DLN: 93493135000010 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION ☑ Address change 55-0665758 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 4729 ONE WATERFRONT PLACE ☐ Application pending (304) 293-4008 City or town, state or province, country, and ZIP or foreign postal code MORGANTOWN, WV $\,\,$ 26506 $\,$ G Gross receipts \$ 141,715,799 Name and address of principal officer H(a) Is this a group return for ANJALI HALABE ☐Yes **☑**No subordinates? 4729 ONE WATERFRONT PLACE H(b) Are all subordinates MORGANTOWN, WV 26506 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //RESEARCH WVU EDU L Year of formation 1985 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 633 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 886,987 **b** Net unrelated business taxable income from Form 990-T, line 34 -201,906 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 107,688,702 112,867,843 Ravenua 25,142,530 23,601,680 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 538,438 754,544 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 238,890 1,212,604 133,608,560 138,436,671 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 22,478,724 25,175,521 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 29,309,855 30,058,782 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 89,973,752 82,888,722 141,762,331 138,123,025 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -8,153,771 313,646 Net Assets or Fund Balances Beginning of Current Year **End of Year** 137,338,613 134,548,496 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 98,954,722 101,023,493 22 Net assets or fund balances Subtract line 21 from line 20 . 35,593,774 36,315,120 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here ANJALI HALABE TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (201	8)					Page 2
Pa	rtiii S	tatement of Program Se	rvice Accomplis	hments			
	C	heck if Schedule O contains a r	esponse or note to a	any line in this Part III .			✓
1	Briefly d	escribe the organization's missi	on				
		D SUPPORT RESEARCH AT WES AND MARKETING SERVICES FO			ROVIDE EVALUATION, DEVELOPME ND STUDENTS OF WVU	NT, PATENTING,	
2	Did the d	organization undertake any sigr	nıfıcant program ser	vices during the year wh	nich were not listed on		
	the prior	Form 990 or 990-EZ?				□ Yes 🗹	No
	If "Yes,"	describe these new services or	Schedule O				
3	Did the d	organization cease conducting,	or make significant	changes in how it condu	ıcts, any program		
		describe these changes on Sch				☐Yes	✓ No
4	Describe Section !	the organization's program sei	rvice accomplishmer zations are required	to report the amount o	largest program services, as measi f grants and allocations to others,		
4a	(Code) (Expenses \$	127,360,739	including grants of \$	25,175,521) (Revenue \$	23,539,913)	
	•	ional Data	,	,	,,,	,,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other pr	ogram services (Describe in Sc	hedule O)				
	(Expense	es \$	including grants of	\$) (Revenue \$)	
4e	Total pr	ogram service expenses >	127,360,7	39			

Form	990 (2018)			Page 3
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21	Yes	
	B.10	ı 7		

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

22

Yes

22

Par	Checklist of Required Schedules (continued)			rage
Га	Checklist of Required Schedules (Continued)		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;	•	Ш
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 536		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	Vo" respo	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
4.	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<i>'</i>		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code		
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		140
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	ı
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatio in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		V	
Se	ection C. Disclosure	16b	Yes	
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ALAN MARTIN SECRETARY 886 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26506 (304) 293-7398			

Part VII

DIRECTOR

(10) ANJALI HALABE

(11) DAVID KOSSLOW

(12) J ROBERT ALSOP

EXECUTIVE DIRECTOR

(14) JOHN CHILDRESS

ASSISTANT SECRETARY

(16) RICHARD GIERSCH

DIRECTOR RES INNOVATION

(17) MATTHEW HARBAUGH

ASSOC VP FOR TRANSFORMATIO

DIRECTOR OF CLINICAL TRIALS

(15) SHELLEY WELSH

(13) ALAN MARTIN SECRETARY

ASSISTANT TREASURER

TREASURER

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
- of reportable compensation from the organization and any related organizations
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

organization, more than \$10,000 or reportable co	лирензацоп пс	in the	orgar	IIZat	1011 6	anu a	ווא וכ	elated organization	5		
List persons in the following order individual trus compensated employees, and former such perso		rs, ınst	itutio	nal t	rust	ees,	office	ers, key employee	s, highest		
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ector, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m inless office ustee	er	(D) Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) STEPHANIE TAYLOR DIRECTOR	5 00 40 00	×						0	230,033	28,58	
(2) E GORDON GEE	0 20	х						0	799,120	25,73	
DIRECTOR	70 00	l							755,120	23,73	
(3) EUGENE CILENTO	1 00	v						0	268 597	25.70	

		វីរូម	แรงคะ		ensated			
(1) STEPHANIE TAYLOR	5 00	×				0	230,033	28,589
DIRECTOR	40 00					9	230,033	20,509
(2) E GORDON GEE	0 20	x				0	799,120	25,736
DIRECTOR	70 00							,
(3) EUGENE CILENTO	1 00	×				0	268,597	25,796
DIRECTOR	70 00							,
(4) FRED KING	2 00	×				0	247,471	24,643
DIRECTOR	59 00					 	217,171	21,013

(5) LAURA GIBSON	0 20	v			0	414,672	45,132
DIRECTOR	50 00	*				414,072	43,132
(6) CLAY MARSH	1 00	V			0	1,270,367	17,466
DIRECTOR	70 00	^			١	1,270,307	17,400
(7) JOYCE MCCONNELL	2 00	×			0	419,070	38,346
DIRECTOR	75 00				J	419,070	36,346
(8) EARL SCIME	0 10	×			0	265 255	22.105
DIRECTOR	90 00				0	265,255	33,105
(9) PAULA CONGELIO	0 25						

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40.00 5 00

40 00 7 00

50 00 1 00

50 00 6 00

34 00 37 50

37 50

37 50

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• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

313,526

270,999

156.850

363,617

175,414

114.413

0

17,605

24,782

30.339

17,466

25,614

22.739

16,960

32,723

44.158

0

0

0

0

0

144,451

140,194

242.788

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

Page 8

Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, an	id Hiệ	jhes	st Compensated	Employees (co	ntinued)	
(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι in of	ot che unle: fficer	eck mess pers r and a ree)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Esti amoun comp fro	(F) mated t of other ensation m the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	re	ration and lated nizations
(18) PHILIP SPARKS	65 00	l				Х		151,219		0	37,817
DIR TECH TRANSFER (19) SHANA K PHARES					╁	 					
DIRECTOR OF OPERATIONS	37 50	l				×		167,513		0	36,824
(20) NARVEL WEESE	0 00						x	0	40.44	1	0
FORMER DIRECTOR & OFFICER	10 00				1			0	49,44		
(21) JAMES T ANDERSON		 .					×	0	158,66	5	22,444
FORMER DIRECTOR (22) DANIEL ROBISON	60 00			\vdash	\vdash	 				+	
FORMER DIRECTOR	37 50				igdash		Х	0	245,02	2	23,752
					\vdash	_					
					+						
					\vdash						
					<u> </u>	<u> </u>					
1b Sub-Total				•		`					
d Total (add lines 1b and 1c)						-		846,165	5,762,533		592,036
Total number of individuals (including but of reportable compensation from the org.)	t not limited to				/e) v	vho re	ceiv	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for					•	e, or h	-	•		3 Yes	
4 For any individual listed on line 1a, is the organization and related organizations grandividual										4 V	
5 Did any person listed on line 1a receive of	or accrue compe	neation	from	ים כ	n	rolato	d ord	ranization or individ		4 Yes	
services rendered to the organization?If									1	5	No
Section B. Independent Contractors									100 000 6		
1 Complete this table for your five highest from the organization Report compensat										ensation	
Name and	(A) business address							Descrip	(B) tion of services		(C) pensation
DELL MARKETING LP	pasificas auditess							COMPUTER SA		Confi	1,618,681
PO BOX 120001 DEPT 0786 DALLAS, TX 75312											
FISHER SCIENTIFIC CO LLC				_			_	LAB SUPPLIES	·		1,491,174
600 BUSINESS CENTER DRIVE PITTSBURGH, PA 15205											
ADNET SYSTEMS INC								IT SOLUTION/S	SERV		1,378,108
6720B ROCKLEDGE DR STE 504 BETHESDA, MD 20817											
CROTHALL FACILITIES MANAGEMENT INC								CONSTRUCTIO	N		1,123,862
1500 LIBERTY RIDGE DRIVE STE 210 CHESTERBROOK, PA 190875583											
ULTIMATE SOFTWARE GROUP INC								PAYROLL SERV	TICES		830,811
809 E GRAND RIVER AVENUE A HOWELL, MI 48843											
2 Total number of independent contractors (i	ncludina but not	t limited	d to t	hose	e list	ed abo	ovel	who received more	than \$100,000	of	

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

compensation from the organization \blacktriangleright 101

	Check if Schedule	O contains a re	sponse or	note to any	line in t	this Part VIII		<u> </u>			<u> ⊔</u>
						(A) revenue	Reli ex fui	(B) ated or empt nction	Unre busii reve	lated ness	(D) Revenue excluded from tax under sections
	1a Federated campaign	ns 1					re	venue			512 - 514
nts nts	b Membership dues .	<u> </u>									
rar Ou	·	<u> </u>									
الح ك	c Fundraising events										
ifs er	d Related organization	ns 1 0	d l								
ອ 🛓	e Government grants (co	ntributions) 1	e 1	01,824,626							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above		f	11,043,217							
를통	g Noncash contribution										
	in lines 1a - 1f \$ h Total. Add lines 1a-:	1 f	_								
O P	I Totali Add lilles Id			· •		112,867,843 T					
ᆲ	- 001 0505400114 051405	-n		Business	Code	23.6	501,680	22,71	4 693	886,9	987
75	2a SCI RESEARCH & DEV SE	=K 			541700	25,0	,01,000		1,055		
æ	b										
3	с ———										
Service Revenue	d ————										
٤	e ————										+
Program	f All other program ser	vice revenue									
Ĕ.	gTotal. Add lines 2a-2f	f	>	23,6	501,680						
	3 Investment income (in		s. interest	and other	1						
	sımılar amounts)		,c. co.,	>	· <u> </u>	578,33	9				578,339
	4 Income from investme	nt of tax-exemp	bond pro	ceeds 🕨	ـــــاِ٠						
	5 Royalties				•	374,79	4				374,794
		(ı) Real	(11)	Personal	_						
	6a Gross rents	12,5	:00								
	b Less rental expenses	12,5	0		1						
	c Rental income or (loss)	12,5	90								
	d Net rental income or	· (loss)			4	12,59	0				12,590
	T Net rental income of	(i) Securities		· ► ►	1						12,330
	7a Gross amount	(i) Securities	(11) Other	-						
	from sales of assets other	3,455,3	33								
	than inventory										
	b Less cost or				1						
	other basis and sales expenses	3,279,1	.28								
	C Gain or (loss)	176,2	.05								
	d Net gain or (loss) .			>		176,20	5				176,205
Other Revenue	8a Gross income from fu (not including \$_contributions reported	of d on line 1c)									
eVe	See Part IV, line 18		a		4						
œ	b Less direct expenses		ь								
hei	c Net income or (loss) f 9a Gross income from ga	_	events .	• •							
ŏ	See Part IV, line 19										
			a								
	b Less direct expenses		b								
	c Net income or (loss) f	from gamıng act	vities .	· •							
ļ	10aGross sales of inventor returns and allowance										
	retarns and anowance		a								
	b Less cost of goods so	old	ь		1						
	C Net income or (loss) f		entory .	. •	_						
ŀ	Miscellaneous F			ness Code							
	11aTRANSFER OF ASSET	ГS		90009	9	825,22	0	825,220			
	b										
					+		1				
	С										
	d All other revenue .				1		1				
	e Total. Add lines 11a-	-11d		•	L	825,22	0		<u></u>		
	12 Total revenue. See 1	Instructions .		. •		138,436,67	1	23,539,913		886,987	1,141,928
						130,430,0/	-1	215,505,513	<u>′1 </u>	000,367	Form 990 (2018)

orm 990 (2018)				Page 1 (
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		<u> 🗆</u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	20,509,203	20,509,203		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,658,868	4,658,868		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	7,450	7,450		
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	23,134,295	20,513,484	2,620,811	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,168,555	1,034,329	134,226	
9 Other employee benefits	4,100,607	3,629,592	471,015	
10 Payroll taxes	1,655,325	1,467,798	187,527	
L1 Fees for services (non-employees)				
a Management				
b Legal	715,649	2,480	713,169	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	71,676	1,714	69,962	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
.2 Advertising and promotion	446,428	416,226	30,202	
.3 Office expenses	1,831,421	1,487,235	344,186	
.4 Information technology	1,387,791	1,048,109	339,682	
L 5 Royalties	19,782	1,500	18,282	
. 6 Occupancy	2,151,851	1,910,955	240,896	
L 7 Travel	4,495,027	4,337,614	157,413	
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	, .	, ,	,	
9 Conferences, conventions, and meetings	456,529	430,264	26,265	
20 Interest	2,494,561	1,765,525	729,036	
21 Payments to affiliates	,,	,	,	
22 Depreciation, depletion, and amortization	1,988,714	1,988,714		
23 Insurance	266,014	22,660	243,354	
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)	23,75		2.37	
a SHARED SERVICES	42,960,403	41,036,584	1,923,819	
b OPERATING EXP TO WVU	7,477,222	6,781,654	695,568	
c RESEARCH/EDUC SUPPLIES	7,062,060	7,059,799	2,261	
d CONSULTING/SUBCONT FEE	709,241	114,224	595,017	
e All other expenses	8,354,353	7,134,758	1,219,595	
25 Total functional expenses. Add lines 1 through 24e	138,123,025	127,360,739	10,762,286	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
educational campaign and fundralising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

		, ,		·
1 Ca:	sh-non-interest-bearing	23,463,952	1	21,469,231
2 Sa	vings and temporary cash investments		2	
3 Ple	edges and grants receivable, net	27,473,641	3	31,072,230
4 Acc	counts receivable, net	1,275,714	4	1,509,551
tru	ans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete it II of Schedule L		5	
6 Loa	ans and other receivables from other disqualified persons (as defined under			

	l .	•					
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L				5	
	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organization of contributing employees' beneficiary organizations. Part II of Schedule L	n 4958 itions c (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
Assets	7	Notes and loans receivable, net	•		4,251,761	7	4,860,715
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			469,761	9	341,638
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	85,369,599			
	ь	Less accumulated depreciation	10 b	19,994,173	65,895,647	10 c	65,375,426
	11	Investments—publicly traded securities .	•		11,718,020	11	12,709,822

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27 28

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34

0 32 137.338.613

23,682,450

17.354.013

59.534.978

452.052

101.023.493

22,635,018

13,680,102

36,315,120

137,338,613

Form **990** (2018)

0

134.548.496

22,312,299

15.966.560

60,178,766

497.097

98.954.722

20,968,601

14,625,173

35,593,774

134,548,496

Net

33

34

Form 990 (2018)

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Liabilities 22 Investments—other securities See Part IV, line 11 . 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

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 ightharpoonup and

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

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)

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

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

3a

3b

Yes

Yes (2018)

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 55-0665758

SEE SCHEDULE OIN 1985. THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (WVURC) WAS CREATED IN ACCORDANCE WITH THE STATE LAW AND WITH THE

Name: WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

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 ONE IMPORTANT INDICATION OF THIS SUCCESS IS WVU'S RENEWAL AS AN R1, DOCTORAL UNIVERSITY - HIGHEST RESEARCH ACTIVITY, BY THE CARNEGIE FOUNDATION IN FISCAL YEAR 2018 PLACING WVU AMOUNG THE 130 STRONGEST RESEARCH INSTITUTIONS IN THE US BY OUR CALCULATION WVU MOVED FROM 109TH TO 90TH IN THE CLASSIFICATION IN FY19, WVU SECURED MORE THAN \$181M IN SPONSORED PROGRAM FUNDING. A NEW HIGH FOR THE INSTITUTION THE FEDERAL FUNDING LANDSCAPE IMPROVED AGAIN IN 2017 WITH AN INCREASE OF 1.7% (ADJUSTED FOR INFLATION) IN FUNDING FROM 2016 ACCORDING TO THE MOST RECENT REPORT FROM THE NSF SURVEY OF HIGHER EDUCATION RESEARCH AND DEVELOPMENT EXPENDITURES FEDERAL FUNDING IS EXPECTED TO GROW AGAIN SLIGHTLY THIS YEAR FEDERAL FUNDING FOR SPONSORED PROGRAMS AT THE UNIVERSITY HAS INCREASED FROM \$78M IN FY18 TO \$96M IN FY19 SUBSTANTIALLY AHEAD OF THE NATIONAL TREND. INVESTMENTS IN IMPROVING THE COMPETITIVENESS OF THE FACULTY THROUGH THE IMPLEMENTATION OF PROGRAMS BY THE RESEARCH OFFICE IS BEGINNING TO YIELD A NOTICEABLE RETURN IN TERMS OF THE NUMBER AND DOLLAR VALUE OF NEW AWARDS. THE MOST EFFECTIVE OF THESE ARE THE PROGRAMS TO STIMULATE COMPETITIVE RESEARCH, PROVIDING SUPPORT TO ENSURE THAT RESUBMITTED PROPOSALS HAVE A SIGNIFICANTLY ENHANCED PROBABLILITY OF SUCCESS, AND AN INTERNAL NIH STYLE STUDY SECTION AT HSC. PROVIDING SCIENTIFIC REVIEW OF GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION HAVE BEEN EMPLOYED TO INCREASE COMPETITIVENESS AN AREA OF STRENGTH FOR THE UNIVERSITY CONTINUES TO BE ENERGY RESEARCH IN GENERAL, AND FOSSIL ENERGY RESEARCH IN PARTICULAR IN TERMS OF FUNDING FROM THE US DEPARTMENT OF ENERGY, WVU RANKS 42ND IN THE NATION AHEAD OF REGIONAL PEERS UNIVERSITY OF PITTSBURGH, AND CARNEGIE MELLON UNIVERSITY ACCORDING TO THE MOST RECENT DATA FROM THE NSF ON RESEARCH EXPENDITURES. THE WVU ENERGY INSTITUTE HAS DETERMINED THAT THE UNIVERSITY IS NUMBER 2 IN THE COUNTRY IN SUPPORT FOR FOSSIL ENERGY RESEARCH AN AREA OF OPPORTUNITY FOR GREATER GROWTH IS WITHIN FUNDING FROM THE NATIONAL INSTITUTE OF HEALTH BUILDING ON THE RECENT RENEWAL OF THE CLINICAL AND TRANSLATIONAL RESEARCH AWARD OF \$20M FEDERAL FUNDS. A NEW CENTER OF EXCELLENCE IN CLINICAL TRIALS IS BEING PLANNED TO FOCUS ON SIGNATURE PROGRAMS IN CARDIOVASCULAR AND NEURODEGENERATIVE DISEASES AND WILL BEGIN OPERATION IN FY20 THESE PROGRAMS LED BY INTERNATIONALLY RECOGNIZED CLINICIAN SCIENTISTS HAVE ALREADY BEGUN ATTRACTING BOTH FEDERAL AND PRIVATE FUNDING IN SUPORT OF RESEARCH THE GOAL IS TO DOUBLE NIH FUNDING TO WVU HSC BY 2022 TO OVER \$40M. IN THE PAST YEAR NIH AWARDS TO WVU INCREASED FROM \$20.4M TO \$27.7M. THE UNIVERSITY IN COLLABORATION WITH THE RESEARCH CORPORATION AND THE INNOVATION CORPORATION ARE SEEKING TO EXPAND US DEPARTMENT OF DEFENSE FUNDING OVER THE NEXT 5 YEARS AS WELL. CONGRESS RECENTLY REAUTHORIZED THE DOD EPSCOR PROGRAM THAT WILL PROVIDE A MECHANISM FOR WVU RESEARCHERS TO SEEK FUNDING FROM A MORE LIMITED POOL OF STATES AND BUILD UP THEIR RECOGNITION AMOUNG DOD FUNDERS DOD AWARDS INCREASED FROM \$0 9M TO \$2 5M IN THIS PAST YEAR THE UNIVERSITY CONTINUES TO IMPROVE ITS RELATIONSHIP WITH PRIVATE SECTOR PARTNERS TO GROW INDUSTRIAL RESEARCH SUPPORT THROUGH ITS OFFICE OF CORPORATE RELATIONS. EFFORTS HAVE BEEN FOCUSED ON PARTNERSHIPS WITH INDUSTRIES IN HEALTH CARE, ENERGY, AND DEFENSE IN KEEPING WITH PRIORITIES FOR THE STATE AND UNIVERSITY. IN FY19 INDUSTRY SUPPORT FOR RESEARCH WAS ON THE ORDER OF \$34M. AN INCREASE OF \$4M OVER THE PREVIOUS YEAR WHILE THE UNIVERSITY, 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

efile GRAPHIC print - DO N			nt - DO NO	- DO NOT PROCESS As Filed Data -			DLN: 934931		
		ULE A			harity Status			ort 📙	OMB No 1545-0047
(Form 990 or Col 990EZ)			ganization is a section 4947(a)(1) nonexer ▶ Attach to Form 9	npt charitable	trust.	a section	2018		
		the Treasury		► Go to <u>v</u>	vww.irs.gov/Form9				Open to Public Inspection
Nam	e of th	nue Service he organiza NIA UNIVERSIT						Employer identifica	ation number
RESEA	RCH C	ORPORATION						55-0665758	
	rt I				s (All organizations it is (For lines 1 throu			ee instructions.	
1	ga≥		•		ociation of churches d	-		'A)(i).	
2		·	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3					ce organization descri	,	, ,	ii).	
4		·	•	·	d in conjunction with a			•	iter the hospital's
	Ш	name, city,	and state						
5				ed for the benefit lete Part II)	of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in section 170
6		A federal, s	tate, or loca	ıl government or q	governmental unit des	cribed in sectio i	170(b)(1)(A)(v).	
7				ormally receives a)(vi). (Complete l	substantial part of its Part II)	support from a	governmental u	nit or from the genera	l public described in
8		A communi	ty trust desc	cribed in section	170(b)(1)(A)(vi) (Complete Part II)		
9					scribed in 170(b)(1)(e instructions Enter th				ege or university or a
10		from activit	ies related t income and	o its exempt func unrelated busine	(1) more than 331/3% tions—subject to certa ss taxable income (les	aın exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
11		•	30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).						
12	✓	more public	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g						
a		Type I. A so	supporting on n(s) the pov	rganızatıon opera	ted, supervised, or co	ntrolled by its su	pported organiz	ation(s), typically by	
b	✓	manageme	nt of the sup	_	rvised or controlled in tion vested in the sam			J ,,, ,	~
С					ipporting organization				ed with, its
d		Type III n functionally	on-function	nally integrated The organization	. A supporting organiz generally must satisfy IV, Sections A and	ation operated ii y a distribution re	connection wit	h its supported organ	
e		Check this	box if the or	ganızatıon receive	ed a written determina ntegrated supporting	ation from the IR	S that it is a Ty	pe I, Type II, Type III	functionally
f	Enter			d organizations	3 = ==Fbo. mid .	J		1	
g				tion about the sup	ported organization(s				
		lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organic in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) W	/EST VI	RGINIA UNIV		556000842	5	Yes		138,123,025	0
Tota	<u> </u>		1					138,123,025	0
		work Reduc	tion Act No	tice, see the In:	structions for	Cat No 11285	= 9	Schedule A (Form 99	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (e) 2018 (a) 2014 **(b)** 2015 (c) 2016 (f) Total (or fiscal year beginning in) ▶ 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)						
5	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(6)2016	(a)2017	(e)2018	(I)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
-0	other meditie bo hot melade gam of						
-0	loss from the sale of capital assets						

(Explain in Part VI) Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-	

16a	33 1/3% support test—2018. If the organization did not check the
15	Public support percentage for 2017 Schedule A, Part II, line 14
14	Table support percentage for 2010 (inte o, column (i) divided by inte

box and stop here. The organization qualifies as a publicly supported organization

i
l
l

rubiic support percentage for	2010 (line o, column (i) divided by lin
Public support percentage for	2017 Schedule A, Part II, line 14

1	

15

14	
15	

e box on line 13, and line 14 is 33 1/3% or more,

_	hack	+h

١		,	
٦	dıd	not	check

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

c	heck	thi

s	box		

		'	-		•	•			
33 1/3 ⁰	% sup	port te	st—2018.	If the org	anızatıon	did no	ot check	the box	on lii
and sto	p here	e. The o	rganization	qualifies	as a publ	icly su	upported	organiza	ation

heck	this

Schedule A (Form 990 or 990-EZ) 2018

supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

organization

instructions

11

14

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50.5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

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

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2018

6

7

8

10a

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) Section A. All Supporting Organizations

	cetion At All supporting enganizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			

	If No, describe in Fait VI now the supported organizations are designated in designated by class of purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		No
b	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			

	!		I .	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		No
b	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			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	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			
	cnecked iza or izbin Marti. answeribi and ici below	!	ı	l

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

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	
(c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b	
amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b	No
organization's organizing document?	- NO
c 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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

	New York State Control of the Contro			aye J
i e	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
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
	Section B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
_	Castion C. Tuno II Cumposting Overnipations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		1.03	
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	
_	Section D. All Type III Supporting Organizations			
	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	Section 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 instruct	ions)		
	a			
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	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	2a	Tes	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a 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? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	36		

3b

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
				1		

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

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

> WEST VIRGINIA UNIVERSITY Name: RESEARCH CORPORATION

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493135000010

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

0

pen to Publi Inspection

nterna	al Revenue Service							
• S • S • S f the • S	ection 501(c)(3) organizations Co Section 501(c) (other than section Section 527 organizations Comple corganization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	on Form 990, Part IV, Line 3, or Form 9 complete Parts I-A and B Do not complete 501(c)(3)) organizations Complete Part ete Part I-A only on Form 990, Part IV, Line 4, or Form 9 at have filed Form 5768 (election under 9 at have NOT filed Form 5768 (ele	e Part I-C s I-A and C below 990-EZ, Part VI, III section 501(h)) Co nder section 501(h	Do not com ne 47 (Lobb omplete Part i)) Complete	plete Part I-B ying Activitie II-A Do not co	es), then omplete Part II- not complete P	B art II-A	
Prox	ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organ	ns), then	л, (осо соралато .		,	, ,		
Nar WES	me of the organization ST VIRGINIA UNIVERSITY EARCH CORPORATION	<u></u>			mployer ide	ntification nun	nber	
Par	t I-A Complete if the orga	anization is exempt under section	on 501(c) or is			ization.		
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political cal	mpaign activities ir	n Part IV (se	e instructions	for definition of		
2	Political campaign activity expen	ditures (see instructions)			>	\$		
3	Volunteer hours for political cam	paign activities (see instructions)						
Par	t I-B Complete if the orga	anization is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise t	cax incurred by the organization under s	ection 4955		•	\$		
2	·	tax incurred by organization managers u			•	\$		
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No	
4a	Was a correction made?					☐ Yes	□ No	
b	If "Yes," describe in Part IV		= 0.1 (-)		- =04 (-) (2)			
		anization is exempt under section).		
1	·	ded by the filing organization for section	•			\$		
2	function activities	ganization's funds contributed to other o	organizations for se	ection 52/ e:	xempt >	\$		
3	Total exempt function expenditu	res Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	>	\$		
4	Did the filing organization file Fo	orm 1120-POL for this year?				Yes	□ No	
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	filing or funds If	unt paid from ganization's none, enter -0-	(e) Amount contribution and promi directly deliving separate organization enter	s received otly and vered to a political	
1								
2								
3								
1			1					
5								
			1			•		

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

53,622

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

Volunteers?

Other activities?

Current year

Carryover from last year

2a

C

h

Total Add lines 1c through 1i

	(cicculan united become box (ii)):
For each "Yes" response on line activity	s 1a through 11 below, provide in Part IV a detailed description of the lobbying

Yes No

(a)

Yes

Yes

Yes

Amount

(b)

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

Nο

Nο

Nο Nο

Nο Nο

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?

expenses for which the section 527(f) tax was paid).

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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?

53,622 Nο

Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

1	Were substantially all (90% or more) dues received nondeductible by members?							
2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?							
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?							
Par	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."							
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is							
Part	Part III-B Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(5)$, or section $501(c)(6)$							
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?							
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?							
1	were suc	1						

2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-answered "Yes."		501(c)(6)		
1 Dues assessments and similar amounts from members						

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

С 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

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

Return Reference Explanation

LOBBYING ACTIVITIES CONSIST OF IDENTIFYING FEDERAL AND STATE FUNDED RESEARCH AND PART II-B, LINE 1 DEVELOPMENT PROGRAMS WHICH CAN BE PERFORMED BY RESEARCHERS AND STAFF UTILIZING THE LABORATORIES AND EQUIPMENT AVAILABLE TO THE ORGANIZATION LOBBYING ACTIVITIES FOCUS UPON

2a

2b

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493135000010 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization ST VIRGINIA UNIVERSITY		Employer identification number
	EARCH CORPORATION		55-0665758
Pa	rt I Organizations Maintaining Donor Advis		or Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) unus and other accounts
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 advisor	rs in writing that the assets held in donor a	dvised funds are the
-	organization's property, subject to the organization's ex		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	t II Conservation Easements. Complete if th	e organization answered "Yes" on For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	ızatıon (check all that apply) —	
	\square Preservation of land for public use (e g , recreation	or education) Preservation of a	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the fo	orm of a conservation
	easement on the last day of the tax year		Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	tt	2b
С	Number of conservation easements on a certified historic	• •	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after //25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located ►	
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section :	170(h)(4)(B)(ı) ☐ Y es ☐ N o
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial stat	ense statement, and
Par	Organizations Maintaining Collections Complete if the organization answered "Ye		her Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	i)Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$
b	Assets included in Form 990, Part X		> \$
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990. Cat No	52283D Schedule D (Form 990) 2018

Par	t III	Organizations M	aintaining Col	lections c	of Art, H	listori	cal T	reasu	ires, o	r Other	Similar A	ssets (cont	nued)	
3		g the organization's acq is (check all that apply)	uisition, accessioi	n, and other	records,	check :	any of	the fo	llowing 1	that are a	significant	use of its col	ection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Other	r					
c		Preservation for future	e generations											
4	Prov Part	ride a description of the XIII	organization's col	lections and	l explain l	now the	ey furtl	ner the	e organi:	zation's ex	xempt purpo	ose in		
5		ng the year, did the org its to be sold to raise fur									nılar	☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the ori X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on Forn	າ 990,	Part
1 a		ne organization an agent ided on Form 990, Part		an or other	ıntermedi	ary for	contri	bution	s or oth	er assets	not			
	mera	ided off form 550, fart.	Λ.									☐ Yes		lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table				Δ	mount		_
c		nning balance		·		_				1c				_
d	Addı	tions during the year								1d				_
е	Dıstı	ributions during the year	r							1e				
f	Endı	ng balance								1f				_
2a	Did t	the organization include	an amount on Fo	orm 990, Par	rt X, line 2	21, for	escrow	or cu	stodial a	account lia	ability?	☐ Yes	\square N	lo
b	If "Y	es," explain the arrange	ement in Part XIII	Check here	e ıf the ex	planati	on has	been	provide	d in Part)	XIII			
Pa	rt V	Endowment Fun	ds. Complete ıf	the organ	ızatıon a	nswer	ed "Y	es" or	n Form	990, Par	t IV, line 1	10.		
				(a)Currer	nt year	(b) P	rıor yea	r	(c) Two y	ears back	(d)Three ye	ars back (e)	our yea	rs back
	-	ning of year balance .												
		ibutions												
		ivestment earnings, gair						_						
		s or scholarships						_						
е		expenditures for facilition rograms	es											
f		nistrative expenses .												
g	End o	f year balance												
2	Prov	ride the estimated perce	ntage of the curre	ent year end	d balance	(line 1	g, colu	mn (a))) held a	ıs				
а	Boar	rd designated or quasi-e	ndowment 🟲											
b	Pern	nanent endowment 🟲												
С	Tem	porarily restricted endov	wment ►											
	The	percentages on lines 2a	, 2b, and 2c shou	ıld equal 100	0%									
3a		there endowment funds inization by	not in the posses	sion of the	organızatı	on that	t are h	eld an	d admın	istered fo	r the		Yes	No
	_	inrelated organizations										3a(i)	res	NO
	• •	related organizations										3a(ii)		
b		es" on 3a(11), are the re		ns listed as r	required o	n Sche	dule R	?				3b		
4	Desc	cribe in Part XIII the inte	ended uses of the	organizatio	n's endov	vment f	unds							
Pai	rt VI										222		_	
	Desci	Complete if the or-	ganization ansv		" On Fori						rm 990, Pa depreciation		0. ook valu	
	DESC	ription of property	(investme		(2, 2031	or ourier	24313 (1		(5) //(6)			(4)		-
1 2	Land						3 7	55,004						3,755,004
								72,011			19,245,611			3,726,400
		ngs hold improvements					, , , , , ,	. 2,011			17,2 13,011			2,720,400
		ment					1 74	1 3,347			415,288			1,328,059
								99,237			333,274			1,565,963
_			i				., -, -				,			

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

	See Form 990, Part X, line 12.			ered "Yes" on Form 990, Part IV, line 11	
	(a) Description of security or category (including name of security)	Be	b) ook ilue	(c) Method of valuation Cost or end-of-year market value	
	l derivatives				
2) Closely-l 3) Other	held equity interests	<u> </u>			
۹)					
3)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII	Investments—Program Related.	<u>L</u>	T\/ line	a 11c Coo Form 000 Part V June 12	
	Complete if the organization answered 'Yes' on Form (a) Description of investment	(b) Book		(c) Method of valuation	
1)		1		Cost or end-of-year market value	
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	s' on Form 99	0, Part	IV, line 11d See Form 990, Part X, line 15	
Part IX		-	0, Part	IV, line 11d See Form 990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes	-	0, Part		value
1) 2)	Other Assets. Complete if the organization answered 'Yes	-	90, Part		value
1) 2) 3)	Other Assets. Complete if the organization answered 'Yes	-	00, Part		value
1) 2) 3)	Other Assets. Complete if the organization answered 'Yes	-	90, Part		value
Part IX	Other Assets. Complete if the organization answered 'Yes	-	00, Part		value
Part IX	Other Assets. Complete if the organization answered 'Yes	-	90, Part		value
Part IX	Other Assets. Complete if the organization answered 'Yes	-	90, Part		value
Part IX	Other Assets. Complete if the organization answered 'Yes	-	90, Part		value
Part IX	Other Assets. Complete if the organization answered 'Yes (a) Description	-	90, Part		value
Part IX 1) 2) 3) 4) 5) 7) 8) otal. (Columnation (Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15)	s' on Form 99		(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X	Other Assets. Complete if the organization answered 'Yes (a) Description (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.	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) 7) otal. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered 'Yes (a) Description (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	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X . 1) Federal II OTHER LIABITEERRED G	Other Assets. Complete if the organization answered 'Yes (a) Description (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	ored 'Yes'	on Forr	m 990, Part IV, line 11e or 11f.	value
Part IX 1) 2) 3) 4) 5) 6) 7) Fotal. (Column Part X 1) Federal III OTHER LIABITEFERRED G 3)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X . 1) Federal II OTHER LIABI DEFERRED G 3) 4)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 66) 7) 8) Fotal. (Column Part X 1) Federal II DEFERRED G 3) 4) 5)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
Part IX 1) 2) 3) 4) 5) 6) Part X DITHER LIABLE DEFERRED G 3) 4) 5) 6)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal 0) THER LIABLE DEFERRED G 3) 4) 5) 6)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1. 1) Federal DTHER LIABDEFERRED G 3) 4) 5) 6) 7)	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal III 1) Federal III 1) THER LIABBI	The complete of the organization answered 'Yes (a) Description The complete of the organization answered 'Yes (a) Description The complete of the organization answers of the organization of the organization answers of the organization of the organization answers of the organization of the organization of the organization of the organization answers of the organization o	ored 'Yes'	on Forr	(b) Book	value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

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

Page 4

138,844,000

Schedule D (Form 990) 2018

2e 407,329 e 3 3 138,436,671 4 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 . 4a

Other (Describe in Part XIII) 4b b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 138,436,671 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 138,123,000

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b

Schedule D (Form 990) 2018

Part XI

1

2

b

2c c 2d Other (Describe in Part XIII) -25 d Add lines 2a through 2d . . 2e -25

3 138,123,025 3 4 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 . . . 4a

4b

Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 138.123.025 Part XIII Supplemental Information 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 Return Reference Explanation See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

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

> Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Supplemental Information

Return Reference

FINANCIAL STATEMENT ROUNDING (\$370)

Software ID:

Explanation

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FINANCIAL STATEMENT ROUNDING (\$25)

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -	-	DLN	: 93493135000010
SCHEDULE F (Form 990)	Statement o	f Activities (Outside the Un	ited States	OMB No 1545-0047
(1 om 000)	,	► Attach t	Yes" to Form 990, Part IV, I to Form 990. Instructions and the latest II		2018 Open to Public
Department of the Treasury Internal Revenue Service	7 00 10 1111111				Inspection
Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION				Employer ide 55-0665758	ntification number
General Info Form 990, Par		es Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" to
other assistance, the g to award the grants or	grantees' eligibility for r assistance?	the grants or assis	substantiate the amount	ı criteria used	☑ Yes ☐ No
outside the United Sta	ites		dures for monitoring the cated if additional space is	,	tner assistance
(a) Region	(b) Number offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total b Total from continuation s Part I		0 0			731,233 240,050 971,283
c Totals (add lines 3a and	,			No 50082W Schedi	9/1,283

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	Schedule F (Form 990) 2018 Part IV Foreign Forms		Page 4
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	☑ 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, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ 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	✓ 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)		
	(see Institutions for Form 5555)	☐ Yes	✓ 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, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2018 Page 5				
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).			
990 Schedule F, Supplemental Information				
Return Reference	Explanation			
PART I, LINE 2	GRANT ELIGIBILITY AND SELECTION OF RECIPIENTS ARE DETERMINED BY THE PRINCIPAL INVESTIGATOR FOR EACH INDIVIDUAL GRANT EDUCATIONAL GRANTS ARE AWARDED BASED ON ACADEMIC MERIT IF THE RECIPIENT IS KNOWN AT THE TIME THE PRINCIPAL INVESTIGATOR WRITES THE GRANT PROPOSAL, THAT INFORMATION IS INCLUDED IN THE PROPOSAL FOR SPONSOR APPROVAL IF THE RECIPIENT IS 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 WVU STUDENT ACCOUNTS TO DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS			

Additional Data

Software ID: Software Version:

EIN: WEST VIRGINIA UNIVERSITY Name:

PROGRAM SERVICES

RESEARCH CORPORATION

(a) Region (b) Number of (c) Number of offices in the employees or region agents in region

55-0665758

(e) If activity listed in (d) is a program service, describe specific type of

FOREIGN TRAVEL RELATED

TO RESEARCH/EDUCATION

(f) Total expenditures for region

7,450

101,283

in region (by type) (i.e., fundraising, program

services, grants to

(d) Activities conducted

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

EUROPE

NORTH AMERICA

PROGRAM SERVICES

recipients located in the region)

service(s) in region

RESEARCH

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
EAST ASIA AND THE PACIFIC				FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	209,136				
EUROPE				FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION					

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA				OPERATING EXPENSES RELATED TO RESEARCH EDUCATION	50,300
SOUTH AMERICA			l	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	12,111

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 ın 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 PROGRAM SERVICES FOREIGN TRAVEL RELATED 18,661 TO RESEARCH/EDUCATION CENTRAL AMERICA AND THE PROGRAM SERVICES FOREIGN TRAVEL RELATED 35.425 CARIBBEAN ITO RESEARCH/EDUCATION

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 ın 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) SOUTH ASIA PROGRAM SERVICES FOREIGN TRAVEL RELATED 80.506 TO RESEARCH/EDUCATION MIDDLE EAST AND NORTH PROGRAM SERVICES FOREIGN TRAVEL RELATED 607 AFRICA ITO RESEARCH/EDUCATION

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) CENTRAL AMERICA AND THE PROGRAM SERVICES OPERATING EXPENSES 2.229 CARIBBEAN IRELATED TO RESEARCH/EDUCATION **EUROPE** PROGRAM SERVICES OPERATING EXPENSES 124,562 IRELATED TO RESEARCH/EDUCATION

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
EAST ASIA AND THE PACIFIC				OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	21,088				
SOUTH ASIA				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 (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) PROGRAM SERVICES 1.058 RUSSIA AND THE OPERATING EXPENSES NEIGHBORING STATES RELATED TO RESEARCH/EDUCATION

DLN: 93493135000010 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) 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 ▶ Go to www.irs.gov/Form990 for the latest information. 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' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2			
Part III Grants and Other As				anization answered "Yes"	on Form 990, Part IV, line 22				
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1) EDUCATIONAL GRANTS TO S	TUDENTS		2,329,434		воок				
(2) EDUCATIONAL GRANTS TO II	.NDIVIDUALS		424,202		воок				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental	Informatio	ח. Provide the in	iformation required in !	Part I, line 2; Part III	, column (b); and any other a	additional information.			
Return Reference	Explanatio	on .							
PART I, LINE 2	INVOICES FOR RECIPIENTS ACCOUNTS	JB-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- ECIPIENTS EDUCATIONAL GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENT'S ACCOUNT THE STUDENT'S ACCOUNT IS REVIEWED BY WVU STUDENT CCOUNTS 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 NSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS							

Schedule I (Form 990) 2018

Additional Data

UNIVERSITY INC

ASCENSION LLC

206 SPRUCE ST

101 COLLEGE HILL DR 2004 PHILIPPI, WV 26416

MORGANTOWN, WV 26505

Software ID: Software Version:

81-1335017

EIN: 55-0665758

Name: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

79,774

roilli 990,3chedule 1, Part	11, Grants and	Other Assistance to	Donnestic Organiza	cions and bonnesc	ic doverninents.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
		I	I	I	ı

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

воок

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

RESEARCH

PUBLIC SERVICE

ALDERSON BROADDUS 55-0357072 501(C)(3) 30,015 воок

(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 ASPINITY INC 46-1434879 18,450 воок RESEARCH

11.500

Івоок

OTHER

MORGANTOWN, WV 26501				
18				
5000 GREENBAG RD SPACE D				

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

BETHANY COLLEGE 55-0356985 501(C)(3)

31 E CAMPUS DR BETHANY, WV 26032

(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 BLUEFIELD STATE COLLEGE 55-0785437 501(C)(3) 116.774 воок RESEARCH AND OTHER RESEARCH & DEV

219 ROCK STREET BLUEFIELD, WV 24701					
BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL	04-3314093	501(C)(3)	93,461	воок	RESEARCH

BOSTON, MA 02118

CENTER PL

(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) 99.009 воок RESEARCH BUCKHANNON RIVER WATERSHED ASSOCIATION

INC PO BOX 1 BUCKHANNON, WV 26201					
CABIN CREEK HEALTH	55-0709223	501(C)(3)	203,058	воок	PUBLIC SERVICE,

CHARLESTON, WV 25304

INSTRUCTION & 104 ALEX LANE RESEARCH

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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-0753754 501(C)(3) 896.247 воок CAMC HEALTH SYSTEM INC PUBLIC SERVICE & 3200 MACCORKLE AVENUE SE RESEARCH CHARLESTON, WV 25304

34-1018992 501(C)(3) 185.194 воок RESEARCH CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE

CLEVELAND, OH 441067151

(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 25-1453211 501(C)(3) 101.414 воок PUBLIC SERVICE CATALYST CONNECTION 2000 TECHNOLOGY DR PITTSBURGH, PA 15219

CLARKSON UNIVERSITY 15-0543659 501(C)(3) 41.355 воок CONTROLLERS OFFICE BOX

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

RESEARCH 5546 POTSDAM, NY 13699

(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 other) or government assistance COLORADO SCHOOL OF MINES 84-6000551 SECTION 115 31.177 воок RESEARCH 35-2174239 501(C)(3) 95.391 воок INSTRUCTION

1600 JACKSON ST STE 0
GOLDEN, CO 804011887
EASTERN AREA HEALTH
EDUCATION

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 (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FAIRMONT STATE UNIVERSITY 55-6000778 SECTION 115 17.000 воок OTHER 1201 LOCUST AVE FAIRMONT, WV 26554 FLORIDA STATE UNIVERSITY 59-1961248 SECTION 115 22,230 воок RESEARCH

2200A UNIVERSITY CTR TALLAHASSEE, FL 323062390

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-1352635 501(C)(3) 7.500 воок **IRESEARCH** FRANKLIN & MARSHALL

воок

PUBLIC SERVICE

COLLEGE 415 HARRISBURG AVENUE LANCASTER. PA 17604

49.376

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

FARHAT MEDICAL CLINIC PO BOX 283

STANAFORD, WV 25927

46-4756412

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 59-6046500 501(C)(3) 330.514 воок RESEARCH FLORIDA INSTITUTE OF TECHNOLOGY INC 150 W UNIVERSITY BLVD MELBOURNE, FL 329016975

воок

INSTRUCTION

132.535

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

501(C)(3)

GLENVILLE STATE COLLEGE

GLENVILLE, WV 263511200

RESEARCH CO 200 HIGH ST 55-0713410

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-1357020 501(C)(3) 29.595 воок RESEARCH HENRY FORD HEALTHY

SYSTEM ONE FORD PLACE DETROIT, MI 482023450 46-1050267 501(C)(3) 77.227 воок HEALTHY NETWORKS DESIGN

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

SHEPHERDSTOWN, WV 25443

PUBLIC SERVICE & RESEARCH INC 19 HACKBERRY CIRCLE

(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 IBM CORP 13-0871985 45.000 воок RESEARCH 1101 KITCHAWAN ROAD

ROUTE 134 YORKTOWN HEIGHTS, NY 10598					
INDIANA UNIV	35-6001673	SECTION 115	110,600	воок	RESEARCH

474013654

509 E 3RD STREET BLOOMINGTON, IN

(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 SECTION 115 207.620 воок PUBLIC SERVICE IOWA STATE UNIVERSITY 42-6004224 515 MORRILL ROAD AMES, IA 50011

KENT STATE UNIVERSITY 31-6402079 501(C)(3) 59.927 воок RESEARCH 251 INTEGRATED SCIENCES

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

BUILDING

KENT, OH 442420001

(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 other) or government assistance LIBRARY OF VIRGINIA 54-6001813 SECTION 115 72,585 воок INSTRUCTION

800 E BROAD STREET RICHMOND, VA 232198000				
LOS ALAMOS NATIONAL LABORATORY	20-3104541	192,500	воок	RESEARCH

1183 DIAMOND DRIVE STE B

LOS ALAMOS, NM 87544

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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 55-0683361 501(C)(3) 2.846.300 воок PUBLIC SERVICE. MARSHALL UNIV RESEARCH CORP RESEARCH, & OTHER ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25755 38-6005984 SECTION 115 735.941 воок RESEARCH MICHIGAN STATE UNIV 426 AUDITORIUM RD ROOM

301

EAST LANSING, MI 48824

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 55-0619203 27.751 воок RESEARCH MID OHIO VALLEY BOARD OF HEALTH

211 6TH STREET PARKERSBURG, WV 26101

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

BETHLEHEM, PA 18018

MORAVIAN COLLEGE 24-0795460 501(C)(3) 32.143 воок RESEARCH 1200 MAIN STREET

(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 MSOPTI 55-0763235 501(C)(3) 87.347 воок INSTRUCTION

400 LEE ST NORTH LEWISBURG, WV 24901 NEW RIVER HEALTH 55-0581968 501(C)(3) 33.633 воок ASSOCIATION INC.

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

PUBLIC SERVICE & IRESEARCH PO BOX 337 SCARBRO, WV 25917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-6000756 SECTION 115 267.480 воок RESEARCH NORTH CAROLINA STATE UNIVI 106F CALDWELL HALL CAMPUS BOX 8101 RALEIGH, NC 276958101 NORTHEAST NATURAL ENERGY 27-0945493 1.537.710 воок RESEARCH LLC

707 VIRGINIA ST E STE 1200 CHARLESTON, WV 25301

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-0540374 501(C)(3) 64.112 воок PUBLIC SERVICE NORTHWOOD HEALTH SYSTEMS INC PO BOX 6400 WHEELING, WV 26003 PROFESSIONAL DEVELOPMENT 75-1865729 501(C)(3) 7.500 воок RESEARCH

INSTITUTE INC

1155 UNION CIRCLE 305101 DENTON, TX 76203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PROJECT LAZARUS 56-2087110 501(C)(3) 6.691 воок RESEARCH

5368 NC HWY 16 S MORAVIAN FALLS, NC 286549586 REGENTS OF UC 94-6036494 SECTION 115 7.673 воок RESEARCH

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

1850 RESEARCH PARK DR STE

300

DAVIS, CA 95618

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 23-7099472 501(C)(3) 5.000 воок RESEARCH QUEEN'S UNIVERSITY AT KINGSTON 99 UNIVERSITY AVENUE KINGSTON, ONTARIO K7L3N6

воок

RESEARCH

73.497

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

SECTION 115

REGENTS UNIV OF

2150 SHATTUCK AVE STE 300 BERKELEY, CA 947045940

CALIFORNIA

94-6002123

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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance RENSSELAER POLYTECHNIC 14-1340095 501(C)(3) 89.810 воок RESEARCH INSTITUTE 110 FIGHTH STREET TROY, NY 121803590 RECOVERY CARE LLC 81-2328768 6.601 воок PUBLIC SERVICE 207 N 14TH STREET

JANETTE, PA 15644

(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 115 135.132 воок RESEARCH THE OHIO STATE UNIVERSITY 2020 BLANKENSHIP HALL 901

WOODY HAYES DRIVE COLUMBUS, OH 43210					
THE UNIVERSITY OF	55-0357039	501(C)(3)	48,198	воок	RESEARCH

CHARLESTON, WV 25304

CHARLES I ON INC 2300 MACCORKLE AVENUE SE

(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 23-1413680 501(C)(3) 30.018 воок PUBLIC SERVICE SALUS UNIVESITY 8360 OLD YORK ROAD ELKINS PARK, PA 19027

воок

PUBLIC SERVICE.

IRESEARCH, & OTHER

214.372

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

SECTION 115

ELKINS PARK, PA 19027 SHEPHERD UNIVERSITY

SHEPHERDSTOWN, WV

PO BOX 5000

254435000

55-6000799

(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 84-0412668 501(C)(3) 51.104 воок RESEARCH UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH 3090 CENTER GREEN DRIVE BOULDER, CO 80301 TETRA TECH INC. 95-4148514 34.330 воок RESEARCH

PO BOX 911624 DENVER, CO 802911624

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 43-6003859 SECTION 115 10.000 воок RESEARCH UNIVERSITY OF MISSOURI KANSAS CITY 5000 HOLMES STREET KANSAS CITY, MO 64110

воок

RESEARCH

7.476

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

501(C)(3)

UNIVERSITY OF SOUTHERN

UNIVERSITY PARK CAMPUS LOS ANGELES, CA 900890701

CALIFORNIA

95-1642394

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1539563 SECTION 115 47.771 воок RESEARCH UC REGENTS SANTA CRUZ 99-6000354 SECTION 115 63.790 Івоок RESEARCH

1156 HIGH STREET SANTA CRUZ, CA 95064 UNIVERSITY OF HAWAII ORS 2425 CAMPUS ROAD SINCLAIR LIBRARY RM1

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

HONOLULU, HI 968222247

(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 55-0525724 501(C)(3) 12.000 воок PUBLIC SERVICE UNITED HOSPITAL CENTER INC

327 MEDICAL PARK DR BRIDGEPORT, WV 26330					
UNIV OF ALABAMA AT BIRMINGHAM BOX 2 1720 2ND AVENUE	63-6005396	SECTION 115	12,414	воок	RESEARCH

SOUTH

BIRMINGHAM, AL 352941801

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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SECTION 115 21.844 воок RESEARCH UNIV OF CA SAN DIEGO 95-6006144 9500 GILMAN DRIVE LA JOLLA, CA 92093 UNIVERSITY OF NORTH 56-6001393 SECTION 115 12.086 воок RESEARCH

CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE

CHAPEL HILL, NC 27599

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF DENVER 84-0404231 501(C)(3) 31,713 Івоок RESEARCH

COLORADO SEMINARY 2199 S UNIVERSITY BLVD DENVER, CO 80208					
UNIV OF FLORIDA	59-6002052	SECTION 115	122,500	воок	PUBLIC SE

GAINSVILLE, FL 326113200

SERVICE & IRESEARCH 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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-1353149 501(C)(3) 7.500 воок RESEARCH UNIV OF GEORGIA RESEARCH FOUNDATION INC 200 D W BROOKS DRIVE ATHENS, GA 30602

RESEARCH

100.000

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

US DEPT OF ENERGY NETI

PO BOX 10940 PITTSBURGH, PA 15236

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 ıf applicable grant cash non-cash assistance or assistance other) or government assistance 82-6000945 SECTION 115 59.093 воок RESEARCH UNIV OF IDAHO 875 PERIMETER DRIVE MS 3168 MOSCOW. ID 838443168 UNIV OF IOWA 42-6004813 SECTION 115 359.155 воок RESEARCH

5 W JEFFERSON STREET 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 UNIV OF KY RESEARCH 61-6033693 501(C)(3) 574,595 воок RESEARCH

FOUNDATION 201 KINKEAD HI LEXINGTON, KY 405060057					
UNIVERSITY OF MARYLAND 2119 MAIN AD BLDG 79 REGENTS DR	52-6002033	SECTION 115	153,155	воок	RESEARC

207425035

RCH COLLEGE PARK, MD

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-0554001 501(C)(3) 21.150 воок PUBLIC SERVICE VALLEY HEALTH SYSTEMS INC

3377 US ROUTE 60
HUNTINGTON, WV 25706

WEST VIRGINIA FOOD AND FARM COALITION INC
3820 MACCORKLE AVENUE SE

BOOK
PUBLIC SERVICE

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

CHARLESTON, WV 25304

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-1258660 SECTION 115 71.792 воок RESEARCH UNIVERSITY OF NORTH CAROLINA WILMINGTON 601 SOUTH COLLEGE RD

RESEARCH

WILMINGTON, NC 284033201

225.581

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

501(C)(3)

UNIV OF NOTRE DAME

NOTRE DAME, IN 465565612

805 GRACE HALL

(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 05-6000522 SECTION 115 23.046 воок RESEARCH UNIV OF RHODE ISLAND 75 LOWER COLLEGE ROAD

RESEARCH

231.063

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

SECTION 115

UNIV OF TENNESSEE

201 ANDY HOLT TOWER 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 115 126.102 воок RESEARCH UNIV OF TEXAS AT DALLAS 800 W CAMPBELL ROAD

RESEARCH

80.931

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

SECTION 115

UNIV OF WASHINGTON

SEATTLE, WA 981246524

PO BOX 94224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 83-6000331 SECTION 115 712.683 воок RESEARCH UNIV OF WYOMING 1000 E UNIVERSITY AVENUE 90-0893455 PUBLIC SERVICE

DEPT 3314 LARAMIE. WY 82071 UNIVERSITY HEALTHCARE 501(C)(3) 147.440 воок PHYSICIANS INC

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

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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance WILLIAMSON HEALTH & 45-2849701 501(C)(3) 50.412 воок INSTRUCTION WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 25561 UNIVERSITY OF COLORADO 84-6000555 SECTION 115 31.640 воок RESEARCH

DENVER

1201 LARIMER STREET DENVER, CO 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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF DELAWARE 51-6000297 501(C)(3) 52.251 воок RESEARCH 221B HULLIHEN HALL 39-1805963 SECTION 115 264.532 воок RESEARCH

NEWARK, DE 19716 UNIVERSITY OF WISCONSIN SYSTEM BOARD OF REGENTS PO BOX 500

MILWAUKEE, WI 53201

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0564834 30.000 воок RESEARCH US FOREST SERVICE PO BOX 301550 LOS ANGELES, CA 90030 VIRGINIA COMMONWEALTH 54-6001758 SECTION 115 18.533 воок RESEARCH

UNIVERSITY 912 W FRANKLIN ST RICHMOND, VA 23284

(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 54-6001805 SECTION 115 438.421 воок RESEARCH VIRGINIA POLYTECHNIC INST & STATE UNIV

WASHINGTON UNIV	43-0653611	501(C)(3)	346,758	воок	RESEARCH
NORTH END CTR STE 3300 300 TURNER ST BLACKSBURG, VA 24061					

700 ROSEDALE AVENUE SAINT LOUIS, MO 631121408

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-2196294 501(C)(3) 58.152 воок OTHER WEST LIBERTY UNIV

RESEARCH CORP 33 UNIVERSITY DRIVE WEST LIBERTY, WV 26074					
WEST LIBERTY UNIVERSITY	55-6000822	SECTION 115	149.075	воок	RESEARCH

208 UNIVERSITY DRIVE WEST LIBERTY, WV 26074

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-0394213 501(C)(3) 13.048 воок OTHER WHEELING JESUIT UNIV 316 WASHINGTON AVE WHEELING, WV 26003 WORCESTER POLYTECHNIC 04-2121659 501(C)(3) 7.969 воок RESEARCH

INSTITUTE

100 INSTITUTE ROAD WORCESTER, MA 01609

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-6000418 SECTION 115 62.592 воок RESEARCH WOOD CO BD OF EDUCATION 1210 13TH STREET PARKERSBURG, WV 26101 WORLD RESOURCES 52-1257057 501(C)(3) 14.504 воок RESEARCH

INSTITUTE

10 G STREET NE SUITE 800 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 (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WV GEOLOGICAL & ECONOMIC 55-6000936 SECTION 115 56,999 воок RESEARCH CHRVEY

1 MONT CHATEAU RD MORGANTOWN, WV 265088079					
WV SCHOOL OF OSTEOPATHIC	55-0561541	SECTION 115	361,368	воок	RESEARC

LEWISBURG, WV 24901

RCH MEDIC 400 N LEE STREET

(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 W// WESTEVAN COLLEGE 55-0257056 E01/C1/31 20 805 IBOOK OTHER

59 COLLEGE AVE BUCKHANNON, WV 26201	33-0337030	301(C)(3)	20,803	BOOK	OTTLER
WVSU RESEARCH & DEVELOPMENT CORP PO BOX 1000 201 ACEOP ADMIN BUILDING	55-0708567	501(C)(3)	12,544	воок	PUBLIC SERVICE

INSTITUTE, WV 251121000

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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-0523820 SECTION 115 109.591 воок PUBLIC SERVICE WVU PARKERSBURG 300 CAMPUS DR PARKERSBURG, WV 26104 WVU PHYSICIANS OF 55-0779739 501(C)(3) 93.786 воок PUBLIC SERVICE CHARLESTON PO BOX 780

MORGANTOWN, WV 265070780

(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 assistance other) YALE UNIV 06-0646973 501(C)(3) 54,362 воок RESEARCH 150 MUNSON STREET NEW HAVEN, CT 065208327 WEST VIRGINIA UNIVERSITY 55-6000842 SECTION 115 5,091,623 воок EXPENDITURES ON PO BOX 6201 GRANTS AWARDED TO MORGANTOWN, WV 26506 WVURC ON BEHALF OF WVU FOR ACOUISITION OF CAPITAL ASSETS OR EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF

WVU FOR ACQUISITION
OF CAPITAL ASSETS OR
CONSTRUCTION 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 (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance APPALACHIAN COMMUNITY 55-0483699 501(C)(3) 13.956 воок PUBLIC SERVICE HEALTH CENTER INC 725 YOKUM STREET ELKINS.WV 26241 ATREX ENERGY INC. 04-3242795 12.938 воок RESEARCH

19 WALPOLE PARK SOUTH WALPOLE, MA 02081

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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 63-6000724 SECTION 115 29.541 воок RESEARCH AUBURN UNIVERSITY 125 INGRAM HALL AUBURN, AL 368495402 THE CATHOLIC UNIVERSITY OF 53-0196583 501(C)(3) 29.161 воок RESEARCH AMERICA AND SUBSIDIARIES

620 MICHIGAN AVE NE WASHINGTON, DC 20064

(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 applicable grant cash non-cash assistance or assistance other) or government assistance 36-2170137 501(C)(3) 87.966 воок RESEARCH GAS TECHNOLOGY INSTITUTE

1700 SOUTH MOUNT PROSPECT ROAD DES PLAINES, IL 60018 GLENVILLE STATE COLLEGE 55-6000779 SECTION 115 12.472 воок OTHER

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

200 HIGH STREET GLENVILLE, WV 26351

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9313	35000	010
Sch	edule J	Comp	oensat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers, D		rustees, Key Employees, and Hig	hest			
		► Complete if the organization	Compensa ation answ	ated Employees /ered "Yes" on Form 990, Part IV,	line 23.	20	18	3
Б			▶ Attach	to Form 990. instructions and the latest inforn			to Pul	
•	tment of the Treasury al Revenue Service	F Go to <u>www.ns.gov/ro</u>	1111990 101	mistructions and the latest miori	nation.		ectio	
	ne of the organiza				Employer identificat	ion nu	ımber	
	EARCH CORPORATION				55-0665758			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a				f the following to or for a person lister by relevant information regarding thes				
		or charter travel	님	Housing allowance or residence for				
		companions	님	Payments for business use of persoi				
		nification and gross-up payments		Health or social club dues or initiation Personal services (e.g., maid, chauf				
	Discretion	ary spending account		Personal services (e.g., maid, chaul	reur, cher)			
b		kes in line 1a are checked, did the org		ollow a written policy regarding paym nplete Part III to explain	ent or reimbursement	1b		
2		ition require substantiation prior to re		or allowing expenses incurred by all r, regarding the items checked in line	. 152	2		
	unectors, truste	es, officers, including the CEO/Execut	tive Directo	r, regarding the items checked in line	: La'			
3		If any, of the following the filing organ EO/Executive Director Check all that		ed to establish the compensation of th	ne			
	_	•		CEO/Executive Director, but explain i	n Part III			
	Componer	ation committee		Written employment contract				
		ent committee	H	Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4			Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
	related organiza	tion						
a		ance payment or change-of-control p				4a		No
b	•	receive payment from, a supplemen	•	•		4b		No
С		receive payment from, an equity-ba of lines 4a-c. list the persons and prov		nsation arrangement? plicable amounts for each item in Part	: III	4c		No
), 501(c)(4), and 501(c)(29) orga		-				
5		ed on Form 990, Part VII, Section A, I ontingent on the revenues of	ine 1a, did	the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III		.				
6		ed on Form 990, Part VII, Section A, I ontingent on the net earnings of	ine 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	ino ta did	the organization provide and restrict	4			
7	payments not d	escribed in lines 5 and 6? If "Yes," de	scribe in Pa		1	7		No
8		nts reported on Form 990, Part VII, p litial contract exception described in F		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			Ne
9	If "Yes" on line 3	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		No
For E		ction Act Notice, see the Instruct	ions for Fo	orm 990 Cat No. 5	i0053T Schedule 1		. 000)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Schedule J (Form 990) 2018	, age o							
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							
PART I, LINE 3	JAMES ROBERT ALSOP AS THE CEO/EXECUTIVE DIRECTOR IS NOT PAID BY THE WVU RESEARCH CORPORATION BUT PAID BY WEST VIRGINIA UNIVERSITY, A							

RELATED ORGANIZATION

Software ID:

Software Version:

139,373

EIN: 55-0665758

				55-0665/58				
Farm 000 Sahadul		David II Officers D		WEST VIRGINIA UNI RESEARCH CORPOR	ATION	d Familiana		
	≘ J,				Highest Compensate		(E) T ((E) C
(A) Name and Title		(i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
STEPHANIE TAYLOR DIRECTOR	(1)	0	0	C	0	0	C	0
DIRECTOR	(11)	229,812		221	14,242	14,859	259,134	
E GORDON GEE	(1)	0	0	0	0	0	233,13	0
DIRECTOR	(11)	770,910		28,210	16,500	9,243	824,863	
EUGENE CILENTO	(1)	0	0	20,210	0 10,500	9,249	024,000	0
DIRECTOR	(11)	268,531	0	66	16,352	11,618		0
FRED KING DIRECTOR	(1)	0	0	O	0	0	C	0
	(11)	247,471	0		15,085	9,572	272,128	0
LAURA GIBSON DIRECTOR	(1)	0	0	C	0	0	C	0
DIRECTOR	(11)	414,664	0	8	24,300	22,950	461,922	0
CLAY MARSH	(1)	0	0	o c	0	0	02,522	0
DIRECTOR	(11)	895,067	350,000	25,300	16,500	1,050	1,287,917	,
JOYCE MCCONNELL	(1)	0	330,000	23,300	10,300	1,030	1,207,917	0
DIRECTOR	(11)	406,078				40.055	464 776	
EARL SCIME	(1)	100,070	0	12,992	24,300	18,356	461,726	0
DIRECTOR	l	265.255			,			,
PAULA CONGELIO	(11)	265,255	0	0	16,425	18,070	299,750	0
DIRECTOR	l		0	U	0	0		0
ANJALI HALABE	(1)	289,026	0	24,500	16,500	1,120	331,146	0
TREASURER	l		0		0	0	C	0
DAVID KOSSLOW	(11)	234,999	36,000	О	16,500	9,905	297,404	0
ASSISTANT TREASURER	(1)		0	0	0	0	C	0
	(11)	156,568	0	282	10,058	22,157	189,065	0
J ROBERT ALSOP EXECUTIVE DIRECTOR	(1)	0 	0	o	0	0	C	0
	(11)	363,574	0	43	16,500	1,009	381,126	0
ALAN MARTIN SECRETARY	(1)	0	0	d	0	0	C	0
	(11)	174,501	0	913	10,942	18,301	204,657	, 0
SHELLEY WELSH DIRECTOR OF CLINICAL	(1)	142,723	0	1,728	8,767	9,150	162,368	0
TRIALS	(11)	0	0	0	0	0	C	0
RICHARD GIERSCH DIRECTOR RES	(1)	140,194	0	C	9,052	24,636	173,882	2 0
INNOVATION	(11)	0	0	0	0	0		0
MATTHEW HARBAUGH	(1)	242,788	0	C	15,128	30,061	287,977	, 0
ASSOC VP FOR TRANSFORMATIO	(11)	0						
PHILIP SPARKS	(1)	150,310	0	909	9,568	29,135	189,922	2 0
DIR TECH TRANSFER	(11)	0						
SHANA K PHARES	(i)	167,513	0		10,543	27,198	205,254	, ,
DIRECTOR OF OPERATIONS	(11)							
NARVEL WEESE	(1)	0	0		0	0	0	0
FORMER DIRECTOR & OFFICER		40.443			Í			
JAMES T ANDERSON	(II)	49,442 n	0	0	0	0	49,442	0
FORMER DIRECTOR				⁰	, 	0	C	′ ⁰
	17.00	130 373	1	i -				-1 -

9,855

182,317

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(i) Base Compensation

(ii) Gii) (iii) (iiii) (iiiii) (iiii) (iiiii) (iiii) (iiii) (iiiii

14,997

10,793

270,812

		compensation	compensation	compensation		prior Form 990
DANIEL ROBISON (n c	ol o			0	0

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

244.679

FORMER DIRECTOR

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493135000010
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ific questions on nformation.	OMB No 1545-0047 2018 Open to Public Inspection
Name Bะthยงก์ West Virginia U RESEARCH CORPO 990 Schedule	IIVERSITY	Employer identi 55-0665758	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH OBY WEST VIRGINIA UNIVERSITY	CORPORATION DIRECTORS	S ARE EMPLOYED

Return Explanation
Reference

FORM 990,	THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF FINANCE, THE WVURC TRE
PART VI,	ASURER, AND THE WVURC ASSISTANT TREASURER REVIEW A DRAFT OF THE FORM 990 ON BEHALF OF THE
SECTION B,	WVURC A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING
LINE 11B	

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 ARE EMPLOYEES OF WVU ARE SUBJECT TO WVU'S POLICIES AND PROCEDURE S WHICH INCLUDE THE STATE OF WEST VIRGINIA ETHICS ACT, AND THE COMPENSATION, FRINGE BENEFI T AND ACCOUNTABLE PLAN POLICIES AND PROCEDURES THE STATE OF WEST VIRGINIA ETHICS COMMISSI ON COMPILES ON AN ANNUAL BASIS FINANCIAL DISCLOSURES SUBMITTED BY WVU EMPLOYEES AT THE DIR ECTOR 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
Reference

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	Explanation
FORM 990, PART VI,	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
SECTION B,	TNERSHIP FOR INCOME TAX PURPOSES THE FOCUS OF THE WEST VIRGINIA GROWTH INVESTMENT LLC WIL
LINE 16	L BE TO INVEST IN SMALL BUSINESSES LOCATED WITHIN THE WEST VIRGINIA REGION THAT DOMENSTRAT
POLICIES	F 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 AND EXECUTIVE DEAN FOR HEALTH SCIENCES, THE WVU VICE PRESIDENT AND CHIEF F INANCIAL OFFICER, THE WVU VICE PRESIDENT FOR RESEARCH, THE WVU SENIOR ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES RESEARCH AND GRADUATE EDUCATION, A MEMBER OF THE WVU GENERAL COUN SEL, AND TWO WVU FACULTY MEMBERS AS APPOINTED BY THE WVU PRESIDENT ALL BOARD DIRECTORS AR E APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITH EMPHASIS ON WVU POSITION S WITHIN A COLLEGE OR AREA WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH THERE IS NO SE T TERM AN INDIVIDUAL MAY SERVE AS A BOARD OF DIRECTOR MEMBER AS DIRECTORS ARE APPOINTED BASED ON THEIR EMPLOYMENT POSITION AT WVU WITH THE INTENTION THAT BOARD OF DIRECTOR MEMBERS WILL RETAIN THEIR BOARD MEMBERSHIP FOR THE DURATION OF THEIR EMPLOYMENT IN ONE OF THE ABOV E LISTED WVU POSITIONS THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TERM

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, ROUNDING \$1.1 PART XI,

LINE 9

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 (WVURC) ENTERED INTO AN AGREEMENT TO PROVIDE A LINE OF CREDIT OF \$1 MILLION FOR THE BENEFIT OF WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION (WVUIC) 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, 2019 WAS \$1 MILLION DURING FISCAL YEAR 2016, WVURC ENTERED INTO A SECOND AGREEMENT WITH WVUIC FOR A \$1.5 MILLION LINE OF CREDIT THIS LOAN DOES NOT BEAR INTEREST AND THE DUE DATE VARIES WHERE \$1,000,000 IS DUE BY AUGUST 16, 2025 AND \$500,000 IS DUE BY MAY 16, 2026 THE OUT STANDING NOTE RECEIVABLE DUE FROM UIC AT JUNE 30, 2019 FOR THIS LINE OF CREDIT WAS \$1,500, 000 DURING FISCAL YEAR 2017, THE WVURC ENTERED INTO A THIRD AGREEMENT WITH WVUIC FOR TWO \$500,000 LINES OF CREDIT THESE LOANS DO NOT BEAR INTEREST AND PAYMENT IS DUE IN FULL AS FOLLOWS \$500,000 IS DUE NOVEMBER 1, 2025, \$100,000 IS DUE ON MARCH 13, 2025, \$100,000 IS DUE ON APRIL 28, 2 025 THE OUTSTANDING NOTE RECEIVABLE DUE FROM WVUIC AT JUNE 30, 2019 WAS \$1 MILLION DURIN GFISCAL YEAR 2019, THE WVURC ENTERED INTO ANOTHER AGREEMENT WITH WVUIC FOR AN ADDITIONAL \$800,000 LINE OF CREDIT THIS LOAN HAS A FIXED INTEREST RATE OF 3% PAYMENT IS DUE IN FULL ON DECEMBER 31, 2020 ACCRUED INTEREST PAYABLE ON THIS LOAN WAS \$14,000 AT JUNE 30, 2019 ALL AGREEMENTS AND LOAN TERMS WERE APPROVED BY THE BOARD OF DIRECTORS FOR BOTH ORGANIZATI ONS THESE NOTE RECEIVABLES ARE CLASSIFIED AS NONCURRENT ACCOUNTS RECEIVABLES AND ARE REPORTED ON FORM 990, PART X, BALANCE SHEET AS PART OF THE LINE 7 AMOUNT FOR NOTES AND LOANS RECEIVABLE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

WEST VIRGINIA UNIVERSITY

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

Employer identification number

DLN: 93493135000010OMB No 1545-0047

Open to Public Inspection

RESEARCH CORPORATION					55-0665758							
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answe	red "Yes	" on Form	990, Part	IV, line :	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act		(c) Legal domicile (state or foreign country)		(d) Total income				(f) Direct con enti	ntrolling	
Part II Identification of Related Tax-Exempt Organizat	iana Complo	to if the orga	nization	anguarad	"Vos" on F	000	Dowt IV	/ line 24 h	0.534.50	it had one or r		
related tax-exempt organizations during the tax year		ite ii tile orga	IIIZation	answered	tes on r	omi 990	, Part IV	7, IIIIe 34 D	ecause	it flad offe of f	nore	
(a) Name, address, and EIN of related organization		(b) ry activity	Legal don	c) nicile (state n country)	(d) Exempt Cod	e section	Public cl	(e) narity status n 501(c)(3))	Di	(f) rect controlling entity	Section (13) co	g) n 512(b) ontrolled city?
(1)STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY PO BOX 6005	EDUCATION RESEARCH	I AND	١	WV							Yes	No No
MORGANTOWN, WV 265066005 55-6000842									N/A			
(2)WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION PO BOX 4439	RESEARCH		,	WV	501(C)(3)		LINE 12B	, II		OF WV DBA WEST IA UNIVERSITY		No
MORGANTOWN, WV 26504 61-1764272												

(a) Name, address, and related organizati	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi Income(re unrelat excluded tax un sections	inant Sha elated, total ted, I from ider 512-	f) re of ncome		Disprop alloca		e Code amour 20 Sched		(j Gener mana partr	al or ging ner?	(k) Percent owners
									Yes	No			Yes	No	
													$\overline{}$	-	
TV Identification of Polated Ov	ganizations Tayable as a	Composition	Or Trus	• Complete	if the or	-aantation	ancu	word "Vos"	" on E	orm O	100 B	ort IV	luno	24	
IV Identification of Related Or because it had one or more re (a) Name, address, and EIN of related organization	rganizations Taxable as a lated organizations treated a (b) Primary activity	as a corporation (control domination (state of	on or trus c) gal nicile r foreign	st during th	If the or ne tax ye (d) controlling ntity	ganization ar. (e) Type of enti (C corp, S co	ty S	vered "Yes' (f) Share of total Income	Share	(g) of end- year assets		art IV, (h) Percent) tage	Se (1	ection 3) cor enti
because it had one or more re (a) Name, address, and EIN of related organization	lated organizations treated a	as a corporation (control legislation)	on or trus c) gal nicile r foreign ntry)	Direct of e	ne tax ye (d) controlling ntity IRGINIA	(e) Type of enti	ty S	(f) Share of total	Share	(g) of end- year	-of-	(h) Percent) tage ship	Se (1	ection : 3) con
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Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 3	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	רי			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1 d	Yes	
e Loans or loan guarantees by related organization(s)		1e	Yes	
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g	\vdash	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	
k Lease of facilities, equipment, or other assets from related organization(s)		1k	Yes	
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	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Yes	
o Sharing of paid employees with related organization(s)		10	Yes	
p Reimbursement paid to related organization(s) for expenses		1 p	Yes	_
Reimbursement paid by related organization(s) for expenses		1 q	Yes	\top

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	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	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) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining amount type (a-s)	ount i	nvolved	İ

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
		· · · · · · · · · · · · · · · · · · ·								Schedul	e R (Forn	n 99	0) 2018

