EXTENSION GRANTED THROUGH 5/15/2020

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

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 for instructions and the latest information. ax year beginning JUL 1 . 2018 and ending JUN 30 . and ending JUN 30

Open to Public Inspection

	OI LITE	2010 calendar year, or tax year beginning 00	D I, ZOIO and	enuing t	JON 30, 2013	<u> </u>			
B c	heck if pplicable	MEST ATEGINIA ONIAFESTI	Y		D Employer identif	ication number			
X	Addres change Name change	RESEARCH CORPORATION			- 55 /	665750			
H	□Initial		Room/suite	55-0665758					
	_return ∏Fiṇal	Number and street (or P.O. box if mail is not deliving 4729 ONE WATERFRONT PLA		Room/suite	E Telephone number 304-293-4008				
	□return/ termin ated				G Gross receipts \$	141,715,799.			
	Ameno return		ir or loreign postar code		H(a) Is this a group r				
	Applic		LI HALABE		for subordinates				
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	—			
T	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	7	a list. (see instructions)			
		e: ► HTTP://RESEARCH.WVU.EDU			H(c) Group exemption				
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	L Year		M State of legal domicile: WV			
	ırt I	Summary			<u>.</u>				
Activities & Governance	1	Briefly describe the organization's mission or most s AT WEST VIRGINIA UNIVERSIT	ignificant activities: $\frac{TO}{F}$	OSTER	AND SUPPORT	RESEARCH			
'nai		Check this box if the organization discont		sed of mor	e than 25% of its net a	ssets			
Ş.	l	Number of voting members of the governing body (F			3	9			
Ğ		Number of independent voting members of the gove				0			
တ္		Total number of individuals employed in calendar ye				633			
λţį	l		, , , ,			0			
Ç	7 a	Total unrelated business revenue from Part VIII, colu				886,987.			
٩		Net unrelated business taxable income from Form 9				-201,906.			
					Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			107,688,702.				
eun	9	Program service revenue (Part VIII, line 2g)			25,142,530.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a		538,438.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		238,890.				
		Total revenue - add lines 8 through 11 (must equal P			133,608,560.				
	13	Grants and similar amounts paid (Part IX, column (A)), lines 1-3)		22,478,724.	25,175,521.			
	l	Benefits paid to or for members (Part IX, column (A),	,		0.				
es		Salaries, other compensation, employee benefits (Pa			29,309,855.				
Expenses		Professional fundraising fees (Part IX, column (A), lin			0.	0.			
х		Total fundraising expenses (Part IX, column (D), line		0.	00 072 752	82,888,722.			
		Other expenses (Part IX, column (A), lines 11a-11d,			89,973,752.	138,123,025.			
		Total expenses. Add lines 13-17 (must equal Part IX,			-8,153,771.				
-SS	19	Revenue less expenses. Subtract line 18 from line 1	2		eginning of Current Year	· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			134,548,496.	End of Year 137,338,613.			
Asse	20 21	Total liabilities (Part X, line 16)		·····	98 954 722.	101,023,493.			
Net /	22	Net assets or fund balances. Subtract line 21 from li	ne 20		35,593,774.				
Pa	rt II	Signature Block	110 20		00,000,	00/020/2200			
		Ities of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and staten	nents, and to the best of m	ny knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer)							
		Anjali B. Halabe			5/13/20				
Sign	า	Signature of officer			Date				
Her	е	ANJALI HALABE, TREASURE Type or print name and title	IR .						
		Print/Type preparer's name F	Preparer's signature		Date Check	PTIN			
Paid	ı	[. •		if self-employ	yed			
Prep	arer	Firm's name		I	Firm's EIN ▶				
Use	Only	Firm's address							
		F			Phone no.				
May	the IF	RS discuss this return with the preparer shown abov	e? (see instructions)			Yes No			

	1 990 (2018) RESEARCH CORPORATION	55-0665758	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVER		1D
	TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEM		
	MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAF	F AND STUDENT	'S
	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?		X 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 service	s?Yes	X 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, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 127,360,739 • including grants of \$ 25,175,521 •) (Rev	venue \$ 23,539,	913.)
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$	venue \$)
	/ (LAPOINGS #	rende ψ	
40	(0.1		1
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$,
4-1	Other presume acretices (Decembe in Calcadula O.)		
4d	Other program services (Describe in Schedule O.)	,	
	(Expenses \$\frac{\text{including grants of \$\text{\$}}{\text{\$}}}{\text{\$127,360,739.}}\$)	
4e	Total program service expenses ► 127,360,739.		200 /=
		Form \$	990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 I a		
Б	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	1 23
4		116	- 25	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 25	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10h	Х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	- 25	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_		144		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 25	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^
ıIJ		10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a		20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	aomostio governinent on rate ix, column (zi, interes ros, complete conceder, rates rand is	~ 1		

Part IV Checklist of Required Schedules (continued)

	·			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
L	Schedule K. If "No," go to line 25a	24a 24b		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ų,
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		_^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		†
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		X
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b	-	├^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 I	Ш
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 536	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	
	(3			

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990 (2018)

Page **5**

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	633			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		· · · · · · · · · · · · · · · · · · ·	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
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 A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ľ	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		· · · · · · · · · · · · · · · · · · ·	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ъa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the pay contributions that were not tay deductible as charitable contributions?			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut			0a		
b	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		ľ			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		i i	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ne			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
				9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	00	1			
	Gross income from members or shareholders	 11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۔۔۔ ا	,			
	organization is licensed to issue qualified health plans	13b	 			
	Enter the amount of reserves on hand	13c	1	44		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the explanation subject to the explanation of the explanat		ľ	14b	\vdash	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.	100	ome?			
				Гогт	990	(2010)

55-0665758 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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v	
	taxable entity during the year?	16a	Х	
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	401	v	
800	exempt status with respect to such arrangements?	16b	X	
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 10		0.000	\ a\:=!!	, blc
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	is only	avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
10		d £:	oic!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	cial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ALAN MARTIN, SECRETARY - 304-293-7398			
	886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506			
	111 1111 1111 11111 11111 11111 11111 1111			

Form 990 (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEPHANIE TAYLOR DIRECTOR	5.00	X						0.	230,033.	28,589.
(2) E. GORDON GEE	0.20									·
DIRECTOR	70.00	Х						0.	799,120.	25,736.
(3) EUGENE CILENTO DIRECTOR	1.00	х						0.	268,597.	25,796.
(4) FRED KING	2.00									
DIRECTOR	59.00	Х						0.	247,471.	24,643.
(5) LAURA GIBSON	0.20									
DIRECTOR	50.00	Х						0.	414,672.	45,132.
(6) CLAY MARSH	1.00								4 050 065	15 466
DIRECTOR	70.00	Х						0.	1,270,367.	17,466.
(7) JOYCE MCCONNELL	2.00	,,							410 070	20 246
DIRECTOR	75.00	Х						0.	419,070.	38,346.
(8) EARL SCIME	90.00	X						0.	265 255	22 105
OIRECTOR (9) PAULA CONGELIO	0.25	Δ						0.	265,255.	33,105.
DIRECTOR	65.00	X						0.	313,526.	17,605.
(10) ANJALI HALABE	5.00	^						0.	313,320.	17,005.
TREASURER	40.00	1		x				0.	270,999.	24,782.
(11) DAVID KOSSLOW	5.00								270,333.	24,702.
ASSISTANT TREASURER	40.00	1		х				0.	156,850.	30,339.
(12) J. ROBERT ALSOP	7.00									
EXECUTIVE DIRECTOR	50.00	1		х				0.	363,617.	17,466.
(13) ALAN MARTIN	1.00								-	-
SECRETARY	50.00	1		Х				0.	175,414.	25,614.
(14) JOHN CHILDRESS	6.00									
ASSISTANT SECRETARY	34.00			Х				0.	114,413.	22,739.
(15) SHELLEY WELSH	37.50									
DIRECTOR OF CLINICAL TRIALS						Х		144,451.	0.	16,960.
(16) RICHARD GIERSCH	37.50					l			_	
DIRECTOR RES INNOVATION	25 52					Х		140,194.	0.	32,723.
(17) MATTHEW HARBAUGH	37.50					,		040 500	_	44 150
ASSOC VP FOR TRANSFORMATIO						Х		242,788.	0.	44,158.

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Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Es	stimate	∌d
	hours per box, unless person is both an compensation			compensation		nount (of					
	week (list any	-	CCI ai	lu a u	III ecit	Ji / ii us	100)	from	from related		other	
	hours for	irecto						the organization	organizations (W-2/1099-MISC)		pensarom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)		anizati	
	organizations	truste	al trus		ee/	mpen		(** 2/ 1000 1/1100)			d relate	
	below	Individual trustee or director	Institutional trustee	_	oldm	Highest compensated employee	er				anizatio	
	line)	Indiv	Instit	Officer	Key employee	High	Former					
(18) PHILIP SPARKS	65.00											
DIR. TECH TRANSFER						Х		151,219.	0.	3	7,8	<u>17.</u>
(19) SHANA K. PHARES	37.50											
DIRECTOR OF OPERATIONS						Х		167,513.	0.	3	6,8	24.
(20) NARVEL WEESE	0.00											_
FORMER DIRECTOR & OFFICER	10.00						Х	0.	49,442.			0.
(21) JAMES T. ANDERSON	0.00	1							150 665		^	
FORMER DIRECTOR	60.00	<u> </u>					Х	0.	158,665.		2,4	44.
(22) DANIEL ROBISON	0.00 37.50	4					х	0.	245 022	ر ا	3,7	E 2
FORMER DIRECTOR	37.30	-					Δ	0.	245,022.		3,1	54.
		-										
		1										
-												
		1										
1b Sub-total									5,762,533.	59	2,0	36.
c Total from continuation sheets to Part \	/II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)							>	846,165.	5,762,533.	59	2,0	36.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												11
											Yes	No
3 Did the organization list any former office				•	•	•		•				
line 1a? If "Yes," complete Schedule J for										3	X	
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or												77
rendered to the organization? If "Yes," con	mplete Schedui	le J f	or s	uch	pers	son .				5		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
DELL MARKETING LP		
PO BOX 120001 DEPT 0786, DALLAS, TX 75312	COMPUTER SALES/SERV	1,618,681.
FISHER SCIENTIFIC CO LLC, 600 BUSINESS		
CENTER DRIVE, PITTSBURGH, PA 15205	LAB SUPPLIES	1,491,174.
ADNET SYSTEMS INC, 6720B ROCKLEDGE DR STE		
504, BETHESDA, MD 20817	IT SOLUTION/SERV	1,378,108.
CROTHALL FACILITIES MANAGEMENT INC, 1500		
LIBERTY RIDGE DRIVE, STE 210,	CONSTRUCTION	1,123,862.
ULTIMATE SOFTWARE GROUP INC, 809 E GRAND		
RIVER AVENUE #A, HOWELL, MI 48843	PAYROLL SERVICES	830,811.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 101		

Form **990** (2018)

Form 990 (2018)

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our		Membership dues						
s, C		Fundraising events						
Gift lar,		Related organizations						
imi		Government grants (contributi		101,824,626.				
tion		All other contributions, gifts, grant						
the		similar amounts not included above	/e 1f	11,043,217.				
d of	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	112,867,843.			
				Business Code				
မွ	2 a	SCI RESEARCH & DEV SER		541700	23,601,680.	22,714,693.	886,987.	
e Ž	b							
Program Service Revenue	С							
ran lev	d							
09	е							
<u> </u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			23,601,680.			
	3	Investment income (including	•					
		other similar amounts)			578,339.			578,339.
	4	Income from investment of tax	k-exempt bond ہ	oroceeds >				
	5	Royalties			374,794.			374,794.
			(i) Real	(ii) Personal				
	6 a	Gross rents	12,590.					
		Less: rental expenses	0.	1				
		Rental income or (loss)	12,590.					
	d	Net rental income or (loss)			12,590.			12,590.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	3,455,333.					
	b	Less: cost or other basis						
		and sales expenses	3,279,128.					
	С	Gain or (loss)	176,205					
		Net gain or (loss)		· <u>·····</u>	176,205.			176,205.
e	8 a	Gross income from fundraising	g events (not					
		including \$						
Other Rever		contributions reported on line						
ē		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	44	Miscellaneous Revenue	e	Business Code 900099		005 000		
		·		300033	825,220.	825,220.		
	b							
	C	All other recessions		<u> </u>				
		All other revenue			825,220.			
	12	Total. Add lines 11a-11d Total revenue. See instructions			138,436,671.	23,539,913.	886,987.	1,141,928.
	14	i otal lovollab. Occ illollabiliti			,,, _, _, _, _, _, _,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000,507.	_,,,

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990 (2018)

Part IX Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	20,509,203.	20,509,203.		
•	and domestic governments. See Part IV, line 21	20,309,203.	20,309,203.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,658,868.	4,658,868.		
3	Grants and other assistance to foreign	1,030,000.	1,030,000.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,450.	7,450.		
4	Benefits paid to or for members	,, =====	,, ====		
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,134,295.	20,513,484.	2,620,811.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		1,034,329.	134,226.	
9	Other employee benefits		3,629,592.	471,015.	
10	Payroll taxes	1,655,325.	1,467,798.	187,527.	
11	Fees for services (non-employees):				
а	Management			710 160	
b	Legal	715,649.	2,480.	713,169.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	71 676	1 71/	60.062	
f	Investment management fees	71,676.	1,714.	69,962.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	446,428.	416,226.	30,202.	
12	Advertising and promotion	1,831,421.		344,186.	
13	Office expenses	1,387,791.		339,682.	
14 15	Information technology Royalties	19,782.		18,282.	
16	Occupancy	2,151,851.		240,896.	
17	Travel	4,495,027.		157,413.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	456,529.	430,264.	26,265.	
20	Interest	2,494,561.	1,765,525.	729,036.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,988,714.	1,988,714.		
23	Insurance	266,014.	22,660.	243,354.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	40.050.105	44 636 -34	1 000 010	
а	SHARED SERVICES	42,960,403.		1,923,819.	
b	OPERATING EXP TO WVU	7,477,222.	6,781,654.	695,568.	
С	RESEARCH/EDUC. SUPPLIES	7,062,060.	7,059,799.	2,261.	
d	CONSULTING/SUBCONT FEE	709,241.	114,224.	595,017.	
	All other expenses	8,354,353.	7,134,758.	1,219,595.	
25	Total functional expenses. Add lines 1 through 24e	138,123,025.	±∠/,30U,/39•	10,762,286.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018

Form **990** (2018)

Form 990 (2018)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23,463,952.	1	21,469,231.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			27,473,641.	3	31,072,230.
	4	Accounts receivable, net			1,275,714.	4	1,509,551.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		<i>'</i>			
		Part II of Schedule L		· ·		5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		* 1			
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			4,251,761.	7	4,860,715.
As	8	Inventories for sale or use				8	
	9	B			469,761.	9	341,638.
	10a	Land, buildings, and equipment: cost or other			-		
		basis. Complete Part VI of Schedule D	10a	85,369,599.			
	b			19,994,173.	65,895,647.	10c	65,375,426.
	11	Investments - publicly traded securities			11,718,020.	11	12,709,822.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	134,548,496.	16	137,338,613.		
	17	Accounts payable and accrued expenses			22,312,299.	17	23,682,450.
	18	Grants payable				18	
	19	Deferred revenue			15,966,560.	19	17,354,013.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			60,178,766.	23	59,534,978.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	497,097.	25	452,052.		
	26	Total liabilities. Add lines 17 through 25			98,954,722.	26	101,023,493.
		Organizations that follow SFAS 117 (ASC 958), chec	ck here 🕨 📖 and			
Ses		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
nd	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶ 🔼			
o.		and complete lines 30 through 34.			20 262 621		00 605 010
sets	30	Capital stock or trust principal, or current funds			20,968,601.	30	22,635,018.
Ass	31	Paid-in or capital surplus, or land, building, or eq			14,625,173.	31	13,680,102.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0.	32	0.
_	33	Total net assets or fund balances			35,593,774.	33	36,315,120.
	34	Total liabilities and net assets/fund balances			134,548,496.	34	137,338,613.

Form **990** (2018)

Га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	138	3,12		
3	Revenue less expenses. Subtract line 2 from line 1	3				46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	,59		
5	Net unrealized gains (losses) on investments	5		40	7,6	99.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	36	3,31	5,1	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?				X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	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?				Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

WEST VIRGINIA UNIVERSITY Employer identification number Name of the organization RESEARCH CORPORATION 55-0665758 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) WEST VIRGINIA UNIV. 55-6000842 5 138,123,025. X

Total

138,123,025.

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

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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2015 (d) 2017 (a) 2014 (c) 2016 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

12	Gross receipts from related activities, etc. (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	า 501	(c)(3)
	organization, check this box and stop here		

Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6. column (f) divided by line 11. column (f))	14	

15 Public support percentage from 2017 Schedule A, Part II, line 14	15			
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and				
stop here. The organization qualifies as a publicly supported organization				
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or n	nore, check this box		

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

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

I/a	- racts-and-circumstances test - 2016. If the organization did not check a box on line 15, 16a, or 16b, and line 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶
b	10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	

b	10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
,	Private foundation of the examination did not check a boy on line 12, 16e, 16h, 17e, or 17h, check this boy and see instructions

18	Private foundation	. If the organization	did not check a bo	ox on line 13,	16a, 16	6b, 17a,	or 17b,	check this box	and see ir	nstructions

Schedule A (Form 990 or 990-EZ) 2018

11 Total support. Add lines 7 through 10

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.)

Sec	tion A. Public Support	siow, piease com	piete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
							> L_
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2017					16	9
	tion D. Computation of Inves						
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶∟
b	33 1/3% support tests - 2017. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

WEST VIRGINIA UNIVERSITY Schedule A (Form 990 or 990-EZ) 2018 RESEARCH CORPORATION

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	Х	
	2		X
	3a		X
	3b		
	3с		
	4a		Х
	44		21
	4b		
	4c		
	_		37
	5a		Х
	5b		
	5c		,
	6		X
	_		Х
	7		Λ
	8		X
	00		Х
	9a		21
			37
	9b		X
	9с		Х
			37
	10a		X
	10b		
m a	90 or 99	00-F7	2012
9	JU UI JE		

Par	t IV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
h		11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations	110		
<u> </u>	tion B. Type I Supporting Organizations		V	NI-
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	х	
Sect	tion D. All Type III Supporting Organizations	-		
	non 2.7 m Type in cupper any cryamications		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2018

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

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	<u> </u>	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

WEST VIRGINIA UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2018 RESEARCH CORPORATION 55-0665758 Page 8 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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution	: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),						

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
WEST VIRGINIA UNIVERSITY
RESEARCH CORPORATION

Employer identification number

55-0665758

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>11,043,217.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization
WEST VIRGINIA UNIVERSITY
RESEARCH CORPORATION

Employer identification number

55-0665758

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

Name of organization
WEST VIRGINIA UNIVERSITY
RESEARCH CORPORATION

Employer identification number

55-0665758

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following the contributions of 9	ng line entry. For t	organizations \$		
	Use duplicate copies of Part III if additional	space is needed.	, out of less for t	Contentions into once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	aift	(d) Description of how gift is held		
Part I	() ()	() -				
L						
		(e) Transf	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No. from Part I	(1) D	() 11	-61	(1) 5		
Part I	(b) Purpose of gift	(c) Use of g	γιπ	(d) Description of how gift is held		
Ī		(e) Transf	er of aift			
		(o) Transi	sier or grit			
	Transferee's name, address, a	nd 7 IP + 4	Relationship of transferor to transferee			
	Transfered & Hame, adarese, ar	id Zii T T		ciationomp of transfer of to transfer co		
			-			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
raiti						
		-				
		-				
-		(a) Transf	or of aift			
	(e) Transfer of gift					
	Transferse's name address as	ad 7 ID + 4	D.	elationship of transferor to transferee		
-	Transferee's name, address, a	IIU ZIF + 4	N	elationship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
Part I						
		-				
		(e) Transf	er of gift			
1	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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 for instructions and the latest information.

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) organiza 				
Name of organization WEST VI	RGINIA UNIVERSIT	Ϋ́	Emp	loyer identification number
	H CORPORATION			55-0665758
Part I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 of	organization.
1 Provide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV.	
2 Political campaign activity expendit	tures		 ▶9	\$
3 Volunteer hours for political campa				
	ganization is exempt und			
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes L
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				/ \/6\
	ganization is exempt und			
1 Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	
2 Enter the amount of the filing organ		3		
exempt function activities			> 9	
3 Total exempt function expenditures			,	
line 17b				
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	· ·	·	_	
made payments. For each organiza	•			· ·
contributions received that were pr				ate segregated fund or a
political action committee (PAC). If	additional space is needed, prov	vide information in Part	: IV.	1
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0-	contributions received and promptly and directly
			Turius. Il fiorie, effici -o	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 or 990-EZ) 2018

LHA

832041 11-08-18

Scriedule C (Form 990 or 990-EZ) 2016			504/ V/S		1003/36 Page 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).					
		ıffiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
	re of excess lobbying	• . ,			
B Check ► ☐ if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply.		
	its on Lobbying Εχι ditures" means am	oenditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to infl			T-		
c Total lobbying expenditures (add			T-		
d Other exempt purpose expenditure			Ī		
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent			Г		
If the amount on line 1e, column (a)		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17	· ·	000 plus 5% of the exce			
Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	0,000.	. , ,		
. , ,	1 ,	,			
g Grassroots nontaxable amount (ei	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	•				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze					•
reporting section 4911 tax for this	_			[Yes No
·	•	veraging Period Under			
(Some organizations t	hat made a section	501(h) election do not	have to complete all o	of the five columns b	pelow.
	See the sep	arate instructions for li	nes 2a through 2f.)		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2018

f 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)).

(a)	(k	o)
Yes	No	Amo	ount
	X		
X			
	X		
X			
	X		
X		5.5	3,622.
	X		
		5.5	3,622.
	X		
504(\(\sigma\)		
on 501(c)(5), or se	ction	
		Vaa	No
		res	No
		otion	
			10 3 ic
1 110, 0	ii (b) i ai	t III-A, III	10 0, 13
	1		
	2a		
	2b		
	2c		
cess			
	4		
	5		
p list); Part l	I-A, lines 1 a	and 2 (see	
ID STA	re fun	DED	
ID STA			RS
RMED B	Y RESE	ARCHE	RS
	Y RESE	ARCHE	RS
RMED B	Y RESE	ARCHEI THE	
RMED B	Y RESE	ARCHEI THE	
RMED B	Y RESE	ARCHEI THE	
ti	X X X X X In the prior year ion 501(c) i	X X X X X X X X X X	Yes

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

WEST VIRGINIA UNIVERSITY

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESEARCH CORPORATION

Employer identification number 55-0665758

Pai			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(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		rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	•	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
_	\$		70 (1) (1) (7) (1)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
· u	Complete if the organization answered "Yes" on Form		other ommar Addets.
12	If the organization elected, as permitted under SFAS 116 (AS		oment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exl	,, ,	,
	the text of the footnote to its financial statements that descri		rance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, of research in furtherance of p	dublic service, provide the following amounts
	relating to these items:		> \$
	(i) Revenue included on Form 990, Part VIII, line 1		L A
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for finance	
~	the following amounts required to be reported under SFAS 1		nai gain, provide
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		
U	Associa moluubu ii i tiilii sso, Falt A		Ψ Ψ

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

Schedule D (Form 990) 2018

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	reasures,	or Other	Similar As	sets(con	tinuea)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a sig	nificant use of	its collect	ion ite	ms
	(check all that apply):									
а	Public exhibition	c		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	the organizat	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not in	cluded		_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	ınt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has beer	n provided or	Part XIII .			<u> [</u>	
Pai	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 10	١.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three years b	ack (e) Fo	ur year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	re (line 1	la column (a)) held as:	I				
a	Board designated or quasi-endowment	one your one balanc	%	rg, coluini (ajj riola ao.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		ation th	at are hold a	and administr	arad for the	organization			
Ja		ssion of the organiz	ation th	at are rielu a	and administr	sieu ioi iiie	Grigariization		Yes	. I No
	by:							20/		No_
	(i) unrelated organizations								_	+
	(ii) related organizations	#! 1!-4						3a(ii	1	+-
	If "Yes" on line 3a(ii), are the related organiza				·			3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.						
ı aı	Complete if the organization answered		0 Part I	V lino 11a 9	Soo Form 00	n Dart V lii	20.10			
		1						(d) Do	- Alc val	
	Description of property	(a) Cost or of basis (investrong)			t or other (other)		umulated eciation	(a) BC	ok val	ue
4-	Land	<u> </u>	nont)		55,004.	depri	Joianon	3 7	55 (004.
	Land			-	72,011.	10 2	45,611.	58,7		
	Buildings			11,31	2, UII.	17,4	±3,011•	50,7	.,,	
	Leasehold improvements			1 7/	13,347.	1.	15,288.	1 2	28 (059.
	Equipment				9,237.		33,274.	1,5		
	Other					<u> </u>	55,414.	65,3		
Iota	. Add lines 1a through 1e. (Column (d) must e	quai ⊦orm 990, Part	X, colui	mn (B), line	1UC.)			05,5	, , , ,	± 4 0 •

Schedule D (Form 990) 2018

DEGET D G11 G0	IA UNIVERSITY	Z		0.665750	
Schedule D (Form 990) 2018 RESEARCH CO	RPORATION		55-	-0665758	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)				of year market y	·olus
	(b) Book value	(c) Method of val	uation: Cost or end	or-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.					
	E 000 B 1 N / I'	11 0 5 000 0	1.77 11 40		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		art x, line 13. uation: Cost or end	of-vear market v	,alue
	(b) Book value	(C) Welliod of var	Jation. Cost of end	oryear market v	alue
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
Total. (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	e 11d. See Form 990. P	art X. line 15.		
	Description	,		(b) Book va	lue
(1)	<u>-</u>				
(2)					
(3)					
(4)					-
(5)					-
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) OTHER LIABILITIES		156,167.			
(3) DEFERRED GAIN ON REFUNDIN	G	295,885.			
(4)					
(5)					
(6)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(7) (8)

452,052.

WEST VIRGINIA UNIVERSITY 55-0665758 Page 4 RESEARCH CORPORATION Schedule D (Form 990) 2018 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. Total revenue, gains, and other support per audited financial statements 138,844,000. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 407,699. a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities c Recoveries of prior year grants 2c -370.d Other (Describe in Part XIII.) 407,329. e Add lines 2a through 2d 138,436,671. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. 138,123,000. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) -25. e Add lines 2a through 2d 138,123,025. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 138,123,025. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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: FINANCIAL STATEMENT ROUNDING (\$370) PART XII, LINE 2D - OTHER ADJUSTMENTS: FINANCIAL STATEMENT ROUNDING (\$25)

Schedule D (Form 990) 2018

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 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Employer identification number

55-0665758

Part I General Infor	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on				
	Form 990, Part IV, line 14b.								
_	-		ds to substantiate the amount of its gr						
the grantees' eligibility for	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
-	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the				
	United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
3 Activities per Region. (The	(b) Number of				(f) Total				
(a) negion	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures				
	in the region	independent	gram services, investments, grants to		for and investments				
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region				
		in the region							
EUROPE			PROGRAM SERVICES	RESEARCH	7,450.				
				FOREIGN TRAVEL RELATED					
NORTH AMERICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	101,283.				
EAST ASIA AND THE				FOREIGN TRAVEL RELATED					
PACIFIC			PROGRAM SERVICES	TO RESEARCH/EDUCATION	209,136.				
					, ,				
				FOREIGN TRAVEL RELATED					
EUROPE			PROGRAM SERVICES	TO RESEARCH/EDUCATION	296,867.				
				OPERATING EXPENSES					
				RELATED TO RESEARCH					
NORTH AMERICA			PROGRAM SERVICES	EDUCATION	50,300.				
				FOREIGN TRAVEL RELATED					
SOUTH AMERICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	12,111.				
				FOREIGN TRAVEL RELATED					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	18,661.				
CENTRAL AMERICA AND				FOREIGN TRAVEL RELATED					
THE CARIBBEAN			PROGRAM SERVICES	TO RESEARCH/EDUCATION	35,425.				
3 a Subtotal	0	0			731,233.				
b Total from continuation	0	0			240.050				
sheets to Part I		0			240,050.				
c Totals (add lines 3a and 3b)	0	0			971,283.				
LHA For Paperwork Reducti	ion Act Notice.	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2018				

832071 10-31-18

WEST VIRGINIA UNIVERSITY

Schedule F (Form 990)

RESEARCH CORPORATION

Page 1 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total offices employees or is a program service, expenditures (by type) (i.e., fundraising, in the region for region agents in program services, grants to describe specific type recipients located in the region) of service(s) in region region FOREIGN TRAVEL RELATED SOUTH ASIA PROGRAM SERVICES TO RESEARCH/EDUCATION 80,506. MIDDLE EAST AND FOREIGN TRAVEL RELATED NORTH AFRICA PROGRAM SERVICES TO RESEARCH/EDUCATION 607. OPERATING EXPENSES CENTRAL AMERICA AND RELATED TO THE CARIBBEAN PROGRAM SERVICES RESEARCH/EDUCATION 2,229. OPERATING EXPENSES RELATED TO RESEARCH/EDUCATION EUROPE PROGRAM SERVICES 124,562. OPERATING EXPENSES EAST ASIA AND THE RELATED TO PROGRAM SERVICES RESEARCH/EDUCATION PACIFIC 21,088. OPERATING EXPENSES RELATED TO SOUTH ASIA PROGRAM SERVICES RESEARCH/EDUCATION 10,000. OPERATING EXPENSES RUSSIA AND THE RELATED TO 1,058. NEIGHBORING STATES PROGRAM SERVICES RESEARCH/EDUCATION 240,050. **Totals**

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.

				of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV appraisal, other)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	I	EUROPE	RESEARCH	7,450.	СНЕСК	0.		
			I recognized as charities by the tion 501(c)(3) equivalency lette					l

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 RESEARCH 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 POSTED DIRECTLY TO THE STUDENT'S

ACCOUNT. THE STUDENT'S ACCOUNT IS REVIEWED BY WVU STUDENT ACCOUNTS TO

DETERMINE IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A

REFUND. STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE

WITH THE ACTIVITY POSTED TO THEIR ACCOUNTS.

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

WEST VIRGINIA UNIVERSITY Name of the organization Employer identification number RESEARCH CORPORATION 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

X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ALDERSON BROADDUS UNIVERSITY INC 101 COLLEGE HILL DR #2004 PHILIPPI, WV 26416 55-0357072 501(C)(3) 30,015 0.BOOK RESEARCH ASCENSION LLC 206 SPRUCE ST MORGANTOWN, WV 26505 81-1335017 79,774 0.BOOK PUBLIC SERVICE ASPINITY INC 5000 GREENBAG RD SPACE D 18 MORGANTOWN, WV 26501 46-1434879 18,450 0.BOOK RESEARCH BETHANY COLLEGE 31 E CAMPUS DR BETHANY WV 26032 55-0356985 501(C)(3) 11 500 0.BOOK отнев BLUEFIELD STATE COLLEGE RESEARCH & DEV - 219 ROCK STREET - BLUEFIELD 55-0785437 RESEARCH AND OTHER WV 24701 501(C)(3) 116,774 0.BOOK BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3314093 501(C)(3) 93 461. 0.BOOK RESEARCH 91.

38

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

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

Schedule I (Form 990) (2018)

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) BUCKHANNON RIVER WATERSHED ASSOCIATION INC - PO BOX 1 -BUCKHANNON, WV 26201 55-0783924 501(C)(3) 99,009 0.BOOK RESEARCH CABIN CREEK HEALTH SYSTEMS INC. 104 ALEX LANE PUBLIC SERVICE. CHARLESTON, WV 25304 55-0709223 501(C)(3) 203,058 0 BOOK TNSTRUCTION & RESEARCH CAMC HEALTH SYSTEM INC 3200 MACCORKLE AVENUE, SE CHARLESTON, WV 25304 55-0753754 501(C)(3) 896,247 0 BOOK PUBLIC SERVICE & RESEARCH CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7151 34-1018992 501(C)(3) 185,194 0.BOOK RESEARCH CATALYST CONNECTION 2000 TECHNOLOGY DR PITTSBURGH, PA 15219 0.BOOK 25-1453211 501(C)(3) 101,414 PUBLIC SERVICE CLARKSON UNIVERSITY CONTROLLER'S OFFICE BOX 5546 POTSDAM, NY 13699 15-0543659 0.BOOK RESEARCH 501(C)(3) 41,355 COLORADO SCHOOL OF MINES 1600 JACKSON ST, STE 010 GOLDEN, CO 80401-1887 84-6000551 SECTION 115 31 177 0.BOOK RESEARCH EASTERN AREA HEALTH EDUCATION 2500 FOUNDATION WAY MARTINSBURG, WV 25401 35-2174239 501(C)(3) 95,391 0 BOOK INSTRUCTION FAIRMONT STATE UNIVERSITY 1201 LOCUST AVE FAIRMONT, WV 26554 55-6000778 SECTION 115 17 000 0.BOOK OTHER

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Schedule I (Form 990) RESEARCH	CORPORATI	ON				5	55-0665758 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY 2200A UNIVERSITY CTR TALLAHASSEE, FL 32306-2390	59-1961248	SECTION 115	22,230.	0.	воок		RESEARCH
FRANKLIN & MARSHALL COLLEGE 415 HARRISBURG AVENUE LANCASTER, PA 17604	23-1352635	501(C)(3)	7,500.	0.	воок		RESEARCH
FARHAT MEDICAL CLINIC PO BOX 283 STANAFORD, WV 25927	46-4756412		49,376.	0.	воок		PUBLIC SERVICE
FLORIDA INSTITUTE OF TECHNOLOGY, INC 150 W UNIVERSITY BLVD - MELBOURNE, FL 32901-6975	59-6046500	501(C)(3)	330,514.	0.	воок		RESEARCH
GLENVILLE STATE COLLEGE RESEARCH CO - 200 HIGH ST - GLENVILLE, WV 26351-1200	55-0713410	501(C)(3)	132,535.	0.	воок		INSTRUCTION
HENRY FORD HEALTHY SYSTEM ONE FORD PLACE DETROIT, MI 48202-3450	38-1357020	501(C)(3)	29,595.	0.	воок		RESEARCH
HEALTHY NETWORKS DESIGN & RESEARCH INC - 19 HACKBERRY CIRCLE - SHEPHERDSTOWN, WV 25443	46-1050267	501(C)(3)	77,227.	0.	воок		PUBLIC SERVICE
IBM CORP 1101 KITCHAWAN ROAD, ROUTE 134 YORKTOWN HEIGHTS, NY 10598	13-0871985		45,000.	0.	воок		RESEARCH
INDIANA UNIV 509 E 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	SECTION 115	110,600.	0.	воок		RESEARCH

	CORPORATI					5	55-0665758 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY							
515 MORRILL ROAD							
AMES, IA 50011	42-6004224	SECTION 115	207,620.	0,	воок		PUBLIC SERVICE
KENT STATE UNIVERSITY							
251 INTEGRATED SCIENCES BUILDING							
KENT, OH 44242-0001	31-6402079	501(C)(3)	59,927.	0.	воок		RESEARCH
LIBRARY OF VIRGINIA							
800 E BROAD STREET							
RICHMOND, VA 23219-8000	54-6001813	SECTION 115	72,585.	0.	воок		INSTRUCTION
			,	-			
LOS ALAMOS NATIONAL LABORATORY							
1183 DIAMOND DRIVE, STE B							
LOS ALAMOS, NM 87544	20-3104541		192,500.	0.	воок		RESEARCH
MARSHALL UNIV RESEARCH CORP							
ONE JOHN MARSHALL DRIVE							PUBLIC SERVICE, RESEARCH,
HUNTINGTON, WV 25755	55-0683361	501(C)(3)	2,846,300.	0	BOOK		& OTHER
nontinoton, w 25755	33 0003301	301(0)(3)	2,010,300.	•	, book		
MICHIGAN STATE UNIV							
426 AUDITORIUM RD, ROOM 301							
EAST LANSING, MI 48824	38-6005984	SECTION 115	735,941.	0.	воок		RESEARCH
MID OHIO VALLEY BOARD OF HEALTH							
211 6TH STREET							
PARKERSBURG, WV 26101	55-0619203		27,751.	0	BOOK		RESEARCH
TIMEREDONG, WV 20101	33 0013203		27,731.		, book		KIBBINGI
MORAVIAN COLLEGE							
1200 MAIN STREET							
BETHLEHEM, PA 18018	24-0795460	501(C)(3)	32,143.	0.	воок		RESEARCH
мсоршт							
MSOPTI 400 LEE ST NORTH							
LEWISBURG, WV 24901	55-0763235	501(C)(3)	87,347.	n	BOOK		INSTRUCTION
	1 33 0703233	F-1(0/(0/	1 07,547.	<u> </u>	· [1	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW RIVER HEALTH ASSOCIATION INC										
PO BOX 337										
SCARBRO, WV 25917	55-0581968	501(C)(3)	33,633.	0.	воок		PUBLIC SERVICE & RESEARCH			
NORTH CAROLINA STATE UNIV										
106F CALDWELL HALL, CAMPUS BOX 8103										
RALEIGH, NC 27695-8101	56-6000756	SECTION 115	267,480.	0.	воок		RESEARCH			
NORTHEAST NATURAL ENERGY LLC										
707 VIRGINIA ST E, STE 1200										
CHARLESTON, WV 25301	27-0945493		1,537,710.	0.	воок		RESEARCH			
NORTHWOOD HEALTH SYSTEMS INC										
PO BOX 6400	55-0540374	E01/C)/2)	64 112	_	воок		PUBLIC SERVICE			
WHEELING, WV 26003	33-0340374	501(C)(3)	64,112.	0.	BOOK		FUBLIC SERVICE			
PROFESSIONAL DEVELOPMENT INSTITUTE										
INC - 1155 UNION CIRCLE 305101 -										
DENTON, TX 76203	75-1865729	501(C)(3)	7,500.	0.	воок		RESEARCH			
PROJECT LAZARUS										
5368 NC HWY 16 S	56-2087110	501(C)(3)	6,691.	_	воок		RESEARCH			
MORAVIAN FALLS, NC 28654-9586	36-2087110	501(C)(3)	0,091.	0.	BOOK		RESEARCH			
REGENTS OF UC										
1850 RESEARCH PARK DR STE 300										
DAVIS, CA 95618	94-6036494	SECTION 115	7,673.	0.	воок		RESEARCH			
QUEEN'S UNIVERSITY AT KINGSTON										
99 UNIVERSITY AVENUE	22 7000470	E01/G)/3\	F 000	_	DOOK		DEGEARGH			
KINGSTON, ONTARIO, CANADA K7L3N6	23-7099472	DUI(C)(3)	5,000.	U .	BOOK		RESEARCH			
REGENTS UNIV OF CALIFORNIA										
2150 SHATTUCK AVE STE 300										
BERKELEY, CA 94704-5940	94-6002123	SECTION 115	73,497.	0.	воок		RESEARCH			

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV. assistance appraisal, other) RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180-3590 14-1340095 501(C)(3) 89,810 0.BOOK RESEARCH RECOVERY CARE LLC 207 N 14TH STREET JANETTE, PA 15644 81-2328768 6,601 0 BOOK PUBLIC SERVICE THE OHIO STATE UNIVERSITY 2020 BLANKENSHIP HALL, 901 WOODY HA COLUMBUS, OH 43210 31-6025986 SECTION 115 135,132 0.BOOK RESEARCH THE UNIVERSITY OF CHARLESTON INC 2300 MACCORKLE AVENUE, SE CHARLESTON, WV 25304 55-0357039 501(C)(3) 48,198 0.BOOK RESEARCH SALUS UNIVESITY 8360 OLD YORK ROAD PUBLIC SERVICE ELKINS PARK, PA 19027 0.BOOK 23-1413680 501(C)(3) 30,018 SHEPHERD UNIVERSITY PO BOX 5000 PUBLIC SERVICE, RESEARCH, 55-6000799 SECTION 115 0.BOOK & OTHER SHEPHERDSTOWN, WV 25443-5000 214,372 UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH - 3090 CENTER RESEARCH GREEN DRIVE - BOULDER, CO 80301 84-0412668 501(C)(3) 51 104 0.BOOK TETRA TECH INC PO BOX 911624 DENVER, CO 80291-1624 95-4148514 34,330 0 . BOOK RESEARCH UNIVERSITY OF MISSOURI KANSAS CITY 5000 HOLMES STREET KANSAS CITY, MO 64110 43-6003859 SECTION 115 0.BOOK RESEARCH 10 000

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS							
LOS ANGELES, CA 90089-0701	95-1642394	501(C)(3)	7,476.	0.	воок		RESEARCH
UC REGENTS SANTA CRUZ 1156 HIGH STREET	94-1539563	SECTION 115	47,771.	0	воок		RESEARCH
SANTA CRUZ, CA 95064	94-1559565	SECTION 115	47,771.	0.	BOOK		RESEARCH
UNIVERSITY OF HAWAII ORS 2425 CAMPUS ROAD, SINCLAIR LIBRARY HONOLULU, HI 96822-2247	99-6000354	SECTION 115	63,790.	0.	воок		RESEARCH
UNITED HOSPITAL CENTER INC 327 MEDICAL PARK DR							
BRIDGEPORT, WV 26330	55-0525724	501(C)(3)	12,000.	0.	воок		PUBLIC SERVICE
UNIV OF ALABAMA AT BIRMINGHAM BOX 2, 1720 2ND AVENUE SOUTH	63-6005396	GEORGON 115	12 414		DOOM		RESEARCH
BIRMINGHAM, AL 35294-1801	63-6005396	SECTION 115	12,414.	0.	воок		RESEARCH
UNIV OF CA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	SECTION 115	21,844.	0.	воок		RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE -							
CHAPEL HILL, NC 27599	56-6001393	SECTION 115	12,086.	0.	воок		RESEARCH
UNIVERSITY OF DENVER COLORADO SEMINARY - 2199 S UNIVERSITY BLVD	04.040.005	F01/G)/2)	24 742				
- DENVER, CO 80208	84-0404231	501(C)(3)	31,713.	0.	воок		RESEARCH
UNIV OF FLORIDA PO BOX 113200 207 TIGERT HALL GAINSVILLE, FL 32611-3200	59-6002052	SECUTION 115	122,500.	0	воок		PUBLIC SERVICE & RESEAR
GUTHOATHHE' LH 270TT-2700	33-0002032	DECLION III	122,300.	ı	POOR		LODDIC SERVICE & KESEAR

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV. assistance appraisal, other) UNIV OF GEORGIA RESEARCH FOUNDATION INC - 200 D. W. BROOKS DRIVE - ATHENS, GA 30602 58-1353149 501(C)(3) 7,500 0.BOOK RESEARCH US DEPT OF ENERGY NETL PO BOX 10940 PITTSBURGH, PA 15236 62-0496456 100,000 0.BOOK RESEARCH UNIV OF IDAHO 875 PERIMETER DRIVE MS 3168 MOSCOW, ID 83844-3168 82-6000945 SECTION 115 59,093 0.BOOK RESEARCH UNIV OF IOWA 5 W JEFFERSON STREET 0.BOOK IOWA CITY, IA 52242 42-6004813 SECTION 115 359,155 RESEARCH UNIV OF KY RESEARCH FOUNDATION 201 KINKEAD HI 0.BOOK RESEARCH LEXINGTON, KY 40506-0057 61-6033693 501(C)(3) 574,595 UNIVERSITY OF MARYLAND 2119 MAIN AD BLDG 79 REGENTS DR COLLEGE PARK, MD 20742-5035 52-6002033 SECTION 115 0 . BOOK RESEARCH 153,155 VALLEY HEALTH SYSTEMS, INC. 3377 US ROUTE 60 HUNTINGTON, WV 25706 55-0554001 501(C)(3) 21 150 0.BOOK PUBLIC SERVICE WEST VIRGINIA FOOD AND FARM COALITION INC. - 3820 MACCORKLE AVENUE SE - CHARLESTON, WV 25304 46-2706460 501(C)(3) 25,406 0 . BOOK PUBLIC SERVICE UNIVERSITY OF NORTH CAROLINA WILMINGTON - 601 SOUTH COLLEGE RD - WILMINGTON, NC 28403-3201 56-1258660 SECTION 115 71,792 0.BOOK RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIV OF NOTRE DAME									
805 GRACE HALL									
NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	225,581.	0.	воок		RESEARCH		
UNIV OF RHODE ISLAND									
75 LOWER COLLEGE ROAD									
KINGSTON, RI 02881	05-6000522	SECTION 115	23,046.	0.	воок		RESEARCH		
UNIV OF TENNESSEE									
201 ANDY HOLT TOWER									
KNOXVILLE, TN 37996	62-6001636	SECTION 115	231,063.	0	воок		RESEARCH		
MOAVIELE, IN 37550	02 0001030	DECTION 113	231,003.	٠.	DOOK		KIDIMKCII		
UNIV OF TEXAS AT DALLAS									
800 W. CAMPBELL ROAD									
RICHARDSON, TX 75080	75-1305566	SECTION 115	126,102.	0	BOOK		RESEARCH		
	75 2555555								
UNIV OF WASHINGTON									
PO BOX 94224									
SEATTLE, WA 98124-6524	91-6001537	SECTION 115	80,931.	0	BOOK		RESEARCH		
	31 0001337	DECTION 113	00,331.	٠.	DOOK		KIDIMKCII		
UNIV OF WYOMING									
1000 E UNIVERSITY AVENUE DEPT 3314									
LARAMIE, WY 82071	83-6000331	SECTION 115	712,683.	0	BOOK		RESEARCH		
BINGHILL, WI 02071	03 0000331	DECTION 113	712,003.	•	Poor		i i i i i i i i i i i i i i i i i i i		
UNIVERSITY HEALTHCARE PHYSICIANS									
INC - 2500 FOUNDATION WAY -									
MARTINSBURG, WV 25401	90-0893455	501(C)(3)	147,440.	0	BOOK		PUBLIC SERVICE		
MININGDONG, WV 23401	30 0033433	501(0/(3/	117,110.	٠.	Book		TODBIC BERVICE		
WILLIAMSON HEALTH & WELLNESS									
CENTER INC - PO BOX 2080 -									
WILLIAMSON, WV 25561	45-2849701	501(C)(3)	50,412.		воок		INSTRUCTION		
WITHITYTON, WA 5220I	43-2049/01	001(0/(3/	30,412.	0.	DOOR		THOTKOCITON		
UNIVERSITY OF COLORADO DENVER									
1201 LARIMER STREET									
	84_6000555	SECTION 115	31,640.	_	воок		RESEARCH		
DENVER, CO 60693	04-0000555	PECITON 112	31,040.	υ.	BOOK		VESTAYCU		

Page 1

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INTURDATES OF DELAMADE									
UNIVERSITY OF DELAWARE 221B HULLIHEN HALL									
NEWARK, DE 19716	51-6000297	501(C)(3)	52,251.	0	воок		RESEARCH		
Marian, Di 19710	31 0000237	301(0)(3)	32,231.		Dook		KIBIMEN		
UNIVERSITY OF WISCONSIN SYSTEM									
BOARD OF REGENTS PO BOX 500									
MILWAUKEE, WI 53201	39-1805963	SECTION 115	264,532.	0.	воок		RESEARCH		
· · · · · · · · · · · · · · · · · · ·			, -						
US FOREST SERVICE									
PO BOX 301550									
LOS ANGELES, CA 90030	72-0564834		30,000.	0.	воок		RESEARCH		
VIRGINIA COMMONWEALTH UNIVERSITY									
912 W FRANKLIN ST									
RICHMOND, VA 23284	54-6001758	SECTION 115	18,533.	0.	воок		RESEARCH		
VIRGINIA POLYTECHNIC INST & STATE									
UNIV - NORTH END CTR STE 3300 300									
TURNER ST - BLACKSBURG, VA 24061	54-6001805	SECTION 115	438,421.	0.	воок		RESEARCH		
WASHINGTON UNIV									
700 ROSEDALE AVENUE	43-0653611	E01/G)/3)	246 750	0	воок		RESEARCH		
SAINT LOUIS, MO 63112-1408	43-0653611	501(C)(3)	346,758.	0.	BOOK		RESEARCH		
WEST LIBERTY UNIV RESEARCH CORP									
33 UNIVERSITY DRIVE									
WEST LIBERTY, WV 26074	27-2196294	501(C)(3)	58,152.	0	BOOK		OTHER		
	27 223 323 1	001(0)(0)	33,131.	•					
WEST LIBERTY UNIVERSITY									
208 UNIVERSITY DRIVE									
WEST LIBERTY, WV 26074	55-6000822	SECTION 115	149,075.	0.	воок		RESEARCH		
,			,						
WHEELING JESUIT UNIV									
316 WASHINGTON AVE									
WHEELING, WV 26003	55-0394213	501(C)(3)	13,048.	0.	воок		OTHER		

WEST VIRGINIA UNIVERSITY

Schedule I (Form 990) RESEARCH	CORPORATI					5	55-0665758 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	7,969.	0.	воок		RESEARCH
WOOD CO BD OF EDUCATION 1210 13TH STREET PARKERSBURG, WV 26101	55-6000418	SECTION 115	62,592.	0.	воок		RESEARCH
WORLD RESOURCES INSTITUTE 10 G STREET NE SUITE 800 WASHINGTON, DC 20006-5206	52-1257057	501(C)(3)	14,504.	0.	воок		RESEARCH
WV GEOLOGICAL & ECONOMIC SURVEY 1 MONT CHATEAU RD MORGANTOWN, WV 26508-8079	55-6000936	SECTION 115	56,999.	0.	воок		RESEARCH
WV SCHOOL OF OSTEOPATHIC MEDIC 400 N LEE STREET LEWISBURG, WV 24901	55-0561541	SECTION 115	361,368.	0.	воок		RESEARCH
WV WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	20,805.	0.	воок		OTHER
WVSU RESEARCH & DEVELOPMENT CORP PO BOX 1000 201 ACEOP ADMIN BUILDING - INSTITUTE, WV 25112-1000	55-0708567	501(C)(3)	12,544.	0 ,	воок		PUBLIC SERVICE
WVU PARKERSBURG 300 CAMPUS DR PARKERSBURG, WV 26104	55-0523820	SECTION 115	109,591.		воок		PUBLIC SERVICE
WVU PHYSICIANS OF CHARLESTON PO BOX 780 MORGANTOWN, WV 26507-0780	55-0779739	501(C)(3)	93,786.	0.	воок		PUBLIC SERVICE

Schedule I (Form 990) RESEARCH	CORPORATI	ON				5	55-0665758 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIV							
150 MUNSON STREET							
NEW HAVEN, CT 06520-8327	06-0646973	501(C)(3)	54,362.	0.	воок		RESEARCH
							EXPENDITURES ON GRANTS
WEST VIRGINIA UNIVERSITY							AWARDED TO WVURC ON
PO BOX 6201							BEHALF OF WVU FOR
MORGANTOWN, WV 26506	55-6000842	SECTION 115	5,091,623.	0.	воок		ACQUISITION OF CAPITAL
ADDALAGUTAN GOMENTEN URALEN							
APPALACHIAN COMMUNITY HEALTH CENTER INC - 725 YOKUM STREET -							
ELKINS, WV 26241	55-0483699	501(C)(3)	13,956.	0	воок		PUBLIC SERVICE
ELKIND, W EGETT	33 0103033	301(0)(3)	13,330.	•	, poor		TOBLIC BLAVIOL
ATREX ENERGY INC							
19 WALPOLE PARK SOUTH							
WALPOLE, MA 02081	04-3242795		12,938.	0.	воок		RESEARCH
AUBURN UNIVERSITY							
125 INGRAM HALL	63 6000734	GROWTON 11E	20 541	0	DOOK		DECEARCH
AUBURN, AL 36849-5402	63-6000724	SECTION 115	29,541.	0.	воок		RESEARCH
THE CATHOLIC UNIVERSITY OF AMERICA							
AND SUBSIDIARIES - 620 MICHIGAN							
AVE NE - WASHINGTON, DC 20064	53-0196583	501(C)(3)	29,161.	0.	воок		RESEARCH
GAS TECHNOLOGY INSTITUTE							
1700 SOUTH MOUNT PROSPECT ROAD							
DES PLAINES, IL 60018	36-2170137	501(C)(3)	87,966.	0.	воок		RESEARCH
GLENVILLE STATE COLLEGE							
200 HIGH STREET							
GLENVILLE, WV 26351	55-6000779	SECTION 115	12,472.	0.	воок		OTHER
,			,-:2.	•			

Schedule I (Form 990) (2018)

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
DUCATIONAL GRANTS TO STUDENTS	0	2,329,434.	0.	воок	
DUCATIONAL GRANTS TO INDIVIDUALS	0	424,202.	0.	воок	

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:

SUB-RECIPIENTS ARE PAID ON A COST-REIMBURSABLE OR FIXED PRICE BASIS. IN

BOTH INSTANCES, THE PRINCIPAL INVESTIGATOR REVIEWS AND APPROVES INVOICES

FOR PAYMENT. THE PRINCIPAL INVESTIGATOR IS ALSO THE INDIVIDUAL WHO RECEIVES

AND REVIEWS TECHNICAL PROGRESS REPORTS FROM SUB-RECIPIENTS. EDUCATIONAL

GRANTS TO STUDENTS ARE POSTED DIRECTLY TO THE STUDENT'S ACCOUNT. THE

STUDENT'S ACCOUNT IS REVIEWED BY WVU STUDENT ACCOUNTS TO DETERMINE IF ANY

MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND. STUDENTS

ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY

Part IV Supplemental Information
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 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)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)*(10)	reported as deferred on prior Form 990
(1) STEPHANIE TAYLOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,812.	0.	221.	14,242.	14,859.	259,134.	0.
(2) E. GORDON GEE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	770,910.	0.	28,210.	16,500.	9,243.	824,863.	0.
(3) EUGENE CILENTO	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	268,531.	0.	66.	16,352.	11,618.	296,567.	0.
(4) FRED KING	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	247,471.	0.	0.	15,085.	9,572.	272,128.	0.
(5) LAURA GIBSON	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	414,664.	0.	8.	24,300.	22,950.	461,922.	0.
(6) CLAY MARSH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	895,067.	350,000.	25,300.	16,500.	1,050.	1,287,917.	0.
(7) JOYCE MCCONNELL	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	406,078.	0.	12,992.	24,300.	18,356.	461,726.	0.
(8) EARL SCIME	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	265,255.	0.	0.	16,425.	18,070.	299,750.	0.
(9) PAULA CONGELIO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	289,026.	0.	24,500.	16,500.	1,120.	331,146.	0.
(10) ANJALI HALABE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	234,999.	36,000.	0.	16,500.	9,905.	297,404.	0.
(11) DAVID KOSSLOW	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,568.	0.	282.	10,058.	22,157.	189,065.	0.
(12) J. ROBERT ALSOP	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	363,574.	0.	43.	16,500.	1,009.	381,126.	0.
(13) ALAN MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii) [174,501.	0.	913.	10,942.	18,301.		0.
(14) SHELLEY WELSH	(i)	142,723.	0.	1,728.	8,767.	9,150.	162,368.	0.
DIRECTOR OF CLINICAL TRIALS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RICHARD GIERSCH	(i)	140,194.	0.	0.	9,052.	24,636.	173,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MATTHEW HARBAUGH	(i)	242,788.	0.	0.	15,128.	30,061.	287,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis	(B)(I)-(U)	reported as deferred on prior Form 990
(17) PHILIP SPARKS	(i)	150,310.	0.	909.	9,568.	29,135.	189,922.	0.
DIR. TECH TRANSFER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHANA K. PHARES	(i)	167,513.	0.	0.	10,543.	27,198.	205,254.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) NARVEL WEESE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR & OFFICER	(ii)	49,442.	0.	0.	0.	0.	49,442.	0.
(20) JAMES T. ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	139,373.	19,292.	0.	9,855.	13,797.		0.
(21) DANIEL ROBISON	(i)	0.	0.	0.	0.	0.		0.
FORMER DIRECTOR	(ii)	244,679.	0.	343.	14,997.	10,793.	270,812.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018	RESEARCH CORPORATION	55-0665758	Page 3
Part III Supplemental Information	n		
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	d 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 WVU	
RESEARCH CORPORATION	ON BUT PAID BY WEST VIRGINIA UNIVERSITY, A RE	ELATED	
ORGANIZATION.			

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES:

- TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY; AND
- TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF WEST VIRGINIA UNIVERSITY.

RESEARCH IS AN INTEGRAL PART OF THE UNIVERSITY'S MISSION AND THE RESEARCH CORPORATION FACILITATES THIS MISSION THROUGH ITS ROLE AS A FISCAL AGENT FOR SPONSORED PROJECTS. THE RESEARCH CORPORATION ALSO USES ITS UNIQUE STATUS TO MAXIMIMZE THE EFFECTIVENESS OF TECHNOLOGY TRANSFER IN ADDITION TO ITS ECONOMIC AND BUSINESS DEVELOPMENT ONE IMPORTANT INDICATION OF THIS SUCCESS IS WVU'S RENEWAL FUNCTIONS. AS AN R1, DOCTORAL UNIVERSITY - HIGHEST RESEARCH ACTIVITY, BY THE CARNEGIE FOUNDATION IN FISCAL YEAR 2018 PLACING WVU AMOUNG THE 130 STRONGEST RESEARCH INSTITUTIONS IN THE US. BY OUR CALCULATION WVU MOVED FROM 109TH TO 90TH IN THE CLASSIFICATION. IN FY19, WVU SECURED MORE THAN \$181M IN SPONSORED PROGRAM FUNDING, A NEW HIGH FOR THE INSTITUTION.

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

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

THE FEDERAL FUNDING LANDSCAPE IMPROVED AGAIN IN 2017 WITH AN INCREASE OF 1.7% (ADJUSTED FOR INFLATION) IN FUNDING FROM 2016 ACCORDING TO THE MOST RECENT REPORT FROM THE NSF SURVEY OF HIGHER EDUCATION RESEARCH AND DEVELOPMENT EXPENDITURES. FEDERAL FUNDING IS EXPECTED TO GROW AGAIN SLIGHTLY THIS YEAR. FEDERAL FUNDING FOR SPONSORED PROGRAMS AT THE UNIVERSITY HAS INCREASED FROM \$78M IN FY18 TO \$96M IN FY19 SUBSTANTIALLY AHEAD OF THE NATIONAL TREND. INVESTMENTS IN IMPROVING THE COMPETITIVENESS OF THE FACULTY THROUGH THE IMPLEMENTATION OF PROGRAMS BY THE RESEARCH OFFICE IS BEGINNING TO YIELD A NOTICEABLE RETURN IN TERMS OF THE NUMBER AND DOLLAR VALUE OF NEW AWARDS. EFFECTIVE OF THESE ARE THE PROGRAMS TO STIMULATE COMPETITIVE RESEARCH, PROVIDING SUPPORT TO ENSURE THAT RESUBMITTED PROPOSALS HAVE A SIGNIFICANTLY ENHANCED PROBABLILITY OF SUCCESS; AND AN INTERNAL NIH STYLE STUDY SECTION AT HSC, PROVIDING SCIENTIFIC REVIEW OF GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION HAVE BEEN EMPLOYED TO INCREASE COMPETITIVENESS.

AN AREA OF STRENGTH FOR THE UNIVERSITY CONTINUES TO BE ENERGY RESEARCH
IN GENERAL, AND FOSSIL ENERGY RESEARCH IN PARTICULAR. IN TERMS OF
FUNDING FROM THE US DEPARTMENT OF ENERGY, WVU RANKS 42ND IN THE NATION
AHEAD OF REGIONAL PEERS UNIVERSITY OF PITTSBURGH, AND CARNEGIE MELLON
UNIVERSITY ACCORDING TO THE MOST RECENT DATA FROM THE NSF ON RESEARCH
EXPENDITURES. THE WVU ENERGY INSTITUTE HAS DETERMINED THAT THE
UNIVERSITY IS NUMBER 2 IN THE COUNTRY IN SUPPORT FOR FOSSIL ENERGY
RESEARCH.

AN AREA OF OPPORTUNITY FOR GREATER GROWTH IS WITHIN FUNDING FROM THE

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

NATIONAL INSTITUTE OF HEALTH. BUILDING ON THE RECENT RENEWAL OF THE

CLINICAL AND TRANSLATIONAL RESEARCH AWARD OF \$20M FEDERAL FUNDS, A NEW

CENTER OF EXCELLENCE IN CLINICAL TRIALS IS BEING PLANNED TO FOCUS ON

SIGNATURE PROGRAMS IN CARDIOVASCULAR AND NEURODEGENERATIVE DISEASES AND

WILL BEGIN OPERATION IN FY20. THESE PROGRAMS LED BY INTERNATIONALLY

RECOGNIZED CLINICIAN SCIENTISTS HAVE ALREADY BEGUN ATTRACTING BOTH

FEDERAL AND PRIVATE FUNDING IN SUPORT OF RESEARCH. THE GOAL IS TO

DOUBLE NIH FUNDING TO WVU HSC BY 2022 TO OVER \$40M. IN THE PAST YEAR

NIH AWARDS TO WVU INCREASED FROM \$20.4M TO \$27.7M.

THE UNIVERSITY IN COLLABORATION WITH THE RESEARCH CORPORATION AND THE INNOVATION CORPORATION ARE SEEKING TO EXPAND US DEPARTMENT OF DEFENSE FUNDING OVER THE NEXT 5 YEARS AS WELL. CONGRESS RECENTLY REAUTHORIZED THE DOD EPSCOR PROGRAM THAT WILL PROVIDE A MECHANISM FOR WVU RESEARCHERS TO SEEK FUNDING FROM A MORE LIMITED POOL OF STATES AND BUILD UP THEIR RECOGNITION AMOUNG DOD FUNDERS. DOD AWARDS INCREASED FROM \$0.9M TO \$2.5M IN THIS PAST YEAR.

THE UNIVERSITY CONTINUES TO IMPROVE ITS RELATIONSHIP WITH PRIVATE

SECTOR PARTNERS TO GROW INDUSTRIAL RESEARCH SUPPORT THROUGH ITS OFFICE

OF CORPORATE RELATIONS. EFFORTS HAVE BEEN FOCUSED ON PARTNERSHIPS WITH

INDUSTRIES IN HEALTH CARE, ENERGY, AND DEFENSE IN KEEPING WITH

PRIORITIES FOR THE STATE AND UNIVERSITY. IN FY19 INDUSTRY SUPPORT FOR

RESEARCH WAS ON THE ORDER OF \$34M, AN INCREASE OF \$4M OVER THE PREVIOUS

YEAR.

WHILE THE UNIVERSITY, AND THE WVU RESEARCH CORPORATION, FINDS ITSELF IN

A VERY DYNAMIC FUNDING ENVIRONMENT, BOTH ARE DEPLOYING INNOVATIVE

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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:

THE WVU OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE REQUIRES AND MONITORS

ANNUAL DISCLOSURES BY ANY EMPLOYEE CONDUCTING RESEARCH INCLUDING BOARD

DIRECTORS OR OFFICERS. IN ADDITION, THE WVU OFFICE OF RESEARCH INTEGRITY

AND COMPLIANCE MAINTAINS AND MONITORS ANY CONFLICT OF INTEREST DISCLOSURE

MADE BY NON-RESEARCH EMPLOYEES.

EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION
DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY. WVURC BOARD DIRECTORS
WHO ARE EMPLOYEES OF WVU ARE SUBJECT TO WVU'S POLICIES AND PROCEDURES WHICH
INCLUDE THE STATE OF WEST VIRGINIA ETHICS ACT, AND THE COMPENSATION, FRINGE
BENEFIT AND ACCOUNTABLE PLAN POLICIES AND PROCEDURES. THE STATE OF WEST
VIRGINIA ETHICS COMMISSION COMPILES ON AN ANNUAL BASIS FINANCIAL

DISCLOSURES SUBMITTED BY WVU EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE.

Employer identification number 55-0665758

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

EFFECTIVE MAY 26, 2015, ALL WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY AND ARE COMPENSATED BY A

RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY.

COMPENSATION FOR EVERY POSITION IS DETERMINED BY SEVERAL FACTORS INCLUDING
JOB ANALYSIS AND EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF
THE POSITION, AND SALARY SURVEY DATA ON PAY PRACTICES. WE PERIODICALLY
REVIEW OUR SALARY ADMINISTRATION PROGRAM AND RESTRUCTURE IT AS NECESSARY.

MARKET AND/OR COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON ONE'S
EMPLOYMENT FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW. IN
ADDITION, EMPLOYEES MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN
CONJUNCTION WITH SUPERIOR PERFORMANCE AS DOCUMENTED BY OUR PERFORMANCE
EVALUATION PROCESS.

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

PURSUANT TO CHAPTER 31, ARTICLE I, SECTION 28 OF THE OFFICIAL CODE OF WEST VIRGINIA, 1931, AS AMENDED, A CERTIFICATE OF INCORPORATION WAS ISSUED BY THE WEST VIRGINIA SECRETARY OF STATE ON JUNE 26, 1985 TO THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION. THIS CERTIFICATE IS AFFIXED TO THE ARTICLES OF INCORPORATION OF THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION. THAT CERTIFICATE ALONG WITH THE WVURC'S IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S WEBSITE. THE AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 16 POLICIES

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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 DOMENSTRATE 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 SIX NON-VOTING OFFICERS. THE NINE VOTING BOARD OF DIRECTOR MEMBERS INCLUDE THE FOLLOWING WEST VIRGINIA UNIVERSITY (WVU) THE WVU PRESIDENT; THE WVU PROVOST; THE WVU VICE REPRESENTATIVES: PRESIDENT 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; 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

Name of the organization WEST VIRGINIA UNIVERSITY **Employer identification number** RESEARCH CORPORATION 55-0665758 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 9, CHANGES IN NET ASSETS: ROUNDING \$1 1. FORM 990, PART XII, LINE 2C OVERSIGHT CHANGES THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2018 TO FISCAL YEAR 2019 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 DURING FISCAL YEAR 2016, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (WVURC) ENTERED INTO AN AGREEMENT TO PROVIDE A LINE OF CREDIT OF \$1 MILLION FOR THE BENEFIT OF WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION (WVUIC). THIS LOAN DOES NOT BEAR INTEREST AND IS DUE IN FULL ON AUGUST 16, 2025. THE OUTSTANDING NOTE RECEIVABLE DUE FROM UIC AT JUNE 30, 2019 WAS \$1 MILLION. DURING FISCAL YEAR 2016, WVURC ENTERED INTO A SECOND AGREEMENT WITH WVUIC FOR A \$1.5 MILLION LINE OF CREDIT. THIS LOAN DOES NOT BEAR INTEREST AND THE DUE DATE VARIES WHERE \$1,000,000 IS DUE BY AUGUST 16, 2025 AND \$500,000 IS DUE BY MAY 16, 2026. THE OUTSTANDING NOTE

\$1,500,000.

RECEIVABLE DUE FROM UIC AT JUNE 30, 2019 FOR THIS LINE OF CREDIT WAS

RESEARCH CORPORATION	55-0665758
DURING FISCAL YEAR 2017, THE WVURC ENTERED INTO A THIRD A	AGREEMENT WITH
WVUIC FOR TWO \$500,000 LINES OF CREDIT. THESE LOANS DO	NOT BEAR
INTEREST AND PAYMENT IS DUE IN FULL AS FOLLOWS: \$500,000) IS DUE
NOVEMBER 1, 2025, \$100,000 IS DUE ON MARCH 13, 2025, \$100	0,000 IS DUE ON
MARCH 28, 2025, \$250,000 IS DUE ON APRIL 10, 2025, AND \$5	50,000 IS DUE
ON APRIL 28, 2025. THE OUTSTANDING NOTE RECEIVABLE DUE E	ROM WVUIC AT
JUNE 30, 2019 WAS \$1 MILLION.	
DURING FISCAL YEAR 2019, THE WVURC ENTERED INTO ANOTHER A	AGREEMENT WITH
WVUIC FOR AN ADDITIONAL \$800,000 LINE OF CREDIT. THIS LO	OAN HAS A FIXED
INTEREST RATE OF 3%. PAYMENT IS DUE IN FULL ON DECEMBER	31, 2020.
ACCRUED INTEREST PAYABLE ON THIS LOAN WAS \$14,000 AT JUNE	E 30, 2019.
ALL AGREEMENTS AND LOAN TERMS WERE APPROVED BY THE BOARD	OF DIRECTORS
FOR BOTH ORGANIZATIONS. THESE NOTE RECEIVABLES ARE CLASS	SIFIED AS
NONCURRENT ACCOUNTS RECEIVABLES AND ARE REPORTED ON FORM	990, PART X,
BALANCE SHEET AS PART OF THE LINE 7 AMOUNT FOR NOTES AND	LOANS
RECEIVABLE.	

SCHEDULE R (Form 990)

Part I

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.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

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

RESEARCH

Employer identification number 55-0665758

	1		1			(f)		
(a)	(b)	(c)	(d)	(e)				
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o	r Total inco	me End-of-yea	r assets Dir	Direct controlling		
of disregarded entity		foreign country)				entity		
-								
-								
	_							
	_							
Identification of Deleted Toy Evenut Organi	institute Complete if the exceptionic	a anguaged "Vac" on Form 000	Dort IV line 24 l	haaayaa it had aa		v avamnt		
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	n answered fes on Form 990	J, Part IV, line 34, l	because it riad one	or more related ta	k-exempt		
	(b)	(c)	(d)	(a)	(f)	-	(m)	
(a)		1	` '	(e)			(g) 1 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code section	Public charity	Direct controlling	0 001	ntrolled	
of related organization		foreign country)	Section	status (if section 501(c)(3))	entity	-	ntity?	
			301(0)(3))		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					STATE OF WV DB	A		

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

CORPORATION - 61-1764272, PO BOX 4439

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WEST VIRGINIA

UNIVERSITY

LINE 12B, II

WEST VIRGINIA

501(C)(3)

MORGANTOWN, WV 26504

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Diancanantianata		Code V-UBI	Gene	ral or l	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		

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	(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	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
F & P REALTY COMPANY - 55-0571302			WEST VIRGINIA						1
409 MARINA TOWER, PO BOX 6555		1	UNIVERSITY						1
MORGANTOWN, WV 26506	BUILDING LESSOR	WV	RESEARCH	C CORP	121,376.	270,924.	100%	X	1

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or n	more rela	ated organizations listed	in Parts II-IV?			X	
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	b Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e	Х		
f	Dividends from related organization(s)				1f		X	
g	g Sale of assets to related organization(s)				1g		Х	
h	n Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i	Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
k	c Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1 p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
r	Other transfer of cash or property to related organization(s)				1r	Х		
	S Other transfer of cash or property from related organization(s)				1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete this	s line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization (b) Transactic type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved			
1)								
2)								
<u>~,</u>								
3)			!					
-1								
4)			ļ					
•,								
5)			ļ					
<u>-,</u>								
6)			ļ					
	63 10-02-18			Schedule F	R (Forr	n 990	2018	

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 20 as? of Schedule K-1	General of managing partner?	(k) Percentage ownership

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