

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 6005, ONE WATERFRONT PLACE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>MORGANTOWN, WV 26506</b>  <b>F</b> Name and address of principal officer: <b>BARBARA WEISS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>55-0665758</b>  <b>E</b> Telephone number <b>304-293-4008</b>  <b>G</b> Gross receipts \$ <b>157,814,492.</b>  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>HTTP://RESEARCH.WVU.EDU</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1985</b>		<b>M</b> State of legal domicile: <b>WV</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY.</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 9																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 0																								
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b> 608																								
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 0																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 43,622.																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b> 0.																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">117,407,793.</td> <td style="text-align: right;">130,566,092.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">19,901,584.</td> <td style="text-align: right;">19,841,092.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">829,845.</td> <td style="text-align: right;">1,313,609.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">841,641.</td> <td style="text-align: right;">2,524,663.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">138,980,863.</td> <td style="text-align: right;">154,245,456.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	117,407,793.	130,566,092.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	19,901,584.	19,841,092.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	829,845.	1,313,609.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	841,641.	2,524,663.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	138,980,863.	154,245,456.						
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**Part II 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.

<b>Sign Here</b>	Signature of officer: <i>Barbara Weiss</i>	Date: <b>05/12/23</b>
	Type or print name and title: <b>BARBARA WEISS, TREASURER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: _____	Firm's name: ▶ _____ Firm's address: ▶ _____ Firm's EIN: ▶ _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU) AND TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF, AND STUDENTS OF WVU.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 136,132,634. including grants of \$ 29,116,408.) (Revenue \$ 22,160,276.)  
**SEE SCHEDULE O**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶ 136,132,634.**

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 608		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 **KATIE STORES, SECRETARY - 304-293-4769**  
**886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAY MARSH DIRECTOR	1.00 70.00	X						0.	956,198.	22,870.
(2) E. GORDON GEE DIRECTOR	0.20 70.00	X						0.	796,709.	25,405.
(3) LAURA GIBSON DIRECTOR	0.20 50.00	X						0.	434,456.	45,838.
(4) MARYANNE REED DIRECTOR	1.00 75.00	X						0.	413,665.	33,403.
(5) PAULA CONGELIO DIRECTOR	0.25 65.00	X						0.	396,358.	49,738.
(6) J. ROBERT ALSOP EXECUTIVE DIRECTOR	7.00 50.00	X						0.	385,821.	17,400.
(7) EARL SCIME DIRECTOR	0.10 90.00	X						0.	374,353.	24,240.
(8) PEDRO J MAGO DIRECTOR	1.00 40.00	X						0.	335,472.	31,488.
(9) ANJALI HALABE TREASURER	5.00 40.00			X				0.	290,477.	50,123.
(10) STEPHANIE TAYLOR DIRECTOR	5.00 40.00	X						0.	255,447.	38,963.
(11) FRED KING DIRECTOR	2.00 59.00	X						0.	261,118.	24,646.
(12) MAURA MCLAUGHLIN DIRECTOR	1.00 40.00	X						0.	238,071.	30,267.
(13) SARAH BILLER GENERAL OPERATIONS MANAGER	37.50				X			194,601.	0.	7,068.
(14) DAVID KOSSLOW ASSISTANT TREASURER	5.00 40.00			X				0.	164,235.	30,195.
(15) SHELLEY WELCH DIR OF CLINICAL TRIALS	37.50				X			158,781.	0.	26,655.
(16) JAMES DOTTAVIO GENERAL & OPERATIONS MANAG	37.50				X			133,030.	0.	31,454.
(17) ALAN MARTIN SECRETARY	1.00 50.00			X				0.	134,680.	15,654.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW ARMISTEAD COMPUTER & INFO RESEARCH SCIENTIST	37.50					X		120,078.	0.	7,200.
(19) PADMASHREE TIRUMALAI NATURAL SCIENCES MANAGER	37.50					X		121,035.	0.	6,026.
(20) NARVEL WEESE FORMER DIR & OFFICER	0.00 10.00						X	0.	60,000.	0.
(21) KATIE STORES SECRETARY	1.00 40.00			X				0.	39,180.	2,991.
(22) EUGENE CILENTO FORMER DIRECTOR	0.00 70.00						X	0.	22,993.	0.
<b>1b Subtotal</b>								727,525.	5,559,233.	521,624.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								727,525.	5,559,233.	521,624.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **26**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADNET SYSTEMS INC, 6720B ROCKLEDGE DR STE 504, BETHESDA, MD 20817	IT SOLUTION/SERV	1,581,939.
VINCENT PAYMENT SOLUTIONS INC, US STEEL TOWER, 600 GRANT STREET, PITTSBURGH, PA	PREPAID CARD SERVICE	1,525,000.
CROTHALL FACILITIES MANAGEMENT INC, 1500 LIBERTY RIDGE DRIVE, STE 210,	CONSTRUCTION	1,156,992.
THE ULTIMATE SOFTWARE GROUP INC 1485 NORTH PARK DRIVE, WESTON, FL 33326	IT SOLUTION/SERV	617,085.
DELL MARKETING LP PO BOX 120001 DEPT 0786, DALLAS, TX 75312	COMPUTER SALES/SERV	539,801.

**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 **122**



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	116,776,539.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,789,553.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			130566092.			
Program Service Revenue	<b>2 a</b> SCI RESEARCH & DEV SER	<b>Business Code</b>	541700	19,841,092.	19797470.	43,622.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			19,841,092.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			472,457.		472,457.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			161,606.		161,606.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	251.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		251.			
	<b>d</b> Net rental income or (loss)			251.		251.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	4,410,188.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		3,569,036.			
	<b>c</b> Gain or (loss)	<b>7c</b>		841,152.			
<b>d</b> Net gain or (loss)			841,152.		841,152.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> TRANSFER OF ASSETS	<b>Business Code</b>	900099	2,362,806.	2,362,806.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,362,806.			
<b>12 Total revenue.</b> See instructions			154245456.	22160276.	43,622.	1475466.	

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**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,366,371.	23,366,371.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,739,317.	5,739,317.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,720.	10,720.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	25,883,192.	23,757,307.	2,125,885.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,338,878.	1,226,263.	112,615.	
<b>9</b> Other employee benefits	4,718,333.	4,321,468.	396,865.	
<b>10</b> Payroll taxes	1,918,276.	1,760,721.	157,555.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	450,464.		450,464.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	86,711.	184.	86,527.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	229,530.	222,477.	7,053.	
<b>13</b> Office expenses	1,422,437.	1,071,620.	350,817.	
<b>14</b> Information technology	1,613,317.	1,020,473.	592,844.	
<b>15</b> Royalties	18,800.		18,800.	
<b>16</b> Occupancy	2,180,879.	2,151,582.	29,297.	
<b>17</b> Travel	2,559,955.	2,444,246.	115,709.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	214,262.	175,317.	38,945.	
<b>20</b> Interest	2,229,893.	1,632,169.	597,724.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,663,640.	2,663,640.		
<b>23</b> Insurance	333,369.	54,530.	278,839.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a SHARED SERVICES</b>	48,545,958.	45,568,943.	2,977,015.	
<b>b RESEARCH/EDUC. SUPPLIES</b>	9,739,461.	9,702,232.	37,229.	
<b>c CONSULTING/SUBCONT FEE</b>	9,502,096.		9,502,096.	
<b>d OPERATING EXP TO WVU</b>	8,729,328.	7,870,716.	858,612.	
<b>e All other expenses</b>	1,534,384.	1,372,338.	162,046.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	155,029,571.	136,132,634.	18,896,937.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	31,927,441.	<b>1</b>	39,683,202.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	28,553,364.	<b>3</b>	40,541,513.	
	<b>4</b> Accounts receivable, net .....	2,709,225.	<b>4</b>	328,972.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,126,070.	<b>7</b>	654,351.	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	451,845.	<b>9</b>	423,706.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	93,239,321.	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	27,261,409.	<b>10b</b>		
	<b>11</b> Investments - publicly traded securities .....	64,139,403.	<b>10c</b>	65,977,912.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	16,192,022.	<b>11</b>	14,209,401.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	149,099,370.	<b>15</b>			
		<b>16</b>	161,819,057.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,750,133.	<b>17</b>	36,022,374.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	19,674,428.	<b>19</b>	29,267,239.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	57,479,907.	<b>23</b>	56,334,367.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,099,309.	<b>25</b>	161,047.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	106,003,777.	<b>26</b>	121,785,027.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>		
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....	28,944,778.	<b>29</b>	24,679,364.	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	14,150,815.	<b>30</b>	15,354,666.	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	0.	<b>31</b>	0.	
	<b>32</b> <b>Total net assets or fund balances</b> .....	43,095,593.	<b>32</b>	40,034,030.	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	149,099,370.	<b>33</b>	161,819,057.		

Form **990** (2021)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,245,456.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,029,571.
3	Revenue less expenses. Subtract line 2 from line 1	3	-784,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,095,593.
5	Net unrealized gains (losses) on investments	5	-3,261,515.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	984,067.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,034,030.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ..... 1
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
WEST VIRGINIA UNIV.	55-6000842	1	X		155,029,571.	
<b>Total</b>					155,029,571.	0.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 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 year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		X
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	X	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described on line 2, above, 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, 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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION**

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3.	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	Current Year
<b>2</b> Enter 0.85 of line 1.	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

**Part VI**

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

Lined area for supplemental information

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>	Employer identification number <b>55-0665758</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>	<b>Employer identification number</b>  55-0665758
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 13,789,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>	Employer identification number <b>55-0665758</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>	Employer identification number <b>55-0665758</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION</b>	Employer identification number <b>55-0665758</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 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	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		47,770.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			47,770.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a 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 form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

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

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,440,410.		4,440,410.
b Buildings		81,571,209.	24,161,596.	57,409,613.
c Leasehold improvements				
d Equipment		2,197,057.	1,048,192.	1,148,865.
e Other		5,030,645.	2,051,621.	2,979,024.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				65,977,912.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GAIN ON REFUNDING & OTHER	
(3) LIABILITIES	161,047.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	161,047.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	150,983,939.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,261,515.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-2.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-3,261,517.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	154,245,456.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	154,245,456.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	155,029,568.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-3.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-3.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	155,029,571.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	155,029,571.

**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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING (\$2)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING (\$3)

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  
**WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION**

Employer identification number  
**55-0665758**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE			PROGRAM SERVICE	RESEARCH	13,038.
NORTH AMERICA			PROGRAM SERVICE	RESEARCH	5,000.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	29,011.
EUROPE			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	95,580.
NORTH AMERICA			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	51,553.
SOUTH AMERICA			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	8,628.
SUB-SAHARAN AFRICA			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	6,000.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	22,414.
<b>3 a</b> Subtotal .....	0	0			231,224.
<b>b</b> Total from continuation sheets to Part I .....	0	0			768,015.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			999,239.

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Schedule F (Form 990) 2021



WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule F (Form 990)

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**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	8,588.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	48,355.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	40.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	120,469.
EUROPE			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	182,671.
NORTH AMERICA			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	407,174.
SOUTH AMERICA			PROGRAM SERVICE	OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION	718.
<b>Totals</b> .....					768,015.

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	13,108.	CHECK	0.		
		NORTH AMERICA	RESEARCH	14,051.	CHECK	0.		

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part 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)* .....  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)* .....  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

**Part V Supplemental Information**

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

**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 PRIMARILY POSTED DIRECTLY TO THE STUDENT'S ACCOUNT OR PAID THROUGH ACCOUNTS PAYABLE. PAYMENTS POSTED TO THE STUDENT'S ACCOUNT ARE 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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALDERSON BROADDUS UNIVERSITY INC PO BOX 2004 101 COLLEGE HILL DR PHILIPPI, WV 26416	55-0357072	501(C)(3)	26,838.	0.	BOOK		RESEARCH
ADVANCED MANUFACTURING LLC 222 PITKIN STREET SUITE 109 EAST HARTFORD, CT 06108	81-2440033		24,999.	0.	BOOK		RESEARCH
ASCENSION LLC 206 SPRUCE STREET MORGANTOWN, WV 26505	81-1335017		7,000.	0.	BOOK		PUBLIC SERVICE
BETHANY COLLEGE CRAMBLET HALL, MAIN STREET BETHANY, WV 26032	55-0356985	501(C)(3)	49,182.	0.	BOOK		RESEARCH
ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY INC - 950 NORTH CHERRY AVENUE - TUCSON, AZ 85719	86-0138043	501(C)(3)	16,704.	0.	BOOK		RESEARCH
BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118	04-3314093	501(C)(3)	102,443.	0.	BOOK		RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 119.

**3** Enter total number of other organizations listed in the line 1 table ▶ 17.

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Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule I (Form 990)

55-0665758

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKHANNON RIVER WATERSHED ASSOCIATION INC - 112 FAYETTE STREET - BUCKHANNON, WV 26201	55-0783924	501(C)(3)	18,073.	0.	BOOK		RESEARCH
CABIN CREEK HEALTH SYSTEMS INC 104 ALEX LANE CHARLESTON, WV 25304	55-0709223	501(C)(3)	148,153.	0.	BOOK		RESEARCH
CAMC HEALTH EDUCATION & RESEARCH INSTITUTE INC - PO BOX 45760 - BALTIMORE, MD 21297-5760	55-0753754	501(C)(3)	573,978.	0.	BOOK		PUBLIC SERVICE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7006	34-1018992	501(C)(3)	90,790.	0.	BOOK		RESEARCH
CAMDEN-ON-GAULEY MEDICAL CTR INC 10003 WEBSTER ROAD CAMDEN-ON-GAULEY, WV 26208	55-0592596	501(C)(3)	93,300.	0.	BOOK		PUBLIC SERVICE
ELECTRIC POWER RESEARCH INSTITUTE INC - 3420 HILLVIEW AVENUE - PALO ALTO, CA 94304	23-7175375	501(C)(3)	231,558.	0.	BOOK		RESEARCH
COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET GOLDEN, CO 80401	84-6000551	SECTION 115	96,822.	0.	BOOK		RESEARCH
EASTERN AREA HEALTH EDUCATION CENTER - 2500 FOUNDATION WAY - MARTINSBURG, WV 25401	35-2174239	501(C)(3)	134,846.	0.	BOOK		INSTRUCTION
EICH DESIGN LLC 145 PINE HAVEN SHORES RD, #1000A SHELBURNE, TX 05482	82-4164398		740,102.	0.	BOOK		RESEARCH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTE CO HEALTH DEPT 202 CHURCH STREET FAYETTEVILLE, WV 25840	55-6011279	SECTION 115	41,305.	0.	BOOK		RESEARCH
GRAFTON CITY HOSPITAL INC 1 HOSPITAL PLAZA GRAFTON, WV 26354	55-6000526	501(C)(3)	36,252.	0.	BOOK		PUBLIC SERVICE
FAIRMONT STATE UNIV 1202 LOCUST AVE FAIRMONT, WV 26554	55-6000778	SECTION 115	16,888.	0.	BOOK		OTHER
FLORIDA INSTITUTE OF TECHNOLOGY, INC - 150 W UNIVERSITY BLVD - MELBOURNE, FL 32901	59-6046500	501(C)(3)	400,660.	0.	BOOK		RESEARCH
GLENVILLE STATE COLLEGE RESEARCH CORP - 200 HIGH ST - GLENVILLE, WV 26351-1200	55-0713410	501(C)(3)	136,993.	0.	BOOK		INSTRUCTION & PUBLIC SERVICE
HEALTH ACCESS INC 489 WASHINGTON AVE CLARKSBURG, WV 26301	55-0715066		10,000.	0.	BOOK		RESEARCH
COMMUNITY CONNECTIONS INC 215 S WALKER STREET PRINCETON, WV 24740	55-0740913	501(C)(3)	78,086.	0.	BOOK		RESEARCH
H QUEST VANGUARD INC 750 WILLIAM PITT WAY, BLDG B11 PITTSBURGH, PA 15238	46-4604939		150,864.	0.	BOOK		RESEARCH
INDIANA UNIVERSITY PO BOX 66271 INDIANAPOLIS, IN 46266-6271	35-6001673	SECTION 115	33,380.	0.	BOOK		RESEARCH

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ELEARNING FOR KIDS INC PO BOX 1025 PRINCETON, WV 24740	55-0783700	501(C)(3)	6,000.	0.	BOOK		PUBLIC SERVICE
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	91,948.	0.	BOOK		RESEARCH
LIBRARY OF VIRGINIA 800 E BROAD STREET RICHMOND, VA 23219-1905	54-6001813	SECTION 115	62,288.	0.	BOOK		INSTRUCTION
MALACHITE TECHNOLOGIES INC 2262 PALOU AVENUE SAN FRANCISCO, CA 94124	27-3227538		147,889.	0.	BOOK		RESEARCH
MARSHALL UNIV RESEARCH CORP ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25755	55-0683361	501(C)(3)	2,248,272.	0.	BOOK		PUBLIC SERVICE, RESEARCH, AND OTHER
MICHIGAN STATE UNIV 426 AUDITORIUM ROAD, ROOM 360 EAST LANSING, MI 48824	38-6005984	SECTION 115	259,168.	0.	BOOK		RESEARCH
MID OHIO VALLEY HEALTH DEPT 211 SIXTH STREET PARKERSBURG, WV 26101	55-0619203	SECTION 115	44,655.	0.	BOOK		PUBLIC SERVICE
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	70,725.	0.	BOOK		RESEARCH
MSOPTI 400 LEE ST NORTH LEWISBURG, WV 24901	55-0763235	501(C)(3)	99,571.	0.	BOOK		INSTRUCTION

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NEW RIVER HEALTH ASSOCIATION INC PO BOX 337 SCARBRO, WV 25917-0337	55-0581968	501(C)(3)	67,221.	0.	BOOK		PUBLIC SERVICE
NORTH CAROLINA STATE UNIV NCSU CAMPUS BOX 7605 RALEIGH, NC 27695	56-6000756	SECTION 115	223,717.	0.	BOOK		RESEARCH
NORTHEAST NATURAL ENERGY LLC 707 VIRGINIA ST E, STE 1200 CHARLESTON, WV 25301	27-0945493		24,750.	0.	BOOK		RESEARCH
NORTHWOOD HEALTH SYSTEMS INC 111 19TH STREET WHEELING, WV 26003	55-0540374	501(C)(3)	31,080.	0.	BOOK		PUBLIC SERVICE
MAINEHEALTH 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	377,052.	0.	BOOK		RESEARCH
MILAN PUSKAR HEALTH RIGHT INC PO BOX 1519 MORGANTOWN, WV 26507-1519	31-1118673	501(C)(3)	105,675.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
MINNIE HAMILTON HEALTH CARE CENTER INC - 186 HOSPITAL DRIVE - GRANTSVILLE, WV 26147	55-0629032	501(C)(3)	218,475.	0.	BOOK		PUBLIC SERVICE
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	155,047.	0.	BOOK		RESEARCH
THE OHIO STATE UNIVERSITY 2020 BLANKENSHIP HALL 901 WOODY HAY COLUMBUS, OH 43210	31-6025986	SECTION 115	7,780.	0.	BOOK		RESEARCH

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THE UNIVERSITY OF CHARLESTON INC 2300 MACCORKLE AVENUE SE CHARLESTON, WV 25304	55-0357039	501(C)(3)	69,583.	0.	BOOK		RESEARCH
THE GENEVA FOUNDATION 917 PACIFIC AVENUE, SUITE 600 TACOMA, WA 98402-4437	91-1593913	501(C)(3)	16,930.	0.	BOOK		RESEARCH
SHEPHERD UNIVERSITY PO BOX 5000 SHEPHERDSTOWN, WV 25443-5000	55-6000799	SECTION 115	67,874.	0.	BOOK		RESEARCH AND OTHER
THE GEORGE WASHINGTON UNIVERSITY GELMAN LIBRARY BUS OFF 2130 H ST NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	33,168.	0.	BOOK		RESEARCH
TAYLOR COUNTY COLLABORATIVE FAMILY RESOURCE NETWORK INC - 105 BEECH STREET - GRAFTON, WV 26354	26-2179680	501(C)(3)	27,323.	0.	BOOK		RESEARCH
UNITED SUMMIT CENTER INC 6 HOSPITAL PLAZA CLARKSBURG, WV 26301-9316	55-0752788	501(C)(3)	31,079.	0.	BOOK		PUBLIC SERVICE
UNIV OF MARYLAND AT BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	SECTION 115	307,794.	0.	BOOK		RESEARCH
UNIV OF UTAH 201 S PRESIDENTS CIR RM 411 SALT LAKE CITY, UT 84112-9022	87-6000525	SECTION 115	94,993.	0.	BOOK		RESEARCH
UNIV OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260	25-0965591	SECTION 115	58,308.	0.	BOOK		RESEARCH

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UNIV OF ILLINOIS PO BOX 1649 PEORIA, IL 61656-1649	37-6000511	501(C)(3)	11,515.	0.	BOOK		RESEARCH
UNIV OF WISCONSIN-MADISON BOX 78538 MILWAUKEE, WI 53278-0538	39-6006492	SECTION 115	7,215.	0.	BOOK		PUBLIC SERVICE
UNIVERSITY OF ARKANSAS AT LITTLE ROCK - 2801 S UNIVERSITY AVENUE - LITTLE ROCK, AR 72204	71-0236904	SECTION 115	117,485.	0.	BOOK		RESEARCH
UNIVERSITY OF MAINE SYSTEM INC 5703 ALUMNI HALL, SUITE 101 ORONO, ME 04469-5703	01-6000769	SECTION 115	75,008.	0.	BOOK		RESEARCH
UNIVERSITY OF NORTH DAKOTA TWAMLEY HALL 409/264 CENTENNIAL DRIP STOP 8356 - GRAND FORKS, ND 58202	45-6002491	SECTION 115	70,509.	0.	BOOK		RESEARCH
UNIV OF FLORIDA PO BOX 113201, STE 1250 E CAMPUS OFFICE BLDG - GAINSVILLE, FL 32611-3201	59-6002052	SECTION 115	28,288.	0.	BOOK		RESEARCH
UNIV OF GEORGIA RESEARCH FOUNDATION INC - CONTRACTS & GRANTS DEPT BUS SERV, BLG B4 - ATHENS, GA 30603	58-1353149	501(C)(3)	85,373.	0.	BOOK		RESEARCH
US DEPT OF ENERGY NETL 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585	62-0496456		43,750.	0.	BOOK		RESEARCH
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301	02-6000937	501(C)(3)	101,767.	0.	BOOK		RESEARCH

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UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505	64-6008520	SECTION 115	232,299.	0.	BOOK		RESEARCH
UNIV OF KY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	137,936.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
UNIVERSITY OF MARYLAND CENTER FOR ADVANCED TRANSPORTATION TECHNOLOGY - 5000 COLLEGE AVENUE - COLLEGE PARK, MD 20742	52-6002033	SECTION 115	173,016.	0.	BOOK		RESEARCH
UNIVERSITY OF GEORGIA 141 FOUR TOWERS BLDG 405 COLLEGE ST ATHENS, GA 30602	58-6001998	SECTION 115	77,934.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
WEST VIRGINIA FOOD AND FARM COALITION INC - 3820 MACCORKLE AVE, SE - CHARLESTON, WV 25304	46-2706460	501(C)(3)	111,524.	0.	BOOK		PUBLIC SERVICE
WEST VIRGINIA STATE UNIVERSITY PO BOX 368 INSTITUTE, WV 25112-0368	55-6000839	SECTION 115	81,625.	0.	BOOK		RESEARCH & OTHER
UNIV OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	119,569.	0.	BOOK		RESEARCH
WESTBROOK HEALTH SERVICES INC 2121 SEVENTH STREET PARKERSBURG, WV 26101	55-0484662	501(C)(3)	42,770.	0.	BOOK		PUBLIC SERVICE
UNIV OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996-0100	62-6001636	SECTION 115	224,870.	0.	BOOK		PUBLIC SERVICE AND RESEARCH

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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM STREET - LITTLE ROCK, AK 72205	71-6046242	SECTION 115	15,818.	0.	BOOK		RESEARCH
UNIV OF WASHINGTON 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105	91-6001537	SECTION 115	30,260.	0.	BOOK		RESEARCH
UNIV OF WYOMING 1000 E UNIVERSITY AVENUE LARAMIE, WY 82071	83-6000331	SECTION 115	85,000.	0.	BOOK		RESEARCH
WALE AND ASSOCIATES CORP 12577 MESA VERDE DRIVE VICTORVILLE, CA 92392	83-2141812		25,000.	0.	BOOK		RESEARCH
WILLIAMSON HEALTH & WELLNESS CENTER INC - PO BOX 2080 - WILLIAMSON, WV 25561	45-2849701	501(C)(3)	157,119.	0.	BOOK		INSTRUCTION
WEST VIRGINIA MILITARY AUTHORITY 1703 COONSKIN DRIVE CHARLESTON, WV 25311	26-2623534	SECTION 115	1,001,652.	0.	BOOK		RESEARCH
WHEELING HOSPITAL INC 1 MEDICAL PK WHEELING, WV 26003	55-0357057	501(C)(3)	106,704.	0.	BOOK		RESEARCH
UNIVERSITY OF WISCONSIN SYSTEM OFFICE OF SPONSORED PROGRAMS, PO BO MILWAUKEE, WI 53211-0340	39-1805963	SECTION 115	178,404.	0.	BOOK		RESEARCH
WESTED 750 HARRISON STREET SAN FRANCISCO, CA 94107	94-3233542		24,324.	0.	BOOK		RESEARCH

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VALLEY HEALTH SYSTEMS INC 3377 US ROUTE 60 EAST HUNTINGTON, WV 25705	55-0554001	501(C)(3)	7,500.	0.	BOOK		RESEARCH
VIRGINIA POLYTECHNIC INST & STATE UNIV - 800 WASHINGTON ST SW, STUDENT SER BLDG, STE 150 - BLACKSBURG, VA 24061	54-6001805	SECTION 115	425,587.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CB 1034 ST LOUIS, MO 63112	43-0653611	501(C)(3)	113,407.	0.	BOOK		RESEARCH
APPLIED RESEARCH FOUNDATION OF WEST VIRGINIA - 219 ROCK STREET - BLUEFIELD, WV 24701	84-2384597		71,258.	0.	BOOK		RESEARCH
WEST LIBERTY UNIVERSITY 208 UNIVERSITY DRIVE, BUSINESS OFFICE - WEST LIBERTY, WV 26074-0295	55-6000822	SECTION 115	142,154.	0.	BOOK		RESEARCH AND OTHER
UNIVERSITY OF NEBRASKA 151 WHITTIER RESEARCH CENTER PO BOX 830861 - LINCOLN, NE 68583-0861	47-0049123	SECTION 115	109,469.	0.	BOOK		RESEARCH
WVU HOSPITALS INC PO BOX 8060 MORGANTOWN, WV 26506	55-0643304	501(C)(3)	104,802.	0.	BOOK		PUBLIC SERVICE
XORAN TECHNOLOGIES LLC 5210 S STATE ROAD ANN ARBOR, MI 48108	90-1033421		74,169.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	56-0641460	SECTION 115	271,238.	0.	BOOK		PUBLIC SERVICE, RESEARCH, AND INSTRUCTION

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UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CAMPUS - PO BOX 365067 - SAN JUAN, PUERTO RICO, PUERTO RICO 00936-5067	66-0433762		44,180.	0.	BOOK		PUBLIC SERVICE
WV SCHOOL OF OSTEOPATHIC MEDICINE 400 N LEE STREET LEWISBURG, WV 24901-1128	55-0561541	SECTION 115	466,724.	0.	BOOK		RESEARCH
WV WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	15,946.	0.	BOOK		OTHER
WVSU RESEARCH & DEVELOPMENT CORP. GUS R DOUGLAS INSTITUTE - PO BOX 1000 ACEOP ADMIN BUILDING - INSTITUTE, WV 25112	55-0708567	501(C)(3)	39,308.	0.	BOOK		PUBLIC SERVICE
WVU PARKERSBURG 300 CAMPUS DR PARKERSBURG, WV 26104	55-0523820	SECTION 115	19,279.	0.	BOOK		PUBLIC SERVICE
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 217 WATERMAN 85 S PROSPECT ST - BURLINGTON, VT 05405	03-0179440	SECTION 115	78,546.	0.	BOOK		RESEARCH
UNIVERSITY OF ARKANSAS SYSTEM TREASURER'S OFFICE, PO BOX 1404 FAYETTEVILLE, AR 72702	71-6003252	SECTION 115	86,061.	0.	BOOK		RESEARCH
WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN, WV 26506	55-6000842	SECTION 115	6,024,980.	0.	BOOK		EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL
APPALACHIAN COMMUNITY HEALTH CENTER - 725 YOKUM STREET - ELKINS, WV 26241	55-0483699	501(C)(3)	31,079.	0.	BOOK		PUBLIC SERVICE

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BURLINGTON UNITED METHODIST FAMILY SERVICES INC - 539 NEW CREEK HIGHWAY - KEYSER, WV 26726	55-0575371	501(C)(3)	69,307.	0.	BOOK		RESEARCH
AUBURN UNIVERSITY 125 INGRAM HALL AUBURN, AL 36849	63-6000724	SECTION 115	85,551.	0.	BOOK		RESEARCH
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE LEAHY 260 WASHINGTON, DC 20064	53-0196583	501(C)(3)	54,383.	0.	BOOK		RESEARCH
GAS TECHNOLOGY INSTITUTE PO BOX 91127 CHICAGO, IL 60693	36-2170137	501(C)(3)	11,934.	0.	BOOK		RESEARCH
BLUEFIELD STATE COLLEGE RESEARCH & DEV - 704 BLAND STREET - BLUEFIELD, WV 24701	55-0785437	501(C)(3)	8,300.	0.	BOOK		OTHER
CARNEGIE MELLON UNIV PO BOX 360456 PITTSBURGH, PA 15251-6456	25-0969449	501(C)(3)	6,928.	0.	BOOK		RESEARCH
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - 986800 THE NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-6800	47-0049123	501(C)(3)	344,603.	0.	BOOK		RESEARCH
TEXAS A&M ENGINEERING EXPERIMENT STATION - 400 HARVEY MITCHELL PKWY STE 300 - COLLEGE STATION, TX 77845	74-1974733	SECTION 115	53,337.	0.	BOOK		RESEARCH
TEXAS TECH UNIV BOX 41092 LUBBOCK, TX 79409-1092	75-6002622	SECTION 115	118,044.	0.	BOOK		RESEARCH

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CENTER FOR RURAL HEALTH DEVELOPMENT INC - 75 CHASE DR - HURRICANE, WV 25526	55-0729764	501(C)(3)	105,331.	0.	BOOK		PUBLIC SERVICE AND RESEARCH
THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	16-0743134	501(C)(3)	71,878.	0.	BOOK		RESEARCH
CLAY-BATTELLE HEALTH SERVICES ASSOC - PO BOX 72 - BLACKSVILLE, WV 26521-0072	55-0541649	501(C)(3)	10,000.	0.	BOOK		RESEARCH
BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693	31-4379427	501(C)(3)	237,072.	0.	BOOK		RESEARCH
CLEMSON UNIV 238 POOLE AGRICULTURE CTR CLEMSON, SC 29634-0753	57-6000254	SECTION 115	110,226.	0.	BOOK		RESEARCH
BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV 89154	88-6000024	501(C)(3)	12,358.	0.	BOOK		RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - PO BOX 26901 RP865 STE 560 - OKLAHOMA CITY, OK 73126-0901	73-1563627	SECTION 115	237,344.	0.	BOOK		RESEARCH
BROWN UNIVERSITY CONTROLLER'S OFFICE BOX J PROVIDENCE, RI 02912	05-0258809	501(C)(3)	128,956.	0.	BOOK		RESEARCH
CASA FOR CHILDREN INC 1224 CHAPLINE STREET WHEELING, WV 26003	27-0906338	501(C)(3)	82,321.	0.	BOOK		RESEARCH

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EAST TENNESSEE STATE UNIV 1276 GILBREATH DR JOHNSON CITY, TN 37614	62-6021046	SECTION 115	20,700.	0.	BOOK		RESEARCH
GE STEAM POWER INC PO BOX 735113 DALLAS, TX 75373-5113	06-1553604		47,698.	0.	BOOK		RESEARCH
CLARKSON UNIVERSITY PO BOX 5546 POTSDAM, NY 13699-5546	15-0543659	501(C)(3)	105,238.	0.	BOOK		RESEARCH
NEW MEXICO STATE UNIV PO BOX 30002, MSC SPA LAS CRUCES, NM 88003-8002	85-6000401	SECTION 115	45,972.	0.	BOOK		RESEARCH
GODS WAY HOME INC 477 MAIN STREET RAINELLE, WV 25962	83-3283417		38,139.	0.	BOOK		PUBLIC SERVICE
PENNINGTON BIOMEDICAL RESEARCH CENTER - 6400 PERKINS ROAD - BATON ROUGE, LA 70808	72-6000848	SECTION 115	266,279.	0.	BOOK		RESEARCH
HELA NOVEL METALS LLC 150 NEW BOSTON ST UNIT A WOBURN, MA 01801	82-2737809		29,970.	0.	BOOK		RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE, 2ND FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	172,306.	0.	BOOK		RESEARCH
HONEYWELL INTERNATIONAL INC 21657 NETWORK PLACE CHICAGO, IL 60673-1216	22-2640650		35,212.	0.	BOOK		RESEARCH

Schedule I (Form 990)

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule I (Form 990)

55-0665758

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA TOOL AND MANUFACTURING INC 6100 MICHIGAN RD PLYMOUTH, IN 46563	35-0987380		37,646.	0.	BOOK		RESEARCH
RHODE ISLAND QUALITY INSTITUTE 50 HOLDEN STREET, SUITE 300 PROVIDENCE, RI 02908	75-3059336	501(C)(3)	54,177.	0.	BOOK		RESEARCH
IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY - 2221 WANDA DALEY DR - AMES, IA 50011	42-6004224	SECTION 115	30,149.	0.	BOOK		RESEARCH
SAM HOUSTON STATE UNIVERSITY 1831 UNIVERSITY AVENUE HUNTSVILLE, TX 77340-2448	74-6001430	SECTION 115	40,662.	0.	BOOK		RESEARCH
THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	202,716.	0.	BOOK		RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	136,834.	0.	BOOK		RESEARCH
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER - 3500 CAMP BOWIE - FORT WORTH, TX 76107	75-6064033	501(C)(3)	16,960.	0.	BOOK		RESEARCH
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE, MD 21250-0001	52-6002033	SECTION 115	6,978.	0.	BOOK		RESEARCH
OHIO UNIVERSITY 1 OHIO UNIVERSITY DRIVE PO BOX 960 ATHENS, OH 45701	31-1334820	SECTION 115	24,801.	0.	BOOK		RESEARCH

Schedule I (Form 990)

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESTON MEMORIAL HOSPITAL CORP 300 S PRICE STREET KINGWOOD, WV 26537-1442	31-1097818	501(C)(3)	62,000.	0.	BOOK		PUBLIC SERVICE
RAND CORPORATION 1775 MAIN ST PO BOX 2138 SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	49,192.	0.	BOOK		RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - UNIV TAX MGMT 2221 UNIV AVE SE STE 111 - MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	44,174.	0.	BOOK		RESEARCH
RITCHIE REGIONAL HEALTH CENTER 135 SOUTH PENN AVENUE HARRISVILLE, WV 26362	55-0737963	501(C)(3)	10,000.	0.	BOOK		PUBLIC SERVICE
SAVE THE TYGART WATERSHED ASSOCIATION INC - PO BOX 164 - GRAFTON, WV 26354	20-4107219	501(C)(3)	99,088.	0.	BOOK		RESEARCH
SOUTHWEST RESEARCH INSTITUTE PO BOX 841671 DALLAS, TX 75284-1671	74-1070544	501(C)(3)	75,193.	0.	BOOK		RESEARCH
SPROUTING FARMS CORP 4661 SR 3 & 12 TALCOTT, WV 24981	81-3566706	501(C)(3)	14,563.	0.	BOOK		RESEARCH
TEXAS BIOMEDICAL RESEARCH INSTITUTE - PO BOX 760549 - SAN ANTONIO, TX 78245	74-1109630	501(C)(3)	11,401.	0.	BOOK		RESEARCH
THE JOHN HOPKINS UNIVERSITY APPLIED PHYSCIS LABORATOR LLC - 11100 JOHNS HOPKINS ROAD - LAUREL, MD 20723-6099	52-0595111	501(C)(3)	13,513.	0.	BOOK		RESEARCH

Schedule I (Form 990)

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule I (Form 990)

55-0665758

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY CORPORATION 18111 NORDHOFF ST NORTHRIDGE, CA 91330-8309	95-1992732	501(C)(3)	62,173.	0.	BOOK		RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	SECTION 115	41,799.	0.	BOOK		RESEARCH
TRINITY FAMILY HEALTH CARE LLC 1 SOUTH MARSHAM STREET ROMNEY, WV 26757	47-1985943		83,300.	0.	BOOK		PUBLIC SERVICE
UCHICAGO ARGONNE LLC PO BOX 87916 CAROL STREAM, IL 60188	36-2177139	501(C)(3)	18,784.	0.	BOOK		RESEARCH

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL GRANTS TO STUDENTS	0	2,869,658.	0.	BOOK	
EDUCATIONAL GRANTS TO INDIVIDUALS	0	290,820.	0.	BOOK	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

**Part IV** Supplemental Information

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 PRIMARILY POSTED DIRECTLY TO THE STUDENT'S ACCOUNT OR PAID THROUGH ACCOUNTS PAYABLE. PAYMENTS POSTED TO THE STUDENT'S ACCOUNT ARE 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

Schedule J (Form 990) 2021

55-0665758

Page 2

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAY MARSH DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	927,880.	0.	28,318.	17,400.	5,698.	979,296.	0.
(2) E. GORDON GEE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	770,709.	0.	26,000.	17,400.	8,018.	822,127.	0.
(3) LAURA GIBSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	431,856.	0.	2,600.	25,800.	20,189.	480,445.	0.
(4) MARYANNE REED DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	385,132.	0.	28,533.	24,981.	8,448.	447,094.	0.
(5) PAULA CONGELIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	352,358.	18,000.	26,000.	49,400.	364.	446,122.	0.
(6) J. ROBERT ALSOP EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	385,763.	0.	58.	17,400.	65.	403,286.	0.
(7) EARL SCIME DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	295,460.	65,640.	13,253.	22,557.	1,709.	398,619.	0.
(8) PEDRO J MAGO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	323,686.	0.	11,786.	17,400.	14,163.	367,035.	0.
(9) ANJALI HALABE TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	278,392.	10,000.	2,085.	49,400.	749.	340,626.	0.
(10) STEPHANIE TAYLOR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,334.	0.	1,113.	16,006.	23,022.	294,475.	0.
(11) FRED KING DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,118.	0.	0.	15,852.	8,820.	285,790.	0.
(12) MAURA MCLAUGHLIN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	238,071.	0.	0.	14,743.	15,550.	268,364.	0.
(13) SARAH BILLER GENERAL OPERATIONS MANAGER	(i)	194,601.	0.	0.	6,300.	1,817.	202,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID KOSSLOW ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	161,655.	0.	2,580.	10,461.	20,120.	194,816.	0.
(15) SHELLEY WELCH DIR OF CLINICAL TRIALS	(i)	152,503.	0.	6,278.	9,900.	17,744.	186,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES DOTTAVIO GENERAL & OPERATIONS MANAG	(i)	125,172.	0.	7,858.	8,000.	25,777.	166,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ALAN MARTIN SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,995.	0.	685.	8,280.	7,616.	150,576.	0.
(18) NARVEL WEESE FORMER DIR & OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	60,000.	0.	0.	0.	0.	60,000.	0.
(19) EUGENE CILENTO FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	22,993.	0.	0.	0.	0.	22,993.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 3:**

JAMES ROBERT ALSOP AS THE CEO/EXECUTIVE DIRECTOR IS NOT PAID BY THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) BUT IS PAID BY WEST VIRGINIA UNIVERSITY (WVU), A RELATED ORGANIZATION. COMPENSATION IS DETERMINED BY WVU THROUGH THE USE OF SEVERAL FACTORS INCLUDING JOB ANALYSIS AND EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION, AND SALARY SURVEY DATA ON PAY PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY ADMINISTRATION PROGRAM AND RESTRUCTURES IT AS NECESSARY. MARKET AND/OR COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON EMPLOYMENT FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW. IN ADDITION, EMPLOYEES MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR PERFORMANCE.

**PART I, LINE 4B:**

ANJALI HALABE \$32,000

PAULA CONGELIO \$32,000

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Employer identification number	55-0665758
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**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

IN 1985, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RESEARCH CORPORATION) WAS CREATED IN ACCORDANCE WITH WEST VIRGINIA STATE LAW AND WITH THE EXPRESSED PURPOSE TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (UNIVERSITY).

THE RESEARCH 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 MAXIMIZE THE EFFECTIVENESS OF TECHNOLOGY TRANSFER IN ADDITION TO ITS ECONOMIC AND BUSINESS DEVELOPMENT FUNCTIONS. ONE IMPORTANT INDICATION OF THIS SUCCESS IS THE UNIVERSITY'S CLASSIFICATION AS AN R1, DOCTORAL UNIVERSITY - HIGHEST RESEARCH ACTIVITY, BY THE CARNEGIE FOUNDATION IN FISCAL YEAR 2022 PLACING WVU AMONG THE 146 STRONGEST RESEARCH INSTITUTIONS IN THE U.S. SPONSORED AWARD EXPENDITURES CAME IN AT \$199 MILLION FOR FISCAL YEAR

2022, WITH \$90 MILLION COMING FROM FEDERAL AGENCIES (IN FISCAL YEAR

Name of the organization	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Employer identification number	55-0665758
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2021 THE NUMBERS WERE \$189 MILLION AND \$80 MILLION). AS A RESULT OF THIS GROWTH, THE FACILITIES AND ADMINISTRATIVE COSTS ("F&A") RECOVERED INCREASED FROM \$31.7 MILLION TO \$35.4 MILLION FROM FISCAL YEAR 2021 TO FISCAL YEAR 2022 - AN INCREASE OF \$3.7 MILLION.

COMPARING FISCAL YEAR 2022 TO FISCAL YEAR 2021 FOR OUR PRIMARY FEDERAL RESEARCH SPONSORS:

NATIONAL SCIENCE FOUNDATION - FUNDED EXPENDITURES GREW FROM \$8.3 MILLION TO \$10.9 MILLION

DEPARTMENT OF HEALTH AND HUMAN SERVICES - FUNDED EXPENDITURES GREW FROM \$42.8 MILLION TO \$46.1 MILLION

DEPARTMENT OF AGRICULTURE - FUNDED EXPENDITURES GREW FROM \$4.5 MILLION TO \$6.4 MILLION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION - FUNDED EXPENDITURES GREW FROM \$5.8 MILLION TO \$6.7 MILLION

AS A LARGE DEPARTMENT OF ENERGY (DOE) PROJECT ENDED, OUR EXPENDITURES FUNDED BY DOE DROPPED SLIGHTLY FROM \$11 MILLION TO \$10.6 MILLION DURING FISCAL YEAR 2022.

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 DOLLAR VALUE OF NEW AWARDS. THE MOST EFFECTIVE OF THESE INVESTMENTS REMAINS THE PROGRAM TO STIMULATE COMPETITIVE RESEARCH, PROVIDING SUPPORT TO ENSURE THAT RESUBMITTED PROPOSALS HAVE A SIGNIFICANTLY ENHANCED PROBABILITY OF SUCCESS; AND AN INTERNAL NATIONAL INSTITUTES HEALTH (NIH) STYLE STUDY SECTION AT OUR

Name of the organization	WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Employer identification number	55-0665758
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HEALTH SCIENCES CENTER (HSC), PROVIDING SCIENTIFIC REVIEW OF GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION TO INCREASE COMPETITIVENESS.

WHILE THE UNIVERSITY AND THE 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.

FORM 990, PART VI, SECTION A, LINE 2:

EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY.

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

THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF FINANCE, THE WVURC TREASURER, AND THE WVURC ASSISTANT TREASURER REVIEW A DRAFT OF THE FORM 990 ON BEHALF OF THE WVURC. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) MAINTAINS BOTH A CONFLICT OF INTEREST POLICY AND A WHISTLEBLOWER POLICY BOTH OF WHICH ARE PROVIDED TO RC EMPLOYEES AS PART OF THE RC EMPLOYEE HANDBOOK.

THE CONFLICT OF INTEREST POLICY REQUIRES ALL RESEARCH INVESTIGATORS TO SUBMIT A CONFLICT OF INTEREST IN RESEARCH DISCLOSURE ON, AT MINIMUM, AN ANNUAL BASIS. ALL INVESTIGATORS ARE REQUIRED TO UPDATE THEIR DISCLOSURE INFORMATION WITHIN THIRTY DAYS OF THE DEVELOPMENT OF A NEW SIGNIFICANT

Name of the organization WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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FINANCIAL INTEREST IN RESEARCH.

ADDITIONALLY RC EMPLOYEES WITHIN THE OFFICE OF TECH TRANSFER MUST ANNUALLY DISCLOSE SIGNIFICANT FINANCIAL INTERESTS FOR INSTITUTIONAL CONFLICTS OF INTEREST TO THE CONFLICT OF INTEREST OFFICE BY JULY 31 OF EACH YEAR.

FINALLY, ALL RC EMPLOYEES ARE REQUIRED TO DISCLOSE ALL OUTSIDE CONSULTING ARRANGEMENTS TO THE EMPLOYEE'S DEPARTMENT LEADER BY AUGUST 31 OF EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY AND ARE COMPENSATED BY A RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY (WVU).

COMPENSATION FOR EVERY WVU AND FOR EVERY RC EMPLOYEE POSITION IS DETERMINED BY SEVERAL FACTORS INCLUDING JOB ANALYSIS AND EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION, AND SALARY SURVEY DATA ON PAY PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY ADMINISTRATION PROGRAM AND RESTRUCTURES IT AS NECESSARY. MARKET AND/OR COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON ONE'S EMPLOYMENT FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW. IN ADDITION, EMPLOYEES MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

PURSUANT TO CHAPTER 31, ARTICLE I, SECTION 28 OF THE OFFICIAL CODE OF WEST VIRGINIA, 1931, AS AMENDED, A CERTIFICATE OF INCORPORATION WAS ISSUED BY THE WEST VIRGINIA SECRETARY OF STATE ON JUNE 26, 1985 TO THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION. THIS CERTIFICATE IS AFFIXED TO THE



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ARTICLES OF INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION. THAT CERTIFICATE ALONG WITH THE WVURC'S AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST. THE IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S TAX SERVICES WEBSITE.

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

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 MADE TO THE STRUCTURE, COMPOSITION AND DUTIES OF THE WVU RESEARCH CORPORATION BOARD OF DIRECTORS.

THE VOTING MEMBERSHIP OF THE BOARD OF DIRECTORS NOW INCLUDES NINE VOTING MEMBERS AND FOUR NON-VOTING OFFICERS. THE NINE VOTING BOARD OF DIRECTOR MEMBERS INCLUDE THE FOLLOWING WEST VIRGINIA UNIVERSITY (WVU) REPRESENTATIVES: THE WVU PRESIDENT; THE WVU PROVOST; THE WVU CHANCELLOR AND EXECUTIVE DEAN FOR HEALTH SCIENCES; THE WVU VICE PRESIDENT AND CHIEF FINANCIAL 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 COUNSEL;

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AND TWO WVU FACULTY MEMBERS AS APPOINTED BY THE WVU PRESIDENT. ALL BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITH EMPHASIS ON WVU POSITIONS WITHIN A COLLEGE OR AREA WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH. THERE IS NO SET TERM AN INDIVIDUAL MAY SERVE AS A BOARD OF DIRECTOR MEMBER AS DIRECTORS ARE APPOINTED BASED ON THEIR EMPLOYMENT POSITION AT WVU WITH THE INTENTION THAT BOARD OF DIRECTOR MEMBERS WILL RETAIN THEIR BOARD MEMBERSHIP FOR THE DURATION OF THEIR EMPLOYMENT IN ONE OF THE ABOVE LISTED WVU POSITIONS. THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS. NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TERM.

FORM 990, PART XI, LINE 8 PRIOR PERIOD ADJUSTMENTS DURING FISCAL YEAR 2022, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) ADOPTED GASB STATEMENT NO. 87 "LEASES", AS AMENDED BY GASB STATEMENT NO. 95 "POSTPONEMENT OF THE EFFECTIVE DATES OF CERTAIN AUTHORITATIVE GUIDANCE". THIS STATEMENT ESTABLISHES ACCOUNTING AND FINANCIAL REPORTING FOR LEASES BY LESSEES AND LESSORS. THIS STATEMENT REQUIRES RECOGNITION OF CERTAIN LEASE ASSETS AND LIABILITIES FOR LEASES THAT PREVIOUSLY WERE CLASSIFIED AS OPERATING LEASES. IT ESTABLISHES A SINGLE MODEL FOR LEASE ACCOUNTING BASED ON THE PRINCIPLE THAT LEASES ARE FINANCINGS OF THE RIGHT TO USE AN UNDERLYING ASSET. UNDER THIS STATEMENT, A LESSEE IS REQUIRED TO RECOGNIZE A LEASE LIABILITY AND AN INTANGIBLE RIGHT-TO-USE LEASE ASSET, AND A LESSOR IS REQUIRED TO RECOGNIZE A LEASE RECEIVABLE AND A DEFERRED INFLOW OF RESOURCES. THE FINANCIAL STATEMENTS FOR THE PERIOD ENDING JUNE 30, 2021 WERE RESTATED RESULTING IN AN INCREASE IN INTANGIBLE RIGHT-TO-USE ASSETS, LEASES

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RECEIVABLE, AND LEASES PAYABLE.

THE PRIOR PERIOD ADJUSTMENT OF \$984,067 AS REPORTED ON FORM 990, PART XI RECONCILIATION OF NET ASSETS, LINE 8 PRIOR PERIOD ADJUSTMENTS REFLECTS THE NET IMPACT OF THE RESTATEMENT FOR THE FISCAL YEAR 2021 FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C OVERSIGHT CHANGES THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2021 TO FISCAL YEAR 2022 IN THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT AUDITOR.

FORM 990 SCHEDULE R PART V 1D LOANS OR LOAN GUARANTEES TO OR FOR RELATED OR BEGINNING WITH FISCAL YEAR 2016, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (CORPORATION) AND THE WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION (UIC) ENTERED INTO SIX SEPARATE AGREEMENTS IN WHICH THE CORPORATION EXTENDED A LINE OF CREDIT TO THE UIC.

THE FIRST AGREEMENT WAS FOR \$1 MILLION, DID NOT BEAR INTEREST, WITH AN ORIGINAL PAYMENT DUE DATE OF PAYMENT IN FULL DUE ON AUGUST 16, 2025.

THE SECOND AGREEMENT WAS FOR \$1.5 MILLION, DID NOT BEAR INTEREST, WITH AN ORIGINAL PAYMENT DUE DATE OF \$1 MILLION DUE ON AUGUST 16, 2025 WITH THE REMAINING \$500,000 DUE ON MAY 16, 2026.

THE THIRD AGREEMENT WAS FOR \$500,000, DID NOT BEAR INTEREST, WITH AN ORIGINAL PAYMENT DUE DATE OF PAYMENT IN FULL DUE ON NOVEMBER 1, 2025.

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THE FOURTH AGREEMENT WAS FOR \$500,000, DID NOT BEAR INTEREST, WITH THE FOLLOWING PAYMENT SCHEDULE: \$100,000 DUE ON MARCH 13, 2025, \$100,000 DUE ON MARCH 28, 2025, \$250,000 DUE ON APRIL 10, 2025, AND \$50,000 DUE ON APRIL 28, 2025.

THE FIFTH AGREEMENT WAS FOR \$800,000 AND HAD A FIXED INTEREST RATE OF 3%. PAYMENT WAS DUE IN FULL ON DECEMBER 31, 2022. ACCURED INTEREST AS OF 5/31/2022 TOTALLED \$84,753.

THE SIXTH AGREEMENT WAS FOR \$300,000, DID NOT BEAR INTEREST, WITH AN ORIGINAL PAYMENT DUE DATE OF JANUARY 1, 2025.

ALL AGREEMENTS AND LOAN TERMS WERE APPROVED BY THE BOARD OF DIRECTORS FOR BOTH ORGANIZATIONS.

EFFECTIVE APRIL 1, 2022 (FISCAL YEAR 2022), UIC UNDERWENT A RESTRUCTURING OF BUSINESS FUNCTIONS. WHILE UIC CONTINUES TO OPERATE UNDER ITS MISSION AND 501(C)(3) NON-PROFIT STATUS, THERE WAS A NEED FOR REORGANIZATION OF THE BUSINESS FUNCTIONS TO ENABLE CONTINUED OPERATIONS FROM A FINANCIAL PERSPECTIVE. AS PART OF THAT RESTRUCTURING, THE CORPORATION FORGAVE ALL OUTSTANDING LOAN AGREEMENT BALANCES WITH UIC, INCLUDING THE RELATED INTEREST DUE. IN CONNECTION TO THE DEBT FORGIVENESS, WEST VIRGINIA UNIVERSITY (UNIVERSITY) PROVIDED FINANCIAL SUPPORT TO THE CORPORATION TO PARTIALLY REPAY THE CORPORATION FOR THE LOSS ON THE UIC INVESTMENT. SEE SCHEDULE R.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY - 55-6000842, PO BOX 6005, MORGANTOWN, WV 26506-6005	EDUCATION AND RESEARCH	WEST VIRGINIA			N/A		X
WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION - 61-1764272, PO BOX 4439, MORGANTOWN, WV 26504	RESEARCH	WEST VIRGINIA	501(C)(3)	LINE 12B, II	STATE OF WV DBA WEST VIRGINIA UNIVERSITY		X

WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
F & P REALTY COMPANY - 55-0571302 PO BOX 6005, ONE WATERFRONT PLACE MORGANTOWN, WV 26506	BUILDING LESSOR	WV	WEST VIRGINIA UNIVERSITY RESEARCH	C CORP	28,936.	230,269.	100%	X	

SEE PART VII FOR CONTINUATIONS

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEST VIRGINIA UNIVERSITY WEST VIRGINIA UNIVERSITY INNOVATION	C	2,500,000.	CASH
(2) CORPORATION	B	2,375,000.	CASH
(3)			
(4)			
(5)			
(6)			

**WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION**

**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.

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



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

F & P REALTY COMPANY

DIRECT CONTROLLING ENTITY: WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **WEST VIRGINIA UNIVERSITY  
RESEARCH CORPORATION**

EIN or SSN  
**55-0665758**

Name and title of officer or person subject to tax **BARBARA WEISS  
TREASURER**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1,54,245,456.</b>
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here ▶	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ *Barbara Weiss*

Date ▶ **5/12/23**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**55117291861**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)