#### EXTENSION GRANTED THROUGH 5/15/2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2019 calendar year, or tax year beginning JU	JL 1, 2019 and	ending (	JUN 30, 2020	)
B	Check if applicable:	C Name of organization WEST VIRGINIA UNIVERSIT	.Y		D Employer identif	ication number
	Address					
F	Name change	Doing business as			55-06657	758
	Initial return	Number and street (or P.O. box if mail is not delive	E Telephone numb			
	Final return/ termin-	4729 ONE WATERFRONT PLA		-	304-293-	-4008
	ated  Amende	City or town, state or province, country, and Z	G Gross receipts \$	138,180,434.		
F	return	MORGANIOWN, WV 20300	TT HATADE		H(a) Is this a group	
L	tion pending	F Name and address of principal officer.	TI HALABE		for subordinate	—
_	<del>-</del>		1 (incort no ) 4047(a)(1)	o.,	H(b) Are all subordinates	
		mpt status: X 501(c)(3) 501(c) ( ) ◀ ENDITY: //RESEARCH.WVU.EDU		or 527	┥,	a list. (see instructions)
			ociation Other	I Voor	H(c) Group exempti	on number ► M State of legal domicile: WV
		Summary	Ociation Other P	L Teal	oriorination, ±505	M State of legal domicile, W V
		Briefly describe the organization's mission or most s	significant activities: TO FO	OSTER	AND SUPPORT	r research
Governance	'	AT WEST VIRGINIA UNIVERSIT	Y.	001211	111,12 2011 011.	
rne	2	Check this box  if the organization discont	tinued its operations or dispos	sed of mor	e than 25% of its net a	assets.
Š	3 1	Number of voting members of the governing body (	Part VI, line 1a)		3	9
ص ھ	4 1	lumber of independent voting members of the gov	erning body (Part VI, line 1b)		4	0
Activities &	5 T	otal number of individuals employed in calendar ye	ear 2019 (Part V, line 2a)		5	565
Ĭ₹		otal number of volunteers (estimate if necessary)				0
Act		otal unrelated business revenue from Part VIII, colu				0.4.6.0.5
	b N	Net unrelated business taxable income from Form 9	90-T, line 39	·····		
ne				<u></u>	Prior Year	Current Year 114,786,268.
	1			·····	112,867,843. 23,601,680.	
Revenue					754,544	
Re		nvestment income (Part VIII, column (A), lines 3, 4,			1,212,604	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			138,436,671	
	1	otal revenue - add lines 8 through 11 (must equal F Grants and similar amounts paid (Part IX, column (A			25,175,521	
		Benefits paid to or for members (Part IX, column (A)			0.	
w	l	Salaries, other compensation, employee benefits (P			30,058,782	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), lir			0.	
be	b T	otal fundraising expenses (Part IX, column (D), line		0.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	•		82,888,722	75,931,102.
		otal expenses. Add lines 13-17 (must equal Part IX			138,123,025	131,966,369.
	19 F	Revenue less expenses. Subtract line 18 from line 1			313,646	2,289,970.
Net Assets or Fund Balances					eginning of Current Year	End of Year
sets	<b>20</b> T	otal assets (Part X, line 16)			137,338,613	
at As	<b>21</b> T				101,023,493	
27	22 N	let assets or fund balances. Subtract line 21 from l	ine 20		36,315,120	39,128,679.
		Signature Block				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	ties of perjury, I declare that I have examined this return, in				ny knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer  Aniali B. Halabe	) is based on an information of wi	nich prepare		1//2021
C: ~	_	Signature of officer			Date	14/2021
Sig		ANJALI HALABE, TREASURE	?R		2410	
Her	e	Type or print name and title	111			
		· · ·	Preparer's signature		Date Check	PTIN
Pai			Fan or o orginataro		if self-emplo	ived
	-	Firm's name			Firm's EIN	.,,,,
	· -	Firm's address			2	
		•			Phone no.	
Ma	v the IR	S discuss this return with the preparer shown above	ve? (see instructions)			Yes No

Theck if Schedule O Contains a response or note to any line in the Part III.    Shelfy describe the organization simistion:   TO POSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU) AND   TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND   MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS   OF WU.	Pai	art III Statement of Program Service Accomplishments										
TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU) AND TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF WU.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 930-02?    Yes		Check if Schedule O contains a response or note to any line in this Part III	X									
MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF W/U.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 52?  If 'Yes, 'Score the three new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?  If 'Yes S No If 'Yes, 'Score the three changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (16)3 and 501(6)4	1	TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY (WVU) AN	1D									
OF WUU.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 E2?												
2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 990 or 990 E2?    Yes   No			.'S									
prior Form 990 or 990 CE27  If Yes, "describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes IX No II "Yes," describe these changes on Schedule 0.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 901(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Cook ) (Expenses 123,204,548 • indusing grants of \$ 26,285,124 • ) (Invenue \$ 18,290,765 • )  5EE SCHEDULE 0   4b (Cook ) (Expenses \$ including grants of \$ includin												
1 Most, "describe these new services on Schedule 0.   Did the organization cease conducting, or make spirificant changes in how it conducts, any program services?	2											
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			; 🔼 No									
H *Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code:) (Expenses 123,204,548. including grants of \$			77									
40   Cocce	3	0, 0 0	; 🔼 No									
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.    4a   (Code     ) (Expenses   123,204,548   including grants of   26,285,124   ) (Revenue   18,290,765   )     5		,										
Total program services (Describe on Schedule O.)   (Expenses \$ 123,204,548.   Including grants of \$ 26,285,124. ) (Revenue \$ 18,290,765. )	4											
4b (Code) (Expenses \$			and									
### Code:		revenue, if any, for each program service reported.	765									
4b (Code:) (Expenses \$	4a		<u> </u>									
4c (Code:) (Expenses \$		SEE SCHEDOTE O										
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4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \ 123,204,548.												
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		102 004 540										
	4e		000 (2242)									

#### 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	Х	
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			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	Λ	
5	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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 as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	170		
	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			
	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,			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	40		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<del></del>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	140
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠,,
	"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			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<del></del>
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		<del></del>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 224			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

#### 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 565								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		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 contributions or gifts	6a		- 25					
Б	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	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 was required								
	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b								
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7,7					
	excess parachute payment(s) during the year?	15		X					
46	If "Yes," see instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.	Гоги	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 on 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 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on 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, trustees, or key employees to a management company or other person?	3		Х
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		Х
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	Х	
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 on Schedule O	9		Х
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	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	X	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
_	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			

932006 01-20-20

Form 990 (2019)

# 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.

See instructions for the order in which to list the persons above.

(A)	(B)	o, gc		(C		i ipoi	iout	(D)	(E)	(F)		
Name and title	Average			Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per			ss per	rson i	s botl	h an	compensation	compensation	amount of		
	week	_	Jei aii	u a u	ii ectoi	17 ti us	100)	from	from related	other		
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or c	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****130)	organization		
	organizations	truste	al trus		yee	mper		(** =/ *********************************		and related		
	below	idual	Institutional trustee	<u>ا</u>	Key employee	est co oyee	er			organizations		
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(1) STEPHANIE TAYLOR	5.00											
DIRECTOR		Х						0.	238,119.	33,736.		
(2) E. GORDON GEE	0.20											
DIRECTOR		Х						0.	799,473.	25,629.		
(3) EUGENE CILENTO	1.00											
DIRECTOR		Х						0.	276,433.	26,138.		
(4) FRED KING	2.00											
DIRECTOR		Х						0.	260,569.	25,046.		
(5) LAURA GIBSON	0.20											
DIRECTOR		Х						0.	428,913.	45,399.		
(6) CLAY MARSH	1.00											
DIRECTOR		Х						0.	956,392.	17,283.		
(7) EARL SCIME	0.10											
DIRECTOR		Х						0.	304,916.	29,687.		
(8) PAULA CONGELIO	0.25											
DIRECTOR		Х						0.	397,809.	48,529.		
(9) MARYANNE REED	1.00											
DIRECTOR		Х						0.	323,704.	28,390.		
(10) ANJALI HALABE	5.00							_				
TREASURER	40.00			Х				0.	251,184.	55,375.		
(11) DAVID KOSSLOW	5.00							_				
ASSISTANT TREASURER	40.00			Х				0.	163,968.	30,332.		
(12) J. ROBERT ALSOP	7.00							_				
EXECUTIVE DIRECTOR	50.00			Х				0.	382,084.	17,283.		
(13) ALAN MARTIN	1.00							_				
SECRETARY	50.00			Х				0.	183,029.	25,457.		
(14) JOHN CHILDRESS	6.00											
ASSISTANT SECRETARY	34.00			Х				0.	125,560.	20,958.		
(15) SHELLEY WELSH	37.50											
DIR OF CLINICAL TRIALS						Х		152,837.	0.	19,903.		
(16) RICHARD GIERSCH	37.50											
DIRECTOR RES INNOVATION						Х		90,298.	0.	18,066.		
(17) SARAH BILLER	37.50									<u>.</u>		
GENERAL OPERATIONS MANAGER						Х		112,247.	0.	6,384.		
932007 01-20-20										Form <b>990</b> (2019)		

932007 01-20-20

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
(A)	(B)				C)			(D)	(E)	(F)						
Name and title	Average	(do			ition	than	one	Reportable	Reportable	Es	timate	<del>:</del> d				
	hours per	ours per box,									h an	compensation	compensation		nount	of
	week (list any	-			1 0010	17 11 41	100)	from the	from related		other	tion				
	hours for	direct				Ļ		organization	organizations (W-2/1099-MISC)		pensa om the					
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)		anizati					
	organizations	trust	nal tru		yee	ompe				and	d relate	ed				
	below	Individual trustee or director	Institutional trustee	Je Se	Key employee	Highest compensated employee	Former			orga	anizatio	ons				
	line)	ib Indi	Inst	Officer	Key	Hig	윤									
(18) PHILIP SPARKS	65.00					7.		200 510	0	2	Λ 1	0.0				
DIR. TECH TRANSFER	27 50					X		208,518.	0.		0,1	04.				
(19) JAMES DOTTAVIO	37.50					7.		02 662	0.	_	2 0	71				
GENERAL & OPERATIONS MANAGER (20) NARVEL WEESE	0.00					Х		83,662.	0.		2,0	74.				
FORMER DIRECTOR & OFFICER	10.00						х	0.	60,000.			0.				
(21) JAMES T. ANDERSON	0.00							•	00,000.			<del>••</del>				
FORMER DIRECTOR	60.00						х	0.	167,308.	2	3,3	41.				
(22) JOYCE MCCONNELL	0.00															
FORMER DIRECTOR	75.00						Х	0.	261,285.	2	1,9	<u>23.</u>				
(23) DANIEL ROBISON	0.00						l		40 444							
FORMER DIRECTOR	37.50						Х	0.	43,444.		2,1	<u>69.</u>				
								647,562.	5,624,190.	<u> </u>	2 2	0.4				
1b Subtotal								047,302.	0.	57	3,4	04.				
c Total from continuation sheets to Part V									5,624,190.	57	3,2					
d Total (add lines 1b and 1c)							10 re	· ·		<u> </u>	<i>5,2</i>	0 4 •				
compensation from the organization	וסני ווויוונטטינטי נו	.000		Ju u		٠, …			,,000 01 10001 14510			3				
											Yes	No				
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on							
line 1a? If "Yes," complete Schedule J for s	such individual									3	Х					
4 For any individual listed on line 1a, is the su	•							•	•							
and related organizations greater than \$15										4	Х					
5 Did any person listed on line 1a receive or	•				-			-				v				
rendered to the organization? If "Yes," com	plete Schedul	e 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.

Compensation
1,781,538.
1,582,048.
1,542,835.
7 1,088,031.
1,087,642.

Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d 101,687,315 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 13,098,953 1f g Noncash contributions included in lines 1a-1f 1g |\$ 114,786,268 h Total. Add lines 1a-1f **Business Code** 2 a SCI RESEARCH & DEV SER 541700 733,156 Program Service Revenue 17,812,882. 17,079,726. f All other program service revenue 17,812,882 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 389,620 389,620. other similar amounts) Income from investment of tax-exempt bond proceeds 175,047. 175,047. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3,805,578 assets other than inventory **b** Less: cost or other basis Other Revenue 3,924,095 7b and sales expenses c Gain or (loss) -118,517. -118,517. -118,517. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a TRANSFER OF ASSETS 900099 1,211,039 1,211,039 b d All other revenue 1,211,039

12 932009 01-20-20 446,150.

733,156.

134,256,339.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

18,290,765

# WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990 (2019)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 21,387,156. 21,387,156. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 4,897,968. 4,897,968. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,397,942. 20,101,233. 2,296,709. Other salaries and wages 7 Pension plan accruals and contributions (include 1,228,803. 1,069,026. 159,777. section 401(k) and 403(b) employer contributions) 4,408,979. 4,081,289. 327,690. 9 Other employee benefits 1,714,419. 218,336. 1,496,083. Payroll taxes 10 Fees for services (nonemployees): a Management 732,945. 717,848. 15,097. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 89,136. 711. 88,425. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 261,987. 239,424. 22,563. Advertising and promotion 12 1,915,808. 1,593,140. 322,668. Office expenses 13 474,958. 2,511,445. 2,036,487. 14 Information technology 24,290. 383. 23,907. Royalties 15 1,841,144. 16,941. 1,858,085. 16 Occupancy 2,483,507. 2,380,087. 103,420. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 301,725. 265,802. 35,923. Conferences, conventions, and meetings 19 2,457,201. 597,313. 1,859,888. 20 Payments to affiliates 21 1,981,365. 1,981,365. Depreciation, depletion, and amortization ..... 22 368,209. 71,590. 296,619. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 43,761,771. 41,407,632. 2,354,139. SHARED SERVICES OPERATING EXP TO WVU 7,518,833. 6,831,197. 687,636. RESEARCH/EDUC. SUPPLIES 6,187,995. 6,171,046. 16,949. 1,789,815. CONSULTING/SUBCONT FEE 1,789,815. 1,686,985. 1,686,985. e All other expenses 131,966,369,123,204,548. 8,761,821. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Form **990** (2019)

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			21,469,231.	1	30,419,339
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			31,072,230.	3	26,961,063
	4	Accounts receivable, net	1,509,551.	4	3,042,043		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			4,860,715.	7	4,026,070
Assets	8	Inventories for sale or use				8	
Ä	9				341,638.	9	286,463
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	87,007,855.			
	b		10b	21,974,088.		10c	65,033,767
	11	Investments - publicly traded securities			12,709,822.	11	13,244,748
	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	10-00-010	15			
	16	Total assets. Add lines 1 through 15 (must equa	137,338,613.	16	143,013,493		
	17	Accounts payable and accrued expenses	23,682,450.	17	24,932,341		
	18	Grants payable	15 254 012	18	10 500 510		
	19	Deferred revenue			17,354,013.	19	19,592,510
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
E.		controlled entity or family member of any of thes			EO E24 070	22	58,618,100
	23	Secured mortgages and notes payable to unrela			59,534,978.	23	30,010,100
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	). Complete Part X	452,052.	25	741,863
	06	of Schedule D			101,023,493.		103,884,814
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che			101,023,433	20	103,004,014
es		and complete lines 27, 28, 32, and 33.	CK IIEI				
auc	27					27	
Bal	28	Net assets with donor restrictions				28	
Pu	20	Organizations that do not follow FASB ASC 9					
교		and complete lines 29 through 33.	JO, 0110	SOK HOTO P LEE			
ŏ	29	Capital stock or trust principal, or current funds		22,635,018.	29	24,798,135	
sets	30	Paid-in or capital surplus, or land, building, or eq		13,680,102.	30	14,330,544	
As	31	Retained earnings, endowment, accumulated in			0.	31	0.
Net Assets or Fund Balances	32	Total net assets or fund balances			36,315,120.		39,128,679
_	33	Total liabilities and net assets/fund balances			137,338,613.		143,013,493

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	134			
2	Total expenses (must equal Part IX, column (A), line 25)	2	131	•	•	
3	Revenue less expenses. Subtract line 2 from line 1	3				70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36			20.
5	Net unrealized gains (losses) on investments	5		52	3,5	87.
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 on Schedule O)	9				2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	39	,12	8,6	79.
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		X
	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	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O	·			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	Х	

#### **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 1 131,966,369. X

Total

131,966,369.

## Schedule A (Form 990 or 990-EZ) 2019 RESEARCH CORPORATION

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

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
800	ction A. Public Support	, lioted below, piec	acc complete r are				
	•••	( ) 0045	#1.0040	( ) 0047	( 1) 0040	1 ( ) 0040	(C) T
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")				+		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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.						
	ction B. Total Support			•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 $\dots$						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage				<b>P</b>
14	Public support percentage for 2019 (	line 6 column (f) d	ivided by line 11	column (fl)		14	%
15	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2018. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	<b>&gt;</b>

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

Schedule A (Form 990 or 990-EZ) 2019

#### 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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(a) 0015	(b) 0010	(a) 0017	(4) 0010	(a) 0010	( <b>6</b> ) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	3					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u></u>
<b>14 First five years.</b> If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Pub		roontago				▶∟
					Tae I	
15 Public support percentage for 2019						
16 Public support percentage from 201 Section D. Computation of Investigation					16	
· · · · · · · · · · · · · · · · · · ·					17	
17 Investment income percentage for 2					L	
18 Investment income percentage from						
19a 33 1/3% support tests - 2019. If the	-					I / IS NOT
more than 33 1/3%, check this box is b 33 1/3% support tests - 2018. If the	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATI	OD OLO DOT CDACK 2	1 NOV OD 1100 1/1 10	43 Oriun chackt	THE DAY AND COD II	TETTLICTIONS	

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#### 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
	Х	
1	Λ	
		Х
2		
3a		Х
Sa		
3b		
3b		
3с		
30		
4a		Х
<del>4</del> a		
4b		
40		
4c		
40		
E-		Х
5a		21
5b		
5c		
30		
6		Х
7		Х
,		_
8		Х
9a		Х
Ju		
9b		Х
35		
9с		х
30		
10a		Х
iva		
10b		

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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

## Schedule A (Form 990 or 990-EZ) 2019 RESEARCH CORPORATION

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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 integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RESEARCH CORPORATION

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continued)</sub>			
Secti	ion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt 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 purpos	ses of supported organization	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 responsiv	e			
	(provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

#### WEST VIRGINIA UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2019 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.

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OMB No. 1545-0047

Name of the organization

Organization type (check one):

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	nuie					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filling 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, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>mu</b>	st answer "No" on I	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), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 13,098,953.	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
	Name, address, and Zir + +	\$	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.)

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 <b>(e) and</b> the following the contributions of <b>9</b>	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	or or give		
	Transferee's name, address, a	nd <b>7</b> 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					
	<del></del>	-			
	<del></del>	-			
-		(e) Transf	or of aift		
		(e) ITalisi	er or gift		
	Transferse's name address as	ad <b>7</b> 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**

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.

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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) organization	tions: Complete Part III			
<ul> <li>Section 501(c)(4), (5), or (6) organizar</li> <li>Name of organization</li> <li>WEST VI</li> </ul>	RGINIA UNIVERSIT	Ϋ́	Emp	oloyer identification number
	H CORPORATION	· <del>-</del>		55-0665758
	janization is exempt und	der section 501(c)	or is a section 527	
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures		<b>&gt;</b> :	\$
Part I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
<ol> <li>Enter the amount of any excise tax</li> <li>Enter the amount of any excise tax</li> <li>If the organization incurred a sectio</li> <li>Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> </ol>	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 pers under section 4955 of for this year?	5	\$ Yes No
Part I-C Complete if the org	anization is exempt und	der section 501(c)	, except section 501	(c)(3).
<ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing organ exempt function activities</li> <li>Total exempt function expenditures line 17b</li> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If</li> </ol>	ization's funds contributed to o Add lines 1 and 2. Enter here a	ther organizations for s and on Form 1120-POL IN) of all section 527 point from the filing organial separate political organians.	ection 527   colitical organizations to white ization's funds. Also enter the ganization, such as a separation.	\$ Yes No ich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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Part II-A Complete if the org	ganization is ex	empt under section	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check if the filing organiza	ation belongs to an a	affiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
. — .	•	and "limited control" pro	ovisions apply.		
Limi	its on Lobbying Ex	·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinic	n (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl					
c Total lobbying expenditures (add l					
<b>d</b> Other exempt purpose expenditur					
e Total exempt purpose expenditure					
<b>f</b> Lobbying nontaxable amount. Ent					
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	0,000 \$100	,000 plus 15% of the exc	cess over \$500,000.		
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	ess over \$1,500,000.		
Over \$17,000,000		0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zei	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720		•
reporting section 4911 tax for this	year?				Yes No
	4-Year /	veraging Period Under	Section 501(h)		
(Some organizations t		n 501(h) election do not	•	of the five columns l	oelow.
	See the sep	arate instructions for li	nes 2a through 2f.)		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount					
<b>b</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))					
			1		

Schedule C (Form 990 or 990-EZ) 2019

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)).

For each	"Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(b	)
of the lo	bbying activity.	Yes	No	Amo	unt
<b>1</b> Du	uring the year, did the filing organization attempt to influence foreign, national, state, or				
lo	cal legislation, including any attempt to influence public opinion on a legislative matter				
or	referendum, through the use of:				
a Vo	olunteers?		X		
<b>b</b> Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	edia advertisements?		X		
	ailings to members, legislators, or the public?	X			
	ublications, or published or broadcast statements?		X		
	rants to other organizations for lobbying purposes?	37	Х	11	400
	rect contact with legislators, their staffs, government officials, or a legislative body?	Х	37	41	,490.
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	ther activities?		Х	// 1	400
	otal. Add lines 1c through 1i		X	41	,490.
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
Part II	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ction	
i ait ii	501(c)(6).	JII 30 I (C)	(5), 01 36	Clion	
	001(0)(0).			Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?		1		
	d the organization make only in-house lobbying expenditures of \$2,000 or less?				
	d the organization make only infriouse loosying expenditures of \$2,000 of less:  d the organization agree to carry over lobbying and political campaign activity expenditures from the				
	II-B Complete if the organization is exempt under section 501(c)(4), section		-	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."		` '	•	·
<b>1</b> Du	ues, assessments and similar amounts from members		1		
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	openses for which the section 527(f) tax was paid).				
a Cı	urrent year		2a		
	arryover from last year				
	otal				
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	bes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	penditure next year?		4		
	exable amount of lobbying and political expenditures (see instructions)		5		
Part I	V Supplemental Information				
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	-A, lines 1 a	and 2 (see	
instructi	ons); and Part II-B, line 1. Also, complete this part for any additional information.				
	II-B, LINE 1, LOBBYING ACTIVITIES:				
LOBB	YING ACTIVITIES CONSIST OF IDENTIFYING FEDERAL AN	D STAT	E FUN	DED	
RESE	ARCH AND DEVELOPMENT PROGRAMS WHICH CAN BE PERFOR	MED BY	RESE.	ARCHER	.S
AND	STAFF UTILIZING THE LABORATORIES AND EQUIPMENT AV	AILABI	E TO	THE	
<u>ORG</u> A	NIZATION. LOBBYING ACTIVITIES FOCUS UPON ENGINEE	RING,	MEDIC.	AL AND	<u> </u>
<u>EN</u> ER	GY RELATED RESEARCH OPPORTUNITIES.				
		Schedu	le C (Form	990 or 990	-EZ) 2019

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

**Employer identification number** 55-0665758

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) $igsqcup igsqcup $ Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		***
	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization 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		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year
_	▶ \$ Does each conservation easement reported on line 2(d) abo		(4)(D)(2)
8			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat		
9	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	Thole to the organization's illiancial statement	is that describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under FASB ASC 9		I balance sheet works
	of art, historical treasures, or other similar assets held for pu	·	
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB	-	•
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C	collections of A		torical Tr	easures.	or Othe	er Simi	lar Ass	sets/continu	rage <b>z</b> ied)
	Using the organization's acquisition, accessi								•	- Cuj
Ū	collection items (check all that apply):	on, and other record	10, 011001	Carry or the	Tollowing the	at mano c	ngrimoari	11 450 01 1	110	
а	Public exhibition	d		l nan or exc	hange progr	am				
b	Scholarly research	e		Other	mange progr	am				
C	Preservation for future generations	C		Oti 161						
4	Provide a description of the organization's co	allections and explain	n how th	av furthar t	he organizat	ion's eve	mot nurr	oosa in P	art YIII	
5	During the year, did the organization solicit o							JO36 III I	art Am.	
3	to be sold to raise funds rather than to be ma							Г	Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai			organizatio	ni answered	103 011	01111 50	, r art r	v, iii ic 5, 6i	
1a	Is the organization an agent, trustee, custodi		diary for o	contribution	ns or other as	ssets not	included	<u>'</u>		
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
~	Too, explain the arrangement in rail van	and complete the re	ow.ig t						Amount	
С	Beginning balance						1c		,	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe							<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds. Complete i									
	2211,1121	(a) Current year		rior year	1			vears bac	ck (e) Four y	ears back
1a	Beginning of year balance	(a) carrerie year	(2)	nor your	(6)		(4)	<i>y</i> • • • • • • • • • • • • • • • • • • •	( <b>6)</b> . sa. j	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:					
_ а	Board designated or quasi-endowment	one your one seament	%	9,	۵,, ۱۱۵.۵ ۵۵.					
b	Permanent endowment ▶	%								
c		<u></u> , -								
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for t	he oraan	ization		
	by:	J					3		- Ty	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?	)					
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. §	See Form 990	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumula	ted	(d) Book	value
		basis (investr	nent)		(other)	der	oreciatio	n		
1a	Land				30,707.				3,880	
	Buildings			79,48	32,820.	20,8	360,7	797.	58,622	,023.
	Leasehold improvements									
	Equipment				9,567.	(	523,0	060.	1,286	
	Other			1,73	34,761.	4	490,2	231.	1,244	
	. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B), line	10c.)			🕨	65,033	,767.

Schedule D	Form 9	990)	2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on Form			
(a) Description of security or category (including name of security) (b)	Book value	(c) Method of valuation: Cost or end	l-of-year market value
(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.			
Complete if the organization answered "Yes" on Form			l of coor months to be a
	Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (Col. (b) recent agreed Fourth Col. (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	000 Port IV line	11d Soc Form 000 Port V line 15	
Complete if the organization answered "Yes" on Form  (a) Descript		Tru. See Form 990, Part X, line 15.	(b) Book value
			(b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities.			
Complete if the organization answered "Yes" on Form	990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	1330,1 art 17, mic	110 01 111. 000 1 0111 300, 1 art X, iii10 20	(b) Book value
(1) Federal income taxes			299,422.
(1) Tederal microfile taxes (2) OTHER LIABILITIES			191,500
(3) DEFERRED GAIN ON REFUNDING			250,941.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			741,863.
2. Liability for uncertain tax positions. In Part XIII, provide the text			
organization's liability for uncertain tax positions under FASB A		_	· —
organization o hability for uncertain tax positions under FASB A	CO 1 TO. OHECK HE		edule D (Form 990) 2019

WEST VIRGINIA UNIVERSITY 55-0665758 Page 4 RESEARCH CORPORATION Schedule D (Form 990) 2019 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. 134,781,000. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 523,587. 2a **b** Donated services and use of facilities c Recoveries of prior year grants 2c 1,074. d Other (Describe in Part XIII.) 524,661. e Add lines 2a through 2d 134,256,339. 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. 131,967,000. 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.) 631. e Add lines 2a through 2d 131,966,369. 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 131,966,369. 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 \$1,074 PART XII, LINE 2D - OTHER ADJUSTMENTS: FINANCIAL STATEMENT ROUNDING \$631

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

 $\blacktriangleright$  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.

2019
Open to Public Inspection

Name of the organization

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

**Employer identification number** 

55-0665758

Pa	rt I	General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	es" on				
		Form 990, Part IV, line 14b.									
1	_		ers. Does the organization maintain records to substantiate the amount of its grants and other assistance,								
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No										
2	_		ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the				
		d States.									
3			Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total								
	(8	a) Region	offices	employees,	(by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures				
			in the region	employees, agents, and independent	gram services, investments, grants to	, , ,	for and				
				contractors	recipients located in the region)	of service(s) in the region	investments in the region				
				in the region			in the region				
						OPERATING EXPENSES					
						RELATED TO					
EURO	DPE					RESEARCH/EDUCATION	389,577.				
							002,077				
						FOREIGN TRAVEL RELATED					
NOR	rh AMI	ERICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	23,406.				
							, , , , , , , , , , , , , , , , , , ,				
EAS	r ASI	A AND THE				FOREIGN TRAVEL RELATED					
PACIFIC					PROGRAM SERVICES	TO RESEARCH/EDUCATION	104,425.				
						FOREIGN TRAVEL RELATED					
EURO	OPE				PROGRAM SERVICES	TO RESEARCH/EDUCATION	78,954.				
						OPERATING EXPENSES					
						RELATED TO RESEARCH					
NOR!	TH AM	ERICA			PROGRAM SERVICES	EDUCATION	460,823.				
						FOREIGN TRAVEL RELATED					
SOU	TH AM	ERICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	8,316.				
						BODELON EDAVEL DELAMED					
7777	C 3 11 3 1	AN ABDIGA				FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	10 503				
50B-	- БАПАІ	RAN AFRICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	10,503.				
יהאים	. זבבח	AMERICA AND				FOREIGN TRAVEL RELATED					
	CARII					TO RESEARCH/EDUCATION	1,761.				
		otal	0	0	INCOME DELIVIORS	10 RESERVENT EDUCATION	1,077,765.				
		from continuation	<u> </u>	<del>                                     </del>			,,,,,,,,,				
b		s to Part I	0	0			43,006.				
c		s (add lines 3a		<u> </u>			=5,550.				
Ü	and 3		0	0			1,120,771.				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

## 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) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (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 14,070. MIDDLE EAST AND FORETGN TRAVEL RELATED NORTH AFRICA PROGRAM SERVICES TO RESEARCH/EDUCATION 5,846. OPERATING EXPENSES CENTRAL AMERICA AND RELATED TO THE CARIBBEAN PROGRAM SERVICES RESEARCH/EDUCATION 743. RUSSIA AND THE FOREIGN TRAVEL RELATED NEIGHBORING STATES TO RESEARCH/EDUCATION PROGRAM SERVICES 4,449. OPERATING EXPENSES EAST ASIA AND THE RELATED TO RESEARCH/EDUCATION PACIFIC PROGRAM SERVICES 13,491. OPERATING EXPENSES RELATED TO SOUTH ASIA PROGRAM SERVICES RESEARCH/EDUCATION -10,000. OPERATING EXPENSES RUSSIA AND THE RELATED TO NEIGHBORING STATES PROGRAM SERVICES RESEARCH/EDUCATION 13,423. OPERATING EXPENSES MIDDLE EAST AND RELATED TO NORTH AFRICA PROGRAM SERVICES RESEARCH/EDUCATION 184. OPERATING EXPENSES RELATED TO PROGRAM SERVICES RESEARCH/EDUCATION SOUTH AMERICA 800. 43,006. **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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	unsel has provided a sec	recognized as charities by the ction 501(c)(3) equivalency lett					•

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) 2019 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) 2019 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 PRIMARILY POSTED DIRECTLY TO THE
STUDENT'S ACCOUNT OR PAID THROUGH ACCOUNTS PAYABLE. PAYMENTS POSTED TO
THE STUDENT'S ACCOUNT ARE REVIEWED BY WVU STUDENT ACCOUNTS TO DETERMINE
IF ANY MONEY IS OWED BY THE STUDENT OR OWED TO THE STUDENT AS A REFUND.
STUDENTS ALSO REVIEW THEIR OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH
THE ACTIVITY POSTED TO THEIR ACCOUNTS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

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) 0.BOOK RESEARCH 69,356 ASCENSION LLC 206 SPRUCE ST MORGANTOWN, WV 26505 81-1335017 21,282 0.BOOK PUBLIC SERVICE ASPINITY INC 56 AIRPORT BLVD MORGANTOWN, WV 26505 46-1434879 25,420 0.BOOK RESEARCH BETHANY COLLEGE CRAMBLET HALL, MAIN STREET BETHANY WV 26032 55-0356985 501(C)(3) 33 496 0.BOOK отнев BLUEFIELD STATE COLLEGE RESEARCH & DEV - 704 BLAND STREET -55-0785437 0.BOOK RESEARCH AND OTHER BLUEFIELD, WV 24701 501(C)(3) 41 553 BOSTON MEDICAL CENTER CORPORATION

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

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

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

Schedule I (Form 990) (2019)

10.

RESEARCH

04-3314093 501(C)(3)

0.BOOK

102 432.

BOSTON, MA 02118

ONE BOSTON MEDICAL CENTER PL

#### 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 valuation non-cash assistance or assistance cash grant non-cash (book, FMV. assistance appraisal, other) BUCKHANNON RIVER WATERSHED ASSOCIATION INC - 112 FAYETTE STREET - BUCKHANNON, WV 26201 55-0783924 501(C)(3) 13,406 0.BOOK RESEARCH CABIN CREEK HEALTH SYSTEMS INC PO BOX 70 DAWES, WV 25054 55-0709223 501(C)(3) 164,489 0.BOOK TNSTRUCTION CAMC HEALTH EDUCATION & RESEARCH INSTITUTE INC - 3200 MACCORKLE AVENUE, SE - CHARLESTON, WV 25304 55-0753754 501(C)(3) 772,641 0.BOOK PUBLIC SERVICE & RESEARCH CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE 0.BOOK CLEVELAND, OH 44106-7151 34-1018992 501(C)(3) 97,706 RESEARCH CAMDEN ON GAULEY MEDICAL CTR INC PO BOX 69 0.BOOK CAMDEN-ON-GAULEY, WV 26208-0069 55-0592596 501(C)(3) 75,670 PUBLIC SERVICE ELECTRIC POWER RESEARCH INSTITUTE INC - 3420 HILLVIEW AVENUE - PALO ALTO, CA 94304 0.BOOK RESEARCH 23-7175375 501(C)(3) 19 219 COLORADO SCHOOL OF MINES 1600 JACKSON ST, STE 010 GOLDEN, CO 80401-1887 84-6000551 SECTION 115 148 207 0.BOOK RESEARCH EASTERN AREA HEALTH EDUCATION 2500 FOUNDATION WAY MARTINSBURG, WV 25401 35-2174239 501(C)(3) 101,752 0 BOOK INSTRUCTION FAIRMONT STATE UNIVERSITY 1201 LOCUST AVE FAIRMONT, WV 26554 55-6000778 SECTION 115 40 945 0.BOOK OTHER

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) FAYETTE CO HEALTH DEPT 202 CHURCH STREET FAYETTEVILLE, WV 25840 55-6011279 SECTION 115 28,021 0.BOOK RESEARCH GRAFTON CITY HOSPITAL INC 1 HOSPTTAL PLAZA GRAFTON, WV 26354-1184 55-6000526 501(C)(3) 65,670 0 BOOK PUBLIC SERVICE FARHAT MEDICAL CLINIC PO BOX 283 STANAFORD, WV 25927 46-4756412 16,137 0.BOOK PUBLIC SERVICE FLORIDA INSTITUTE OF TECHNOLOGY. INC. - 150 W UNIVERSITY BLVD -MELBOURNE, FL 32901-6975 59-6046500 501(C)(3) 106,123 0.BOOK RESEARCH GLENVILLE STATE COLLEGE RESEARCH CO - 200 HIGH ST - GLENVILLE, WV INSTRUCTION & PUBLIC SERVICE 0.BOOK 26351-1200 55-0713410 501(C)(3) 150,689 HENRY FORD HEALTHY SYSTEM ONE FORD PLACE DETROIT, MI 48202-3450 38-1357020 501(C)(3) 0.BOOK RESEARCH 60,334 H LEE MOFFITT CANCER CNT & RESEARCH INST INC - PO BOX 742801 - ATLANTA GA 30374-2801 59-2451713 501(C)(3) 9 888 0.BOOK RESEARCH H QUEST VANGUARD INC 750 WILLIAM PITT WAY, BLDG B11 PITTSBURGH, PA 15238 46-4604939 17,623 0 BOOK RESEARCH INDIANA UNIVERSITY PO BOX 66271 INDIANAPOLIS, IN 46266-6271 35-6001673 SECTION 115 126 165 0.BOOK 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) JOHN HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218 52-0595110 501(C)(3) 52,148 0.BOOK RESEARCH KENT STATE UNIVERSITY 6000 FRANK AVENUE NW NORTH CANTON, OH 44720 31-6402079 501(C)(3) 195,124 0.BOOK RESEARCH LIBRARY OF VIRGINIA 800 E BROAD STREET INSTRUCTION & PUBLIC RICHMOND, VA 23219-8000 54-6001813 SECTION 115 107,297 0.BOOK SERVICE LOS ALAMOS NATIONAL LABORATORY PO BOX 1663 MAIL STOP P245 LOS ALAMOS, NM 87545 20-3104541 0.BOOK RESEARCH 62,500 MARSHALL UNIV RESEARCH CORP 401 11TH ST, STE 1400 PUBLIC SERVICE, RESEARCH, HUNTINGTON, WV 25701 1,696,249 0.BOOK & OTHER 55-0683361 501(C)(3) MICHIGAN STATE UNIV 110 JOHN HANNAH ADMIN BLDG EAST LANSING, MI 48824-1046 38-6005984 SECTION 115 0 BOOK RESEARCH 91,438 MID OHIO VALLEY HEALTH DEPT 211 6TH STREET 55-0619203 SECTION 115 PARKERSBURG, WV 26101 24 884 0.BOOK PUBLIC SERVICE MALACHITE TECHNOLOGIES INC 2262 PALOU AVENUE SAN FRANCISCO, CA 94124 27-3227538 36,922 0 BOOK RESEARCH MSOPTI 400 LEE ST NORTH LEWISBURG, WV 24901 55-0763235 501(C)(3) 126,437 0.BOOK INSTRUCTION

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) NEW RIVER HEALTH ASSOCIATION INC PO BOX 337 SCARBRO, WV 25917 55-0581968 501(C)(3) 63,586 0.BOOK PUBLIC SERVICE & RESEARCH NORTH CAROLINA STATE UNIV 106F CALDWELL HALL, CAMPUS BOX 8101 RALEIGH, NC 27695-8101 56-6000756 SECTION 115 201,813 0 BOOK RESEARCH NORTHEAST NATURAL ENERGY LLC 707 VIRGINIA ST E, STE 1200 CHARLESTON, WV 25301 27-0945493 3,559,333 0.BOOK RESEARCH NORTHWOOD HEALTH SYSTEMS INC 111 19TH STREET WHEELING, WV 26003 55-0540374 501(C)(3) 29,000 0.BOOK PUBLIC SERVICE MCMASTER UNIVERSITY 1280 MAIN ST WEST HAMILTON HAMILTON, CANADA, CANADA L8N 3Z5 23-7213309 0.BOOK RESEARCH 501(C)(3) 10,434 PROJECT LAZARUS 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654 56-2087110 501(C)(3) 0 BOOK RESEARCH 7 598 MILAN PUSKAR HEALTH RIGHT INC PO BOX 1519 MORGANTOWN, WV 26507-1519 31-1118673 501(C)(3) 30 243 0.BOOK PUBLIC SERVICE MINNIE HAMILTON HEALTH CARE CENTER INC - 186 HOSPITAL DRIVE -GRANTSVILLE, WV 26147 55-0629032 501(C)(3) 67,500 0 BOOK PUBLIC SERVICE MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS - PO BOX 1112 -FAIRMONT, WV 26555-1112 55-0419191 501(C)(3) 0.BOOK PUBLIC SERVICE 10 000

WEST VIRGINIA UNIVERSITY

Schedule I (Form 990) RESEARCH	CORPORATI					5	55-0665758 Page 1
Part II Continuation of Grants and Other			nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa		
(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance
MONROE HEALTH CENTER 200 HEALTH CENTER RD, PO BOX 590 UNION, WV 24983-0590	31-1013942		10,000.	0.	воок		PUBLIC SERVICE
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	8,042.	0.	воок		RESEARCH
THE OHIO STATE UNIVERSITY 2021 COFFEY ROAD COLUMBUS, OH 43210-1044	31-6025986	SECTION 115	26,853.	0.	воок		RESEARCH
THE UNIVERSITY OF CHARLESTON INC 2300 MACCORKLE AVENUE, SE CHARLESTON, WV 25304	55-0357039	501(C)(3)	16,166.	0.	воок		RESEARCH
SALUS UNIVESITY 8360 OLD YORK ROAD ELKINS PARK, PA 19027	23-1413680	501(C)(3)	8,426.	0.	воок		PUBLIC SERVICE
SHEPHERD UNIVERSITY PO BOX 5000 SHEPHERDSTOWN, WV 25443-5000	55-6000799	SECTION 115	98,256.	0.	воок		RESEARCH & OTHER
TEXAS A&M UNIVERSITY KINGSVILLE 700 UNIVERSITY BLVD MSC 104 KINGSVILLE, TX 78363	74-6001530	SECTION 115	137,839.	0.	воок		RESEARCH
TETRA TECH INC PO BOX 911624 DENVER, CO 80291-1624	95-4148514		7,698.	0.	воок		RESEARCH
UNITED SUMMIT CENTER INC 6 HOSPITAL PLAZA CLARKSBURG, WV 26301-9316	55-0752788	501(C)(3)	38,341.	0.	воок		PUBLIC SERVICE

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (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
UNIVERSITY OF SOUTHERN CALIFORNIA							
1800 I STREET							
SACRAMENTO, CA 95811	95-1642394	501(C)(3)	38,699.	0.	BOOK		RESEARCH
•			,				
UNIV OF MICHIGAN							
500 WOLVERINE TOWER, 3003 S STATE	\$						
ANN ARBOR, MI 48109-1287	38-6006309	SECTION 115	10,519.	0.	воок		RESEARCH
UNIV OF PITTSBURGH							
3525 FORBES AVENUE	05 0065501	anaman, 115	60 110				
PITTSBURGH, PA 15213	25-0965591	SECTION 115	69,118.	0.	воок		RESEARCH
UNITED HOSPITAL CENTER INC							
327 MEDICAL PARK DR							
BRIDGEPORT, WV 26330	55-0525724	501(C)(3)	6,000.	0.	BOOK		  PUBLIC SERVICE
			, -				
UNIV OF WISCONSIN-MADISON							
21 N PARK ST STE 7101							
MADISON, WI 53715	39-6006492	SECTION 115	8,865.	0.	воок		PUBLIC SERVICE
UNIVERSITY OF ARKANSAS AT LITTLE							
ROCK - 2801 S UNIVERSITY AVENUE -							
LITTLE ROCK, AR 72204	71-0236904	SECTION 115	45,318.	0.	воок		RESEARCH
INTURDATE OF MATHE OVEREM THE							
UNIVERSITY OF MAINE SYSTEM INC 5717 CORBETT HALL RM 400							
	01-6000769	SECTION 115	38,252.	,	воок		RESEARCH
ORONO, ME 04469-5717	01 0000703	DECITOR 113	30,232.	٠.	BOOK		RESEARCH
UNIVERSITY OF NORTH DAKOTA							
PO BOX 8373							
GRAND FORKS, ND 58202-8373	45-6002491	SECTION 115	63,414.	0.	воок		RESEARCH
UNIV OF FLORIDA							
PO BOX 117021, 407 LIBRARY W							
GAINSVILLE, FL 32611-7021	59-6002052	SECTION 115	147,495.	0.	воок		PUBLIC SERVICE & 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 if applicable valuation non-cash assistance or assistance organization or government cash grant non-cash (book, FMV. assistance appraisal, other) UNIV OF GEORGIA RESEARCH FOUNDATION INC - CONTRACTS & GRANTS DEPT BUS SERV, BLG B4 -ATHENS, GA 30603 58-1353149 501(C)(3) 22,981 0.BOOK RESEARCH US DEPT OF ENERGY NETL CASH DEPOSITS PO BOX 979019 ST LOUIS, MO 63197-9000 62-0496456 137,500 0 BOOK RESEARCH UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02-6000937 16,240 0.BOOK RESEARCH UNIV OF IOWA PO BOX 14409 0.BOOK DES MOINES, IA 50306-3409 42-6004813 SECTION 115 RESEARCH 30,240 UNIV OF KY RESEARCH FOUNDATION 109 KINKEAD HALL 0.BOOK LEXINGTON, KY 40506-0057 61-6033693 501(C)(3) 448,607 PUBLIC SERVICE & RESEARCH UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BLG CONTRACT & ACCT COLLEGE PARK, MD 20742-3141 SECTION 115 165,909 0 BOOK RESEARCH 52-6002033 WASHINGTON STATE UNIVERSITY PO BOX 644014 91-6001108 SECTION 115 PULLMAN WA 99164 5 868 0.BOOK RESEARCH WEST VIRGINIA FOOD AND FARM COALITION INC. - 102 EAST MAPLE AVENUE - FAYETTEVILLE, WV 25840 46-2706460 501(C)(3) 38,531 0 BOOK PUBLIC SERVICE WEST VIRGINIA STATE UNIVERSITY PO BOX 368 INSTITUTE, WV 25112-0368 55-6000839 SECTION 115 62 633 0.BOOK RESEARCH & OTHER

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	<b>(b)</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							
300 MAIN BUILDING							
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	506,013.	0.	воок		RESEARCH
WESTBROOK HEALTH SERVICES INC							
2121 SEVENTH STREET							
PARKERSBURG, WV 26101	55-0484662	501(C)(3)	21,983.	0.	воок		PUBLIC SERVICE
UNIV OF TENNESSEE			<u>'</u>				
BURSARS OFFICE 210 STUDENT							
SERVICES BLDG - KNOXVILLE, TN							
37996-0105	62-6001636	SECTION 115	322,710.	0.	воок		PUBLIC SERVICE & RESEARCH
UNIV OF TEXAS AT DALLAS 800 W. CAMPBELL ROAD							
RICHARDSON, TX 75080	75-1305566	SECTION 115	34,263.	0	воок		RESEARCH
RICHARDSON, IX 75000	73 1303300	DECITON 113	34,203.	٠.	BOOK		RESEARCH
UNIV OF WASHINGTON							
PO BOX 94224							
SEATTLE, WA 98124-6524	91-6001537	SECTION 115	5,765.	0.	воок		RESEARCH
,			, .				
UNIV OF WYOMING							
1000 E UNIVERSITY AVENUE DEPT 3314							
LARAMIE, WY 82071	83-6000331	SECTION 115	725,775.	0.	воок		RESEARCH
UNIVERSITY HEALTHCARE PHYSICIANS							
INC - 2500 FOUNDATION WAY -							
MARTINSBURG, WV 25401	90-0893455	501(C)(3)	9,856.	0.	воок		PUBLIC SERVICE
WILLIAMSON HEALTH & WELLNESS							
CENTER INC - PO BOX 509 -							
WILLIAMSON, WV 25561	45-2849701	501(C)(3)	103,043.	0.	воок		INSTRUCTION
UNIVERSITY OF COLORADO DENVER							
OFFICE OF GRANTS & CONTRACTS F428,							
PO BOX 910238 - DENVER, CO	04 6000555	GEOMETON 445	F4 455	_	D007		DEGEN DOW
80291-0238	84-6000555	SECTION 115	51,457.	0.	воок		RESEARCH

WEST VIRGINIA UNIVERSITY

Schedule I (Form 990) RESEARCH						5	55-0665758 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	<b>(b)</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
WHEELING HOSPITAL INC 1 MEDICAL PK WHEELING, WV 26003	55-0357057	501(C)(3)	57,773.	0.	воок		RESEARCH
UNIVERSITY OF WISCONSIN SYSTEM OFFICE OF SPONSORED PROGRAMS, PO BO MILWAUKEE, WI 53211-0340		SECTION 115	276,607.		воок		RESEARCH
US FOREST SERVICE PO BOX 96090 WASHINGTON, DC 20090-6090	72-0564834		30,000.	0.	воок		RESEARCH
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	9,425.	0.	воок		RESEARCH
VIRGINIA POLYTECHNIC INST & STATE UNIV - MC 0170 300 TURNER ST, STE 4200 - BLACKSBURG, VA 24061	54-6001805	SECTION 115	422,770.	0.	воок		RESEARCH
WASHINGTON UNIV 700 ROSEDALE AVENUE SAINT LOUIS, MO 63112-1408	43-0653611	501(C)(3)	220,635.	0.	воок		RESEARCH
APPLIED RESEARCH FOUNDATION OF WEST VIRGINIA - 219 ROCK STREET - BLUEFIELD, WV 24701	84-2384597		7,083.	0.	воок		RESEARCH
WEST LIBERTY UNIVERSITY 208 UNIVERSITY DRIVE WEST LIBERTY, WV 26074	55-6000822	SECTION 115	190,113.	0.	воок		RESEARCH
WHEELING JESUIT UNIV 316 WASHINGTON AVE WHEELING, WV 26003	55-0394213	501(C)(3)	14,501.	0.	воок		OTHER

Page 1

Part II Continuation of Grants and Other	r Assistance to G	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	rage i
(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	<b>(h)</b> Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE							
100 INSTITUTE ROAD							
WORCESTER, MA 01609	04-2121659	501(C)(3)	43,805.	0	воок		RESEARCH
HOROLDILM, IMI 01005	01 2121035	301(0)(3)	13,003.		, poor		
WOOD CO BD OF EDUCATION							
1210 13TH STREET							
PARKERSBURG, WV 26101	55-6000418	SECTION 115	33,874.	0.	воок		RESEARCH
			<u> </u>				
BOISE STATE UNIVERSITY							
1910 UNIVERSITY DRIVE							
BOISE, ID 83725-0001	56-0641460	SECTION 115	218,869.	0.	воок		PUBLIC SERVICE & RESEARCH
WV GEOLOGICAL & ECONOMIC SURVEY							
1 MONT CHATEAU RD							
MORGANTOWN, WV 26508-8079	55-6000936	SECTION 115	30,812.	0.	воок		RESEARCH
WV SCHOOL OF OSTEOPATHIC MEDIC							
400 N LEE STREET			4.54 04.0				
LEWISBURG, WV 24901	55-0561541	SECTION 115	461,213.	0.	воок		RESEARCH
WV WESLEYAN COLLEGE							
59 COLLEGE AVE							
BUCKHANNON, WV 26201	55-0357056	501(C)(3)	53,756.	0	воок		RESEARCH & OTHER
WVSU RESEARCH & DEVELOPMENT CORP	33 033,030	501(0)(3)	33,730.		Poor		land a single
PO BOX 1000 201 ACEOP ADMIN							
BUILDING - INSTITUTE, WV							
25112-1000	55-0708567	501(C)(3)	13,512.	0.	воок		PUBLIC SERVICE & RESEARCH
			, -				
WVU PARKERSBURG							
300 CAMPUS DR							
PARKERSBURG, WV 26104	55-0523820	SECTION 115	47,100.	0.	воок		PUBLIC SERVICE
WVU PHYSICIANS OF CHARLESTON							
PO BOX 7000							
MORGANTOWN, WV 26505	55-0779739	501(C)(3)	7,700.	0.	воок		PUBLIC SERVICE

Schedule I (Form 990) RESEARCH	CORPORATI	ON				5	55-0665758 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</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 STERLING MEM LIB DOC DEL ILL, 130 V							
NEW HAVEN, CT 06511	06-0646973	501(C)(3)	8,725.	0.	BOOK		RESEARCH
WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN, WV 26506	55-6000842	SECTION 115	6,282,620.	0	воок		EXPENDITURES ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL
nondimionit, iiv 2000	33 0000042	DECITOR 113	0,202,020.		, book		negotation of entitle
APPALACHIAN COMMUNITY HEALTH CENTER INC - 725 YOKUM STREET - ELKINS, WV 26241	55-0483699	501(C)(3)	37,124.	0.	воок		PUBLIC SERVICE
BURLINGTON UNITED METHODIST FAMILY SERVICES INC - 105 BEECH STREET -	55 0595294	501/(3)/(3)	0.740				
GRAFTON, WV 26354	55-0575371	501(C)(3)	8,740.	0.	BOOK		RESEARCH
AUBURN UNIVERSITY 203 MARTIN HALL AUBURN, AL 36849-5119	63-6000724	SECTION 115	113,055.	0.	воок		RESEARCH
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE	53-0196583	501(C)(3)	48,439.	0	Воок		RESEARCH
WASHINGTON, DC 20064	33-0196363	501(C)(3)	40,439.	0.	BOOK		RESEARCH
GAS TECHNOLOGY INSTITUTE PO BOX 91127				_			
CHICAGO, IL 60693	36-2170137	501(C)(3)	161,955.	0.	BOOK		RESEARCH
GLENVILLE STATE COLLEGE 200 HIGH STREET GLENVILLE, WV 26351	55-6000779	SECTION 115	5,525.	0.	воок		PUBLIC SERVICE
LINCOLN COUNTY PRIMARY CARE CENTER INC - PO BOX 607 - HANLIN, WV							
25523-0607	55-0552212	501(C)(3)	48,666.	0.	воок		PUBLIC SERVICE

WEST VIRGINIA UNIVERSITY

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (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) ROBERT C BYRD CLINIC 1464 JEFFERSON STREET N LEWISBURG, WV 24901 55-0559322 501(C)(3) 10,000 0.BOOK PUBLIC SERVICE TEXAS A&M ENGINEERING EXPERIMENT STATION SPONSORED RESEARCH SERVICES - 400 HARVEY MITCHELL PKWY STE 300 - COLLEGE STATION, TX 74-1974733 SECTION 115 48,056 0.BOOK RESEARCH TEXAS TECH UNIV BOX 45022 LUBBOCK, TX 79409-5022 75-6002622 SECTION 115 101,997 0 BOOK RESEARCH THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 506 S WRIGHT ST, 209 HAB MC 339 -URBANA, IL 61801 37-6000511 501(C)(3) 42,337 0.BOOK RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 0.BOOK RESEARCH 16-0743134 501(C)(3) 74,019 THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030 74-1761309 SECTION 115 0 BOOK RESEARCH 6.313 TRINITY FAMILY HEALTH CARE LLC 1 SOUTH MARSHAM STREET ROMNEY, WV 26757 47-1985943 66,736 0.BOOK PUBLIC SERVICE

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	<b>(b)</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	2,448,984.	0.	воок	
DUCATIONAL GRANTS TO INDIVIDUALS	0	297,147.	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 PRIMARILY POSTED DIRECTLY TO THE STUDENT'S ACCOUNT

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

ARE REVIEWED BY WVU STUDENT ACCOUNTS TO DETERMINE IF ANY MONEY IS OWED BY

THE STUDENT OR OWED TO THE STUDENT AS A REFUND. STUDENTS ALSO REVIEW THEIR

Schedule I (Form 990) RESEARCH CORPORATION	55-0665758 Page 2
Part IV Supplemental Information	
OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY PO	STED TO THEIR
ACCOUNTS.	
PART II, LINE 1, COLUMN (H):	
NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA UNIVERSIT	Y
(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 W	IVU 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

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

**Employer identification number** 55-0665758

	·		Yes	No
<b>1</b> 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 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		Х
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

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.
DIRECTOR	(ii)	238,100.	0.	19.	14,858.	19,600.	272,577.	0.
(2) E. GORDON GEE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	770,743.	0.	28,730.	16,800.	8,837.	825,110.	0.
(3) EUGENE CILENTO	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	276,433.	0.	0.	16,811.	11,597.	304,841.	0.
(4) FRED KING	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	260,569.	0.	0.	15,845.	9,215.	285,629.	0.
(5) LAURA GIBSON	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	428,896.	0.	17.	24,900.	23,097.	476,910.	0.
(6) CLAY MARSH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	929,957.	0.	26,435.	16,800.	622.	973,814.	0.
(7) EARL SCIME	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	304,916.	0.	0.	18,629.	12,727.	336,272.	0.
(8) PAULA CONGELIO	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	353,809.	19,000.	25,000.	47,800.	743.	446,352.	0.
(9) MARYANNE REED	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	298,704.	0.	25,000.	19,606.	10,805.	354,115.	0.
(10) ANJALI HALABE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	244,799.	6,385.	0.	47,334.	9,622.	308,140.	0.
(11) DAVID KOSSLOW	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	163,677.	0.	291.	10,454.	21,346.	195,768.	0.
(12) J. ROBERT ALSOP	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	382,041.	0.	43.	16,800.	526.	399,410.	0.
(13) ALAN MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	182,111.	0.	918.	11,370.	14,501.	208,900.	0.
(14) SHELLEY WELSH	(i)	152,837.	0.	0.	9,271.	13,444.	175,552.	0.
DIR OF CLINICAL TRIALS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RICHARD GIERSCH	(i)	90,298.	0.	0.	5,738.	12,935.	108,971.	0.
DIRECTOR RES INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PHILIP SPARKS	(i)	207,555.	0.	963.	12,804.	18,414.	239,736.	0.
DIR. TECH TRANSFER	(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	(A) Name and Title		compensation incentive r		(iii) Other compensation compensation		(B)(I)-(D)	reported as deferred on prior Form 990	
(17) JAMES DOTTAVIO	(i)	83,662.	0.	0.	4,846.	17,835.	106,343.	0.	
GENERAL & OPERATIONS MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(18) NARVEL WEESE	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR & OFFICER	(ii)	60,000.	0.	0.	0.	0.	60,000.	0.	
(19) JAMES T. ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR	(ii)	146,243.	21,065.	0.	10,382.	14,199.	191,889.	0.	
(20) JOYCE MCCONNELL	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR	(ii)	228,665.	0.	32,620.	14,306.	9,106.	284,697.	0.	
(21) DANIEL ROBISON	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR	(ii)	30,458.	0.	12,986.	1,856.	483.	45,783.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Fat III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
JAMES ROBERT ALSOP AS THE CEO/EXECUTIVE DIRECTOR IS NOT PAID BY THE WEST
VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) BUT IS PAID BY WEST VIRGINIA
UNIVERSITY (WVU), A RELATED ORGANIZATION. COMPENSATION IS DETERMINED BY
WVU THROUGH THE USE OF SEVERAL FACTORS INCLUDING JOB ANALYSIS AND
EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION, AND
SALARY SURVEY DATA ON PAY PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY
ADMINISTRATION PROGRAM AND RESTRUCTURES IT AS NECESSARY. MARKET AND/OR
COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON EMPLOYMENT
FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW. IN ADDITION, EMPLOYEES
MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR
PERFORMANCE.

## 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 Inspection

OMB No. 1545-0047

Name of the organization

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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

IN 1985, THE WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RESEARCH

CORPORATION) WAS CREATED IN ACCORDANCE WITH THE STATE LAW AND WITH THE

EXPRESSED PURPOSE TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA

UNIVERSITY (UNIVERSITY).

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

- (1) TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSITY; AND
- (2) TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT AND

  MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF AND STUDENTS OF

  WEST VIRGINIA UNIVERSITY.

RESEARCH IS AN INTEGRAL PART OF THE UNIVERSITY'S MISSION AND THE RESEARCH CORPORATION FACILITATES THIS MISSION THROUGH ITS ROLE AS A FISCAL AGENT FOR SPONSORED PROJECTS. THE RESEARCH CORPORATION ALSO USES ITS UNIQUE STATUS TO MAXIMIMZE THE EFFECTIVENESS OF TECHNOLOGY TRANSFER IN ADDITION TO ITS ECONOMIC AND BUSINESS DEVELOPMENT ONE IMPORTANT INDICATION OF THIS SUCCESS IS THE FUNCTIONS. UNIVERSITY'S RENEWAL AS AN R1 DOCTORAL UNIVERSITY - HIGHEST RESEARCH ACTIVITY BY THE CARNEGIE FOUNDATION IN FISCAL YEAR 2018 PLACING WVU AMOUNG THE 130 STRONGEST RESEARCH INSTITUTIONS IN THE US. BY OUR CALCULATION THE UNIVERSITY MOVED FROM 109TH TO 90TH IN THE IN FY20, THE UNIVERSITY SECURED MORE THAN \$190M IN CLASSIFICATION.

932211 09-06-19

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

SPONSORED PROGRAM FUNDING, A NEW HIGH FOR THE INSTITUTION.

FEDERAL FUNDING FOR SPONSORED PROGRAMS AT THE UNIVERSITY REMAINED

RELATIVELY FLAT IN FY20 AT \$95M, WHEREAS OVERALL SPONSORED AWARDS

(FEDERAL AND NON-FEDERAL SOURCES) REACHED A NEW HIGH OF \$190M AS NOTED

ABOVE. INVESTMENTS IN IMPROVING THE COMPETITIVENESS OF THE FACULTY

THROUGH THE IMPLEMENTATION OF PROGRAMS BY THE RESEARCH OFFICE IS

BEGINNING TO YIELD A NOTICEABLE RETURN IN TERMS OF THE DOLLAR VALUE OF

NEW AWARDS. THE MOST EFFECTIVE OF THESE INVESTMENTS REMAIN THE PROGRAM

TO STIMULATE COMPETITIVE RESEARCH, PROVIDING SUPPORT TO ENSURE THAT

RESUBMITTED PROPOSALS HAVE A SIGNIFICANTLY ENCHANCED PROBABILITY OF

SUCCESS; AND AN INTERNAL NIH STYLE STUDY SECTION AT HSC PROVIDING

SCIENTIFIC REVIEW OF GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION TO

INCREASE COMPETITIVENESS.

A SIGNIFICANT ACCOMPLISHMENT, AT THE END OF JUNE 2020, WAS THE SUCCESS

OF THE FACULTY IN THE DAVIS COLLEGE IN SECURING A \$10M AWARD FROM THE

USDA NIFA FOR RESEARCH ON BIOMASS AND BIOMASS DERIVED PRODUCTS IN THE

APPALACHIAN REGION. THAT AWARD WILL BE REFLECTED IN THE FINANCIAL

STATEMENT NUMBERS IN FY21. THIS IS AN OUTGROWTH OF THE UNIVERSITY'S

HISTORICAL STRENGTH IN ENERGY RESEARCH IN GENERAL AND IT ALSO REFLECTS

THE SHIFT TO RENEWABLE RESOURCES FROM FOSSIL RESOUCES FOR US ENERGY

PRODUCTION. SPONSORED AWARDS FROM US DOE REACHED AN ALL-TIME HIGH IN

THE PAST YEAR AT \$15M.

NSF AWARDS TOTALED \$14M, A NEW HIGH AND AN INCREASE OF ALMOST \$5M OVER
THE PREVIOUS FISCAL YEAR WHILE NIH AWARDS TO THE UNIVERSITY REMAINED
STABLE AT \$27M.

Employer identification number 55-0665758

THE UNIVERSITY, IN COLLABORATION WITH THE RESEARCH CORPORATION AND THE
WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION CONTINUES TO EXPAND US
DEPARTMENT OF DEFENSE FUNDING AT WVU. DOD AWARDS INCREASED FROM \$2.5M
TO \$3.4M IN THIS PAST FISCAL 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 THE UNIVERSITY. IN FY20 INDUSTRY SUPPORT

FOR RESEARCH WAS ON THE ORDER OF \$43M, AN INCREASE OF \$9M OVER THE

PREVIOUS YEAR.

WHILE THE UNIVERSITY AND THE RESEARCH CORPORATION FINDS ITSELF IN A

VERY DYNAMIC FUNDING ENVIRONMENT, BOTH ARE DEPLOYING INNOVATIVE

STRATEGIES TO EXPAND THE QUANTITY AND QUALITY OF FUNDING FOR THE

RESEARCH ENTERPRISE FROM ALL SOURCES AND LOOKS FORWARD TO CONTINUED

SUCCESS IN THE FUTURE.

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

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

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

THE WEST VIRGINIA UNIVERSITY TAX SERVICES UNIT, THE WVU DIVISION OF

FINANCE, THE WVURC TREASURER, AND THE WVURC ASSISTANT TREASURER REVIEW A

DRAFT OF THE FORM 990 ON BEHALF OF THE WVURC. A COMPLETE COPY OF THE FORM
932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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

990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

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

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) MAINTAINS BOTH A

CONFLICT OF INTEREST POLICY AND A WHISTLEBLOWER POLICY BOTH OF WHICH ARE

PROVIDED TO RC EMPLOYEES AS PART OF THE RC EMPLOYEE HANDBOOK.

THE CONFLICT OF INTEREST POLICY REQUIRES ALL RESEARCH INVESTIGATORS TO

SUBMIT A CONFLICT OF INTEREST IN RESEARCH DISCLOSURE ON, AT MINIMUM, AN

ANNUAL BASIS. ALL INVESTIGATORS ARE REQUIRED TO UPDATE THEIR DISCLOSURE

INFORMATION WITHIN THIRTY DAYS OF THE DEVELOPMENT OF A NEW SIGNIFICANT

FINANCIAL INTEREST IN RESEARCH.

ADDITIONALLY RC EMPLOYEES WITHIN THE OFFICE OF TECH TRANSFER MUST ANNUALLY

DISCLOSE SIGNIFICANT FINANCIAL INTERESTS FOR INSTITUTIONAL CONFLICTS OF

INTEREST TO THE CONFLICT OF INTEREST OFFICE BY JULY 31 OF EACH YEAR.

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

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

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

(RC) DIRECTORS ARE EMPLOYED BY WEST VIRGINIA UNIVERSITY AND ARE COMPENSATED

BY A RELATED ORGANIZATION, WEST VIRGINIA UNIVERSITY (WVU).

COMPENSATION FOR EVERY WVU AND FOR EVERY RC EMPLOYEE POSITION IS DETERMINED

BY SEVERAL FACTORS INCLUDING JOB ANALYSIS AND EVALUATION, THE ESSENTIAL

DUTIES AND RESPONSIBILITIES OF THE POSITION, AND SALARY SURVEY DATA ON PAY

932212 09-06-19

Employer identification number 55-0665758

PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY ADMINISTRATION PROGRAM AND
RESTRUCTURES IT AS NECESSARY. MARKET AND/OR COMPETENCY BASED ADJUSTMENTS
MAY BE WARRANTED BASED ON ONE'S EMPLOYMENT FUNCTIONS, AS DETERMINED BY A
CLASSIFICATION REVIEW. IN ADDITION, EMPLOYEES MAY BE AWARDED MERIT-BASED
PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR PERFORMANCE.

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

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

DURING THE FISCAL YEAR 2015 WEST VIRGINIA UNIVERSITY RESEARCH

CORPORATION BECAME A MEMBER INVESTOR IN THE WEST VIRGINIA GROWTH

INVESTMENT LLC WHICH IS AN LLC ENTITY FILING AS A PARTNERSHIP FOR

INCOME TAX PURPOSES. THE FOCUS OF THE WEST VIRGINIA GROWTH INVESTMENT

LLC WILL BE TO INVEST IN SMALL BUSINESSES LOCATED WITHIN THE WEST

VIRGINIA REGION THAT DEMONSTRATE THE POTENTIAL FOR GROWTH AND A

SUITABLE RETURN.

FORM 990 PART VI SECTION A GOVERNING BOARD AND MANAGEMENT

EFFECTIVE AS OF THE BOARD OF DIRECTORS MEETING HELD ON MAY 26, 2015

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization WEST VIRGINIA UNIVERSITY **Employer identification number** RESEARCH CORPORATION 55-0665758 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 FIVE NON-VOTING OFFICERS. THE NINE VOTING BOARD OF DIRECTOR MEMBERS INCLUDE THE FOLLOWING WEST VIRGINIA UNIVERSITY (WVU) REPRESENTATIVES: THE WVU PRESIDENT; THE WVU PROVOST; THE WVU VICE PRESIDENT 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. BOARD DIRECTORS ARE APPOINTED BASED ON THEIR WEST VIRGINIA UNIVERSITY POSITION WITH EMPHASIS ON WVU POSITIONS WITHIN A COLLEGE OR AREA WITH A HIGH LEVEL OF EXTERNALLY FUNDED RESEARCH. THERE IS NO SET TERM AN INDIVIDUAL MAY SERVE AS A BOARD OF DIRECTOR MEMBER AS DIRECTORS ARE APPOINTED BASED ON THEIR EMPLOYMENT POSITION AT WVU WITH THE INTENTION THAT BOARD OF DIRECTOR MEMBERS WILL RETAIN THEIR BOARD MEMBERSHIP FOR THE DURATION OF THEIR EMPLOYMENT IN ONE OF THE ABOVE LISTED WVU THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS. POSITIONS. 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 \$2

FORM 990, PART XII, LINE 2C OVERSIGHT CHANGES

2.

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2019 TO FISCAL YEAR 2020 IN

THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL

STATEMENTS OR IN THE SELECTION PROCESS OF AN INDEPENDENT AUDITOR.

FORM 990 SCHEDULE R PART V 1D LOANS OR LOAN GUARANTEES TO OR FOR RELATED OR
BEGINNING WITH FISCAL YEAR 2016, THE WEST VIRGINIA UNIVERSITY RESEARCH

CORPORATION (RC) AND THE WEST VIRGINIA UNIVERSITY INNOVATION

CORPORATION (UIC) HAVE ENTERED INTO FOUR SEPARATE AGREEMENTS IN WHICH

THE RC HAS EXTENDED A LINE OF CREDIT TO THE UIC.

THE FIRST AGREEMENT WAS FOR \$1 MILLION, DOES NOT BEAR INTEREST, AND PAYMENT IS DUE IN FULL ON AUGUST 16, 2025.

THE SECOND AGREEMENT WAS FOR \$1.5 MILLION, DOES NOT BEAR INTEREST, WITH

PAYMENT OF \$1 MILLION DUE ON AUGUST 16, 2025 AND THE REMAINING \$500,000

DUE ON MAY 16, 2026.

THE THIRD AGREEMENT WAS FOR \$1 MILLION, DOES NOT BEAR INTEREST, WITH

PAYMENTS DUE AS FOLLOWS: \$500,000 IS DUE NOVEMBER 1, 2025, \$100,000 IS

DUE ON MARCH 13, 2025, \$100,000 IS DUE ON MARCH 28, 2025, \$250,000 IS

DUE ON APRIL 10, 2025, AND \$50,000 IS DUE ON APRIL 28, 2025.

THE FOURTH AGREEMENT WAS FOR \$800,000 AND HAS A FIXED INTEREST RATE OF

3%. PAYMENT IS DUE IN FULL ON DECEMBER 31, 2022. ACCRUED INTEREST

PAYABLE ON THIS LOAN WAS \$38,085.85 AT JUNE 30, 2020.

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

#### **SCHEDULE R** (Form 990)

Part I

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

➤ Attach to Form 990.

WEST VIRGINIA UNIVERSITY

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization RESEARCH CORPORATION Employer identification number 55-0665758

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		s Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-e	xempt		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	
STATE OF WEST VIRGINIA DBA WEST VIRGINIA	_							
UNIVERSITY - 55-6000842, PO BOX 6005,							3,7	
MORGANTOWN, WV 26506-6005	EDUCATION AND RESEARCH	WEST VIRGINIA			N/A STATE OF WV DBA		Х	
WEST VIRGINIA UNIVERSITY INNOVATION  CORPORATION - 61-1764272, PO BOX 4439,	-				WEST VIRGINIA			
MORGANTOWN, WV 26504	RESEARCH	WEST VIRGINIA	501(C)(3)	LINE 12B, II	1		x	
			_					
	-							
	-							

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

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or laging ner?	(k) Percentage ownership
		oodinay)					103	140		103	140	

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>(b)</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	512( cont	(i) ction (b)(13) trolled tity?
		country)		S. 1.25.y		400010		Yes	No
F & P REALTY COMPANY - 55-0571302	-		WEST VIRGINIA						
409 MARINA TOWER, PO BOX 6555 MORGANTOWN, WV 26506	BUILDING LESSOR	l	UNIVERSITY RESEARCH	C CORP	175,360.	224,738.	100%	х	
	-								
	-								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	l in Parts II-IV?			X		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)					Х			
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)						Х		
i	Exchange of assets with related organization(s)				1i	Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
_									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
	Performance of services or membership or fundraising solicitations for related orga						Х		
	Performance of services or membership or fundraising solicitations by related orga						Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х			
	Sharing of paid employees with related organization(s)					Х			
	3 1 1 7 3 (7								
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses					Х			
•	, , , , , , , , , , , , , , , , , , , ,								
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)					Х			
	If the answer to any of the above is "Yes," see the instructions for information on w					<u> </u>			
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved				
	·	type (a-s)							
V	VEST VIRGINIA UNIVERSITY INNOVATION								
(1)	CORPORATION	D	1,500,000.	CASH					
<u>`</u> 7	VEST VIRGINIA UNIVERSITY INNOVATION								
(2)	CORPORATION	D	1,000,000.	CASH					
<u>`</u> 7	VEST VIRGINIA UNIVERSITY INNOVATION								
(3) C	CORPORATION	D	800,000.	CASH					
	VEST VIRGINIA UNIVERSITY INNOVATION		-						
(4)	CORPORATION	D	1,000,000.	CASH					
. ,			· ·						
(5)									
/									
(6)									
`-'				1					

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