIRGINIA UNIVERSITY	ORPORATION DIRECTO	RS ARE EMPLOYED

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF FINANCE, THE WVURC TRE
ASURER, 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 DISCLOSUR ES 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 O F INTEREST DISCLOSURE MADE BY NON-RESEARCH EMPLOYEES EFFECTIVE MAY 26, 2015, ALL WEST VIR GINIA 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 PROCEDUR ES WHICH INCLUDE THE STATE OF WEST VIRGINIA ETHICS ACT, AND THE COMPENSATION, FRINGE BENEF IT AND ACCOUNTABLE PLAN POLICIES AND PROCEDURES THE STATE OF WEST VIRGINIA ETHICS COMMISS ION 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 EM PLOYED BY WEST VIRGINIA UNIVERSITY AND ARE COMPENSATED BY A RELATED ORGANIZATION, WEST VIR GINIA UNIVERSITY COMPENSATION FOR EVERY POSITION IS DETERMINED BY SEVERAL FACTORS INCLUDI NG 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 SUP ERIOR PERFORMANCE AS DOCUMENTED BY OUR PERFORMANCE EVALUATION PROCESS

Return Explanation

990 Schedule O, Supplemental Information

FORM 990. PURSUANT TO CHAPTER 31. ARTICLE I. SECTION 28 OF THE OFFICIAL CODE OF WEST VIRGINIA. 1931. PART VI. AS AMENDED. A CERTIFICATE OF INCORPORATION WAS ISSUED BY THE WEST VIRGINIA SECRETARY OF S SECTION C. TATE ON JUNE 26. 1985 TO THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION THIS CERTIFICA LINE 19 TE IS AFFIXED TO THE ARTICLES OF INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CO. RPORATION THAT CERTIFICATE ALONG WITH THE WVURC'S IRS DETERMINATION LETTER AND FORM 990 A RE 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	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 16 POLICIES	DURING THE FISCAL YEAR 2015 WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION BECAME A MEMBER INVESTOR IN THE WEST VIRGINIA GROWTH INVESTMENT LLC WHICH IS AN LLC ENTITY FILING AS A PAR TNERSHIP 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 DOMENSTRA TE THE POTENTIAL FOR GROWTH AND A SUITABLE RETURN

Return Reference	Explanation
FORM 990 PART VI SECTION A GOVERNING BOARD AND MANAGEMENT	EFFECTIVE AS OF THE BOARD OF DIRECTORS MEETING HELD ON MAY 26, 2015 THERE WERE CHANGES MAD E TO THE STRUCTURE, COMPOSITION AND DUTIES OF THE WVU RESEARCH CORPORATION BOARD OF DIRECT ORS 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 W EST VIRGINIA UNIVERSITY (WVU) REPRESENTATIVES THE WVU PRESIDENT, THE WVU PROVOST, THE WVU VICE PRESIDENT FOR HEALTH SCIENCES, THE WVU VICE PRESIDENT FOR ADMINISTRATION AND FINANCE, THE WVU VICE PRESIDENT FOR RESEARCH, THE WVU SENIOR ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES RESEARCH AND GRADUATE EDUCATION, THE WVU VICE PRESIDENT FOR LEGAL, GOVERNMENT, AN D ENTREPRENEURIAL ENGAGEMENT, AND TWO WVU FACULTY MEMBERS AS APPOINTED BY THE WVU PRESIDEN T 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 D IRECTORS ARE APPOINTED BASED ON THEIR EMPLOYMENT POSITION AT WVU WITH THE INTENTION THAT B OARD 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 DIRECT ORS NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TER M

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) E NTERED 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, 2017 WAS \$1 MILLION DURING FISCAL YEAR 2016, THE CORPORATION ENTERED INTO A SECOND AGREEM ENT WITH UIC FOR A \$1 5 MILLION LINE OF CREDIT THIS LOAN DOES NOT BEAR INTEREST AND THE D UE DATE IS OPEN ENDED THE OUTSTANDING NOTE RECEIVABLE DUE FROM UIC AT JUNE 30, 2017 FOR T HIS LINE OF CREDIT WAS \$1,500,000 DURING FISCAL YEAR 2017, THE CORPORATION ENTERED INTO A THIRD AGREEMENT WITH WVUIC FOR TWO \$500,000 LINES OF CREDIT THESE LOANS DO NOT BEAR INTE REST AND THE DUE DATE IS OPEN ENDED THE OUTSTANDING NOTE RECEIVABLE DUE FROM WVUIC AT JUN E 30, 2017 WAS \$1 MILLION ALL AGREEMENTS AND LOAN TERMS WERE APPROVED BY THE BOARD OF DIR ECTORS FOR BOTH ORGANIZATIONS THE NOTE RECEIVABLES UNDER BOTH AGREEMENTS ARE REPORTED ON FORM 990, PART X, BALANCE SHEET THESE NOTES RECEIVABLE ARE CLASSIFIED AS NON-CURRENT ACCO UNTS RECEIVABLE AND ARE REPORTED AS PART OF THE LINE 7 AMOUNT FOR NOTES AND LOANS RECEIVABLE

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

2016

DLN: 93493131030798

OMB No 1545-0047

Open to Public

Inspection

Schedule R (Form 990) 2016

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

**Employer identification number** Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 55-0665758 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (g) (e) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY EDUCATION AND WV No PO BOX 6005 RESEARCH N/A MORGANTOWN, WV 265066005 55-6000842 (2)WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION WV RESEARCH 501(C)(3) LINE 12B, II STATE OF WV DBA WEST No VIRGINIA UNIVERSITY PO BOX 693 MORGANTOWN, WV 26507 61-1764272

Cat No 50135Y

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Pirect Predomi trolling income(re		<b>(f)</b> Share of otal income		( <b>h</b> ) Disproprtion ar allocation		(I) Code V-L amount In 20 of Schedule (Form 10	box m	(j) enera nanag partne	or Pero	( <b>k)</b> centage nership
					514)				Yes	No		Y	'es l	lo lo	
								1	1	l	1			- 1	
Part IV Identification of Related Or because it had one or more rel							tion answ	vered "Yes	" on Fo	orm 9	90, Part	IV, III	ne 3	4	
		as a corporation (	on or tru c) gal nicile r foreign	st during th			e) f entity S , S corp,	vered "Yes  (f) Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta	ige	Sectio (13) c	(i) n 512(l ontrolle ntity?
because it had one or more rel  (a)  Name, address, and EIN of related organization  (1)F & P REALTY COMPANY  409 MARINA TOWER PO BOX 6555  MORGANTOWN, WV 26506	ated organizations treated a	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	st during th	ne tax yea  (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	(f) Share of total	Share	(g) of end- year	of- Pe	(h) rcenta	ige Nip	Sectio (13) c	n 512(t ontrolle itity?
because it had one or more rel  (a)  Name, address, and EIN of related organization  (1)F & P REALTY COMPANY  409 MARINA TOWER PO BOX 6555  MORGANTOWN, WV 26506	ated organizations treated a  (b)  Primary activity	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	Direct e  WEST V. UNIVER: RESEAR	ne tax yea  (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	<b>(f)</b> Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta vnersh	ige Nip	Sectio (13) c en Yes	n 512(t ontrolle itity?
because it had one or more rel  (a)  Name, address, and EIN of	ated organizations treated a  (b)  Primary activity	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	Direct e  WEST V. UNIVER: RESEAR	ne tax yea  (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	<b>(f)</b> Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta vnersh	ige Nip	Sectio (13) c en Yes	n 512(t ontrolle itity?
because it had one or more rel  (a)  Name, address, and EIN of related organization  (1)F & P REALTY COMPANY  409 MARINA TOWER PO BOX 6555  MORGANTOWN, WV 26506	ated organizations treated a  (b)  Primary activity	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	Direct e  WEST V. UNIVER: RESEAR	ne tax yea  (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	<b>(f)</b> Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta vnersh	ige Nip	Sectio (13) c en Yes	n 512(t ontrolle itity?
because it had one or more rel  (a)  Name, address, and EIN of related organization  (1)F & P REALTY COMPANY  409 MARINA TOWER PO BOX 6555  MORGANTOWN, WV 26506	ated organizations treated a  (b)  Primary activity	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	Direct e  WEST V. UNIVER: RESEAR	ne tax yea  (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	<b>(f)</b> Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta vnersh	ige Nip	Sectio (13) c en Yes	n 512(t ontrolle itity?
because it had one or more rel  (a)  Name, address, and EIN of related organization  (1)F & P REALTY COMPANY  409 MARINA TOWER PO BOX 6555  MORGANTOWN, WV 26506	ated organizations treated a  (b)  Primary activity	as a corporation (	on or tru  c)  gal  licile  r foreign  htry)	Direct e  WEST V. UNIVER: RESEAR	ne tax yea (d) controlling entity  IRGINIA SITY CH	(e Type of (C corp,	e) f entity S , S corp,	<b>(f)</b> Share of total Income	Share	(g) of end- year ssets	of- Pe	(h) rcenta vnersh	ige Nip	Sectio (13) c en Yes	n 512(l ontrolle itity?

Pa	Transactions With Related Organizations Complete if the organization answered "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
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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	
С	Gift, grant, or capital contribution from related organization(s)	1c	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)	<b>1</b> 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)	1j	Yes	
_		41	V	<u> </u>

Page **3** 

f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
	1k	Yes	<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)	IK	res	
l 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	
Power was and to valeted average with a valet	1	Voc	_

j Lea	ase of facilities, equipment, or other assets to related organization(s)	1)	Yes	
<b>k</b> Lea	ease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
<b>l</b> Per	rformance of services or membership or fundraising solicitations for related organization(s)	11		No
<b>m</b> Per	rformance of services or membership or fundraising solicitations by related organization(s)	1m		No
<b>n</b> Sha	arıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sh	naring of paid employees with related organization(s)	10	Yes	
p Re	embursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
<b>q</b> Re	embursement paid by related organization(s) for expenses	1q	Yes	_
r Oth	her transfer of cash or property to related organization(s)	1r	Yes	
s Oth	ther transfer of cash or property from related organization(s)	1s	Yes	
2 If t	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
1	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amounts in the control of the	unt u	nyolya	d

ı	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	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	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)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			_
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (c) Amount involved Method of determining am	ount ın	ıvolved	

r Other transfer of cash or property to related organization(s)				1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including covered r	elationships and tran	saction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining an	nount i	nvolved	
			Schedule R (F	orm !	990) 2	016

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016