EXTENSION GRANTED THROUGH 5/15/2022

Form **991**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ווו ווו	e 2020 calendar year, or tax year beginning 000	1, 2020 and	ending c	JUN 30, 2021						
В	Check if applicab	C Name of organization WEST VIRGINIA UNIVERSITY			D Employer identifi	cation number					
Σ	Addre										
	Name chang	e Doing business as	55-06657	58							
	nitial return Final return		Number and street (or P.O. box if mail is not delivered to street address) PO BOX 6005, ONE WATERFRONT PLACE								
	termır	-			304-293- G Gross receipts \$	141,024,771.					
	ated Amen return	City or town, state or province, country, and ZIP of MORGANTOWN, WV 26506	or foreign postal code		H(a) Is this a group r						
Ē	Application		I HALABE		for subordinates						
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	—					
T	Tax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions					
J	Websi	te: ► HTTP://RESEARCH.WVU.EDU			H(c) Group exemption	n number 🕨					
K	Form o	organization: X Corporation Trust Associa	ntion Other >	L Year	of formation: 1985	VI State of legal domicile: WV					
P	art I	Summary									
Activities & Governance	1	Briefly describe the organization's mission or most sign AT WEST VIRGINIA UNIVERSITY	ificant activities: $\frac{TO}{}$	OSTER	AND SUPPORT	RESEARCH					
rna	2	Check this box if the organization discontinu		sed of more	e than 25% of its net a	ssets.					
ove	3	Number of voting members of the governing body (Part			3	9					
Ğ	4	Number of independent voting members of the governi				0					
es &	5	Total number of individuals employed in calendar year				550					
Ϋ́Ε	6					0					
Ę	7 a	Total unrelated business revenue from Part VIII, column				186,792.					
~		Net unrelated business taxable income from Form 990-				0.					
					Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)				117,407,793.					
nue	9	Program service revenue (Part VIII, line 2g)			17,812,882.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and	l 7d)		271,103.	829,845.					
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		1,386,086.	841,641.					
	12	Total revenue - add lines 8 through 11 (must equal Part	VIII, column (A), line 12)	1	134,256,339.						
	13	Grants and similar amounts paid (Part IX, column (A), lin	nes 1-3)		26,285,124.	27,541,678.					
	14	Benefits paid to or for members (Part IX, column (A), lin			0.	0.					
es	15	Salaries, other compensation, employee benefits (Part			29,750,143.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1			0.	0.					
Ř	b	Total fundraising expenses (Part IX, column (D), line 25)		0.	DE 021 100	C1 402 500					
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			75,931,102.						
	1	Total expenses. Add lines 13-17 (must equal Part IX, co				137,261,942.					
	19	Revenue less expenses. Subtract line 18 from line 12			2,289,970.	' '					
Net Assets or Find Balances					eginning of Current Year	End of Year					
SSE	20	Total assets (Part X, line 16)			43,013,493.	149,099,370.					
et A	21	Total liabilities (Part X, line 26)			103,884,814. 39,128,679.						
	22 art II	Net assets or fund balances. Subtract line 21 from line Signature Block	20		39,120,079.	43,033,333.					
		alties of perjury, I declare that I have examined this return, inclu	ding accompanying cohodulo	e and etator	ante and to the heet of m	w knowledge and belief it is					
		ct, and complete. Declaration of preparer (other than officer) is				iy kilowicuye allu bellel, it is					
uuc	, 00110	Anjali B. Halabe	basea on an information of wi	non proparo	05/13/20						
Sig	n	Signature of officer			Date	<u> </u>					
He		ANJALI HALABE, TREASURER									
110		Type or print name and title									
 Pai	d	Print/Type preparer's name Prep	parer's signature		Date Check [PTIN					
	u parer	Firm's name			self-employ	ved					
	only	Firm's name			Firm's EIN						
USE	, only	Firm's address			Phone no.						
Ma	y the I	RS discuss this return with the preparer shown above?	See instructions		•	Yes No					

	WEST VIRGINIA UNIVERSITY	
	990 (2020) RESEARCH CORPORATION	55-0665758 Page 2
Par	t III Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO FOSTER AND SUPPORT RESEARCH AT WEST VIRGINIA UNIVERSED TO SUPPORT RESEARCH AT VIRGINIA UNI	
	TO PROVIDE EVALUATION, DEVELOPMENT, PATENTING, MANAGEMENT	
	MARKETING SERVICES FOR INVENTIONS BY THE FACULTY, STAFF	AND STUDENTS
	OF WVU.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$126 , 712 , 214 . including grants of \$27 , 541 , 678 .) (Revenue SEE SCHEDULE O	ue\$ 20,528,555.)
41-		
4b	(Code:) (Expenses \$) (Reven	ue \$)
4c	(0)	
40	(Code:) (Expenses \$ including grants of \$) (Reven	Tie #
4d	Other program services (Describe on Schedule O.)	
- T U	(Expenses \$ including grants of \$) (Revenue \$	1
40	Total program service expenses 126,712,214.	J
	Total program 301 vide expenses	

Form **990** (2020)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١,	Х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
6	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	1		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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		X
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		37	
	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 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ •
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Section 30. Section of the big solution by similar to the section of the big the termination of the big section of the big sect			

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			NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 a	Schedule J 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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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	054		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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		Х
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			
	"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			37
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			37
	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?	200		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
-		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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 550			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	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?		За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 Action (1997).	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	dana musudalah ka kha mayayo	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	•	7c		Х
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	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? \dots		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ı			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
46	amounts due or received from them.)	11b	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	·	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Eor.	aan	(2020

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	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain 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 relationsh	ip 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 t				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
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 re	ached 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 H	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 bo	dy before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>
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 appro-	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			l	
	The organization's CEO, Executive Director, or top management official		15a	X	
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 arrange	ement with a		37	
	taxable entity during the year?		16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			3.7	
	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	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd fina	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 b	ooks and records			
	KATIE STORES, SECRETARY - 304-293-4769				
	886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506				

Form 990 (2020) RESEARCH CORPORATION 55-00 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.

oxdet 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) Name and title	(B) Average			(C	ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLAY MARSH DIRECTOR	70.00	x						0.	1,243,644.	17.100.
(2) E. GORDON GEE	0.20							•	1/213/0110	17,71000
DIRECTOR	70.00	x						0.	827,237.	25,265.
(3) LAURA GIBSON	0.20								,	<u> </u>
DIRECTOR	50.00	х						0.	450,433.	45,516.
(4) PAULA CONGELIO	0.25									
DIRECTOR		Х						0.	405,344.	54,941.
(5) MARYANNE REED	1.00									
DIRECTOR		Х						0.	415,027.	33,461.
(6) EARL SCIME	0.10								265 254	04 054
DIRECTOR		Х						0.	367,971.	31,051.
(7) J. ROBERT ALSOP	7.00			,,					270 000	17 100
EXECUTIVE DIRECTOR	50.00			Х				0.	378,900.	17,100.
(8) ANJALI HALABE	5.00			X				0.	206 751	E0 027
TREASURER (9) FRED KING	2.00			Δ				0.	286,751.	58,827.
DIRECTOR		X						0.	271,148.	25,226.
(10) STEPHANIE TAYLOR	5.00	<u>^`</u>						0.	2/1,140.	23,220•
DIRECTOR	40.00	x						0.	252,167.	38,751.
(11) EUGENE CILENTO	0.00							0.0	202/2070	30,7320
FORMER DIRECTOR	70.00						х	0.	215,107.	16,111.
(12) ALAN MARTIN	1.00									
SECRETARY	50.00			Х				0.	202,706.	26,131.
(13) JAMES T. ANDERSON	0.00									
FORMER DIRECTOR	60.00						Х	0.	189,714.	25,222.
(14) SARAH BILLER	37.50							001 075		
GENERAL OPERATIONS MANAGER						Х		201,973.	0.	7,068.
(15) DAVID KOSSLOW	5.00			l					150 004	20 456
ASSISTANT TREASURER	40.00			Х				0.	170,934.	30,476.
(16) SHELLEY WELCH	37.50	l				37		150 141		20 754
DIR OF CLINICAL TRIALS	27 50	_				Х		158,141.	0.	20,754.
(17) JOAN LAKOSKI	37.50	ł				х		141,270.	0.	22,265.
GENERAL & OPERATIONS MANAG						Λ		141,4/0.	<u> </u>	Eorm 990 (2020)

Form **990** (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)		(F)		
Name and title	Average hours per	box	box, unless person is both		(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	l	timate nount		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer of		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensation the anization d relation	e ion ed
(18) PHILIP SPARKS	65.00											
DIR. TECH TRANSFER						Х		141,201.	0.	1	5,6	<u>59.</u>
(19) JAMES DOTTAVIO GENERAL & OPERATIONS MANAG	37.50					Х		129,942.	0.	1	6,2	41.
(20) NARVEL WEESE	0.00											
FORMER DIR & OFFICER	10.00						Х	0.	62,308.			0.
1b Subtotal									5,739,391.	52	7,1	
c Total from continuation sheets to Part V								0.	0.		- 1	0.
d Total (add lines 1b and 1c)								•	5,739,391.	52	7,1	65.
 Total number of individuals (including but r compensation from the organization 	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100),000 of reportable			40
											Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•		-	-	_		•	3	X	
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	ation	n and	d oth	ner compensation from	the organization	4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr/	elate	ed organization or indiv	idual for services			v
rendered to the organization? If "Yes," con	npiete Schedul	e J f	or s	uch	pers	son .				5		Х
Section B. Independent Contractors												

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADNET SYSTEMS INC, 6720B ROCKLEDGE DR STE		
504, BETHESDA, MD 20817	IT SOLUTION/SERV	1,633,606.
FISHER SCIENTIFIC CO LLC, 600 BUSINESS		
CENTER DRIVE, PITTSBURGH, PA 15205	LAB SUPPLIES	1,561,166.
CROTHALL FACILITIES MANAGEMENT INC, 1500		
LIBERTY RIDGE DRIVE, STE 210,	CONSTRUCTION	1,324,834.
DELL MARKETING LP		
PO BOX 120001 DEPT 0786, DALLAS, TX 75312	COMPUTER SALES/SERV	956,376.
THE ULTIMATE SOFTWARE GROUP INC		
1485 NORTH PARK DRIVE, WESTON, FL 33326	IT SOLUTION/SERV	782,104.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization.	ed above) who received more than	
\$100,000 of compensation from the organization > 95		

Form **990** (2020)

55-0665758 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded 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 105,711,530. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11,696,263 1f g Noncash contributions included in lines 1a-1f 1g |\$ 117,407,793 h Total. Add lines 1a-1f **Business Code** 2 a SCI RESEARCH & DEV SER 541700 19,901,584. 19,714,792 Program Service Revenue 186,792 f All other program service revenue 19,901,584 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 273,040 273,040. other similar amounts) Income from investment of tax-exempt bond proceeds 27,878. 27,878, 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 2,600,713 assets other than inventory 7a b Less: cost or other basis Other Revenue 2,043,908 7b and sales expenses c Gain or (loss) 556,805. 556,805. 556,805. 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 813,763 813,763 b

12 032009 12-23-20

Form **990** (2020)

857,723.

186,792.

813,763

138,980,863,

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

20,528,555

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Form 990 (2020)

Part IX | Statement of Functional Expenses

	Oliver (O)(O) and OO (O)(4) organizations must con	npiete ali columns. Ali otr	ner organizations must co	omplete column (A).					
Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6b, T. I. (A) [B] (C) [D]									
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations	21 020 270	21 920 270						
	and domestic governments. See Part IV, line 21	21,820,279.	21,820,279.						
2	Grants and other assistance to domestic	5,682,291.	5,682,291.						
•	individuals. See Part IV, line 22	3,002,291.	3,002,291.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,108.	39,108.						
4	Benefits paid to or for members	33,100.	33,100.						
5	Compensation of current officers, directors,								
3	trustees, and key employees								
6	Compensation not included above to disqualified								
•	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	40,717,763.	38,225,705.	2,492,058.					
8	Pension plan accruals and contributions (include	-	-	-					
	section 401(k) and 403(b) employer contributions)	1,151,177.	1,050,583.	100,594.					
9	Other employee benefits	4,690,362.	4,280,503.	409,859.					
10	Payroll taxes	1,687,385.		143,686.					
11	Fees for services (nonemployees):								
а	Management								
b	Legal	232,761.	100,000.	132,761.					
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	65,175.	40.	65,135.					
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch 0.)	1.40 -00	4 = = 0.04	11 000					
12	Advertising and promotion	168,590.		11,309.					
13	Office expenses	2,162,582.		355,677.					
14	Information technology	1,626,345.		513,945.					
15	Royalties	22,184.	84.	22,100.					
16	Occupancy	2,068,021.		179,977.					
17	Travel	630,384.	618,262.	12,122.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	29,438.	22,637.	6,801.					
19	Conferences, conventions, and meetings	2,428,322.	1,803,940.	624,382.					
20	Interest Payments to offiliates	4,440,344.	1,000,340.	044,304.					
21 22	Payments to affiliates Depreciation, depletion, and amortization	2,024,096.	2,024,096.						
22 23		321,910.	59,602.	262,308.					
23 24	Other expenses. Itemize expenses not covered	321,310.	33,002.	202,300.					
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.)								
а	SHARED SERVICES	28,891,446.	26,668,905.	2,222,541.					
b	OPERATING EXP TO WVU	7,622,646.		331,778.					
c	RESEARCH/EDUC. SUPPLIES	7,562,222.		28,877.					
d	CONSULTING/SUBCONT FEE	2,089,553.	, = = = , = = = =	2,089,553.					
	All other expenses	3,527,902.	2,983,637.	544,265.					
25		137,261,942.		10,549,728.	0				
<u> </u>	Joint costs. Complete this line only if the organization		,		-				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								

Form **990** (2020)

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 7 Notes and loans receivable, net 8 Inventroles for sale or use, 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 16 Tottal assets. Add lines 1 through 15 fmust equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% conformed the parties, and other liabilities (including federal income tax, payables to related third parties) 21 Complete Part IV for Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 28 Secured mortgages and notes payable to unrelated third parties 30 Chief liabilities. Add lines 17 through 25 31 Relations that do not restrictions 31 Relations that do not follow FASB ASC 958, check here 12 32 Capital stock or trust principal, or current funds 31 Relationed camings, and complete lines 29 through 33 31 Relationed camings, and complete lines 29 through 33 31 Relationed camings, and complete lines 29 through 33 31 Relationed camings, and complete lines 29 through 33 31 Relationed camings, and comple	Pai	rt X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creatror or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from often disqualified persons (as defined under section 4986(in)(3)(6) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 To Other assets. See Part IV, line 11 1 To Total assets. Add lines 1 through 15 fmust equal line 33) 1 T4 Accounts payable and accrued expenses 1 Cans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% conditional account liability. Complete Part X of Schedule D 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% conditional trustians. And the liabilities and loans payable to unrelated third parties 1 Through 25 and 10 to related third parties 2 Total liabilities. Add lines 17 through 25 and 30 and 30 paid in or capital surplus, or land, building, or equipment fund 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Relation or capital surplus, or land, building, or						
2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(f) 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D b. Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 29 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 20 Total liabilities. (Including federal income tax, payables to orrelated third parties 20 Total liabilities. (Including federal income tax, payables to related third parties 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to included on lines 17:24). Complete Part X of Schedule D 23 Total liabilities. (Including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (Including federal income tax, payables to related third parties 26 Other liabilities on or included on lines 17:24). Complete Part X of Schedule D 27 Total liabilities. (Including federal income tax, payables to related third parties 28 Not assets with dour of restrictions 29 Capital stock or trust princi		1	Cash - non-interest-bearing	30,419,339.	1	31,927,441.
3 Piedges and grants receivable, net 26,961,063. 3 28,553,364		2			2	
A Accounts receivable, net 3,042,043. 4 2,709,22		3			3	28,553,364.
5 Loans and other receivables from any current or former officer, director, trustee, key employes, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(s)(5)(E) 7 Notes and loans receivable, net 8 1 reventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - bres ecurities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or oustodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Checule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 27, 28, 32, and 33. 27 Note assets with donor restrictions Organizations that foliow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings		4		3,042,043.	4	2,709,225.
Controlled entity or family member of any of these persons 5		5				
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 1 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 11 Investments - publicly traded securities. See Part IV, line 11 12 Investments - publicly traded securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intrangible assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 24			trustee, key employee, creator or founder, substantial contributor, or 35%			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventronies for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 14 A , 026 , 070 . 7			controlled entity or family member of any of these persons		5	
7 Notes and loans receivable, net 4,026,070. 7 5,126,0.070 7 5,126,0.070 8 8 Noventories for sale or use 286,463. 9 451,84 9 Prepaid expenses and deferred charges 286,463. 9 451,84 10a 23,998,496. 65,033,767. 10c 64,139,40 11 Investments - publicly traded securities 13,244,748. 11 16,192,02 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 143,013,493. 16 149,099,3 17 Accounts payable and accrued expenses 24,932,341. 17 27,750,13 18 Grants payable and accrued expenses 24,932,341. 17 27,750,13 19 19,592,510. 19 19,674,42 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 28 Secured mortgages and notes payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties 24 Other liabilities not included on lines 17.24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Created third parties 27,83,23, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 27,83,23, and 33. Net assets with donor restrictions 28 Net assets with donor restrictions 28 Net assets with donor re		6	Loans and other receivables from other disqualified persons (as defined			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - building VI of Schedule D 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 224, 932, 341. 17 27, 750, 13 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 7 Organizations that follow FASB ASC 958, check here 7 Organizations that do not follow FASB ASC 958, check here 7 Organizations that do not follow FASB ASC 958, check here 8 Organizations that do not follow FASB ASC 958, check here 8 Organizations that do not follow FASB ASC 958, check here 8 Organizations that do not follow FASB ASC 958, check here 9 Organizations that do not follow FASB ASC 958, check here 10 Organizations that do not follow FASB ASC 958, check here 10 Organizations that do not follow FASB ASC 958, check here 10 Organizations that do not follow FASB ASC 958, check here 10 Organizations that do not follow FASB ASC 958, check here 10 Organizations that do not follow FASB A			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a B8,137,899. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 27 Organizations that follow FASB ASC 958, check here 38 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Getail accounting or other funds 22 Capital stock or trust principal, or current funds 24 Organizations that do not follow FASB ASC 958, check here 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Getail accounting endowment, accumulated income, or other funds 21 Getail accounting endowment, accumulated income, or other funds 20 Capital stock or trust principal, or current funds 21 Getail accounting endowment, accumulated income, or other funds 22 Capital stock or trust principal, or current funds 23 Retained earnings, endowment, accumulated income, or other funds	ts	7	Notes and loans receivable, net	4,026,070.	7	5,126,070.
10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a B8,137,899. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 27 Organizations that follow FASB ASC 958, check here 38 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Getail accounting or other funds 22 Capital stock or trust principal, or current funds 24 Organizations that do not follow FASB ASC 958, check here 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Getail accounting endowment, accumulated income, or other funds 21 Getail accounting endowment, accumulated income, or other funds 20 Capital stock or trust principal, or current funds 21 Getail accounting endowment, accumulated income, or other funds 22 Capital stock or trust principal, or current funds 23 Retained earnings, endowment, accumulated income, or other funds	SSe	8	Inventories for sale or use		8	
basis. Complete Part VI of Schedule D 10a 88 , 137 , 899 b Less: accumulated depreciation 10b 23 , 998 , 496 11 Investments - publicly traded securities 13 , 244 , 748 11 16 , 192 , 02 12 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 143 , 013 , 493 16 149 , 099 , 37 17 Accounts payable and accrued expenses 24 , 932 , 341 17 27 , 750 , 13 18 Grants payable 18 19 19 , 674 , 42 20 Tax-exempt bond liabilities 20 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 70 total liabilities not included on lines 17-24 Complete Part X of Schedule D 27 28 28 28 28 28 28 28	⋖	9	Prepaid expenses and deferred charges	286,463.	9	451,845.
b Less: accumulated depreciation 10b 23,998,496 65,033,767 10c 64,139,40 11		10a				
11 Investments - publicly traded securities 13,244,748. 11 16,192,02				4- 000 -4-		
12 Investments - Other securities. See Part IV, line 11 13 14 11 13 14 11 14 15 15 15 15 16 16 16 16		b				64,139,403.
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 16 16 16 16		11		13,244,748.	11	16,192,022.
14		12			12	
15 Other assets. See Part IV, line 11 16 16 16 16 16 16 17 17		13			13	
16 Total assets. Add lines 1 through 15 (must equal line 33) 143,013,493. 16 149,099,37 17 Accounts payable and accrued expenses 24,932,341. 17 27,750,13 18 19 Deferred revenue 19,592,510. 19 19,674,42 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 27 Total liabilities. Add lines 17 through 25 103,884,814. 26 106,003,77 27 Organizations that follow FASB ASC 958, check here X and complete lines 27,28,32, and 33. 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33. Capital stock or trust principal, or current funds 24,798,135. 29 28,944,77 30 Paid-in or capital surplus, or land, building, or equipment fund 14,330,544. 30 14,150,81 31 Retained earnings, endowment, accumulated income, or other funds 0 31 31 Net assets with domormal current funds 0		14			14	
17		15	Other assets. See Part IV, line 11	142 012 402		140 000 000
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions 0 reganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 24 A 798, 135 29 28, 944, 77, 80 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds		 				
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here 28 Net assets with donor restrictions 29 Net assets with donor restrictions 20 Organizations that do not follow FASB ASC 958, check here 20 Day 18 19, 592, 510. 19 21 19, 592, 510. 19 21 19, 592, 510. 19 21 20 22 Day 18 19, 674, 42 24 Day 18 19, 592, 510. 19 21 21 22 22 Day 18 19, 592, 510. 19 24 Day 18 19, 592, 510. 19 25 Day 18 19, 592, 510. 19 26 Day 18 19, 592, 510. 19 26 Day 18 19, 592, 510. 19 26 Day 18 19, 592, 510. 19 27 Day 18 19, 592, 510. 19 28 Day 18 19, 592, 510. 19 29 Day 18 19, 592, 510. 19 20 Day 18 19, 592, 510. 19 21 Day 18 19, 592, 510. 19 21 Day 18 19, 592, 510. 19 22 Day 18 19, 674, 42 24 Day 18 19, 592, 510. 19 24 Day 18 19, 592, 510. 19 25 Day 18 19, 674, 42 26 Day 18 19, 674, 42 27 Day 18 19, 592, 510. 19 20 Day 18 19, 674, 42 20 Day 18 19 20 Day 18 19, 674, 42 20 Day 18 19 21 Day 18 19, 674, 42 21 Day 18 19 22 Day 18 19, 674, 42 24 Day 18 19, 674, 42 25 Day 18 19, 674, 42 26 Day 18 19, 674, 42 27 Day 18 19, 674, 42 28 Day 18 19, 674, 42 29 Day 18 19, 674, 42 20 Day 18 19 20 Day 18 19, 674, 42 20 Day 18 19 21 Day 18 19 22 Day 18 19, 674, 42 22 Day 18 19 24 Day 18 19 25 Day 18 19 26 Day 18 19 27 Day 18 19 28 Day 18 19 29 Day 18 19 20 Day				24,932,341.		27,750,133.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 103,884,814. 26 106,003,77 or and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and complete lines 29 through 33. 24,798,135. 29 28,944,77 and 24,798		1		10 502 510		10 674 420
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 24 1, 798, 135. 29 28, 944, 77, 800. 26 Total liabilities. Add lines 17 through 25 27		1		19,592,510.		19,0/4,420.
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Turstee, key employee, creator or founder, substantial contributor, or 35% 58, 618, 100. 23 57, 479, 90 58, 618, 100. 23 57, 479, 90 58, 618, 100. 23 57, 479, 90 24 103, 884, 814. 26 106, 003, 77 103, 884, 814. 26 106, 003, 884, 814. 26 106, 003, 884, 814. 26 107, 003, 884, 814. 26 108, 884, 814. 26 108, 884, 814. 26 108, 88					21	
Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 24 37, 419, 50 24 37, 41, 863 • 25	ijes	22				
Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 24 37, 419, 50 24 37, 41, 863 • 25	ρij				-00	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds Other liabilities (including federal income tax, payables to related third parties) 741,863. 25 1,099,30 103,884,814. 26 106,003,77 103,884,814. 26 106,003,77 27 28 28 27 28 29 28,944,77 30 14,150,81	Lia			58 618 100		57 // 70 007
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Organizations that do not follow FASB ASC 958, check here X 24 , 798 , 135 . 29 28 , 944 , 75 2				30,010,100.		31,413,301.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 741,863. 25 1,099,30 103,884,814. 26 106,003,77 27 28 27 28 29 20 21,798,135. 29 28,944,77 20 21,798,135. 29 28,944,77 29 21,798,135. 29 28,944,77 20 21,798,135. 29 28,944,77 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		1			24	
of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Possible of the second of the se		25				
Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Possible of the second of the sec			of Cohodula D	741 863.	25	1 099 309.
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 20 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds		26				
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds		20		100,001,011	20	200/000/11/10
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Retained earnings, endowment, accumulated income, or other funds Table 128 27 28 29 24,798,135. 29 28,944,77 30 14,150,81 31 Retained earnings, endowment, accumulated income, or other funds 31 32 33 33 33 34 36 37 38 38 38 38 38 38 38 38 38	Ses					
28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Table at a capital stock as fund belonces. 33 128 679 co. 43 095 59	anc	27			27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Table at acceptance of word belonged.	Bal	l				
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Table at accepts an fund belonger.	<u>n</u>					
29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Table at accepts an fund belonger.	Ţ					
Paid-in or capital surplus, or land, building, or equipment fund 14,330,544.30 14,150,81 Retained earnings, endowment, accumulated income, or other funds 70. Table not constant or fund belongers	S Of	29		24,798,135.	29	28,944,778.
31 Retained earnings, endowment, accumulated income, or other funds 0 • 31 30 128 670 cs 43 005 50	set					14,150,815.
\$ 30 Table 12 20 12 670	As	1		0.		0.
Z 32 Total net assets or fund balances	Net	32	Total net assets or fund balances	39,128,679.	32	43,095,593.
33 Total liabilities and net assets/fund balances 143,013,493. 33 149,099,37	_			143,013,493.	33	149,099,370.

Pa	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	138			
2	Total expenses (must equal Part IX, column (A), line 25)	2	137			
3	Revenue less expenses. Subtract line 2 from line 1	3		,71		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,12		
5	Net unrealized gains (losses) on investments	5	2	,24	7,9	<u>95.</u>
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,					
					5,5	93.
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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?			2 b	Х	
	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 th	e audit,	ļ			1
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Sir	ngle Audi	it			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990 ((2020)

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 1 137,261,942. X

Total

,261,942.

Schedule A (Form 990 or 990-EZ) 2020 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 checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			1			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	eta (eco inetrueti	one)			12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		fourth or fifth toy			
13	organization, check this box and stor	•		•	•	. , . ,	ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019						
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		>
18	Private foundation. If the organization		-	· ·			ns ▶
							0 or 990-EZ) 2020

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

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

Section A. Public Support	slow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
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						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
-	a arganization's	irot accord third	fourth or fifth tox	Voor oo o oostior	F01(a)(2) arganizat	ion
14 First 5 years. If the Form 990 is for the	· ·			•		ion,
check this box and stop here Section C. Computation of Publi		arcentage				
15 Public support percentage for 2020 (li			oolumn (f)\		15	
16 Public support percentage from 2019 Section D. Computation of Inves					16	(
•					17	
17 Investment income percentage for 20						
18 Investment income percentage from 2					18	17:
19a 33 1/3% support tests - 2020. If the						ı / ıs not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2019. If the	•			•	•	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

032023 01-25-21

WEST VIRGINIA UNIVERSITY Schedule A (Form 990 or 990-EZ) 2020 RESEARCH CORPORATION

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
'	21	
2		Х
_		
3a		Х
3b		
3c		
4a		X
4b		
4c		
5a		Х
5b		
5c		
		X
6		
7		Х
,		
8		Х
9a		Х
9b		Х
9с		X
		v
10a		X
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
-	11c below, the governing body of a supported organization?	11a		х
h	A family member of a person described in line 11a above?	11b		X
	<i>,</i>	110		125
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44		х
800	detail in Part VI.	11c		_ A
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	ation 6. Type it supporting organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	X	
Sec ⁻	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
•	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

032025 01-25-21

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	•		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.			
Sect	Section A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
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 0.015 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 0.035.	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 0.85 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-function	ally integrat	ted Type III supporting org	anization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 RESEARCH CORPORATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Secti	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
•	(provide details in Part VI). See instructions.	ne organization to respondi	-	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount arrada by into o amount	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>u</u>	LACCOS HOTH ZOTO				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

WEST VIRGINIA UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2020 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

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number

55-0665758

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

LHA 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) (2020)

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		\$11,696,263.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$	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	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations describ	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the yea			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	000 or less for th	ne year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
}	(e) Transfer of gift						
	Transferee's name, address, a			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

Open to Public

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.

Inspection

OMB No. 1545-0047

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) organizations: Complete Part III. WEST VIRGINIA UNIVERSITY **Employer identification number** Name of organization 55-0665758 RESEARCH CORPORATION

Part I-A	Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 of	rganization.
2 Politica	al campaign activity expendit	zation's direct and indirect politicures ign activities		 ▶\$	
Part I-B	Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1 Enter t	he amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2 Enter t	he amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶ \$	
3 If the o	rganization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
					Yes No
b If "Yes	," describe in Part IV.				1/01
	· · ·	ganization is exempt und		•	· · ·
		d by the filing organization for se			
		nization's funds contributed to o	•		
		s. Add lines 1 and 2. Enter here			
5 Enter t made p contrib	he names, addresses and er payments. For each organiza outions received that were pr	1120-POL for this year?	IN) of all section 527 p id from the filing organ a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	h the filing organization e 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) 2020

LHA

032041 12-02-20

20112ddie 2 (1 01111 000 01 000 LZ) 2020				33 (,003,30 1 ago 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check if the filing organiza	-	ffiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
. — .	re of excess lobbyin	• . ,			
B Check ► ☐ if the filing organiza	ition checked box A	and "limited control" pro	ovisions apply.	/) Fire	a vacce i i
Limi (The term "expen)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public opinior	n (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and 1b)				
d Other exempt purpose expenditur			i		
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		bbying nontaxable am	T I		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17		000 plus 5% of the exce			
Over \$17,000,000	\$1,00	'	. , ,		
	1 + -)	-,			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	,				
i Subtract line 1f from line 1c. If zero	·				
j If there is an amount other than ze					
reporting section 4911 tax for this					Yes No
		veraging Period Under			
(Some organizations t		501(h) election do not		of the five columns l	pelow.
, ,	See the sepa	arate instructions for li	nes 2a through 2f.)		
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
, <u>, , , , , , , , , , , , , , , , , , </u>					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2020

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 ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	o)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X			
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		29	7,526.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			29	7,526.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part		e 3, is
	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information. ${\tt LTII-B}$, ${\tt LINE}$ 1, ${\tt LOBBYING}$ ACTIVITIES:	list); Part I	I-A, lines 1 a	and 2 (See	
LOE	BYING ACTIVITIES CONSIST OF IDENTIFYING FEDERAL AN	D STA	re fun	DED	
RES	EARCH AND DEVELOPMENT PROGRAMS WHICH CAN BE PERFOR	MED BY	RESE	ARCHE	RS
ANI	STAFF UTILIZING THE LABORATORIES AND EQUIPMENT AV	AILABI	LE TO	THE	
ORG	ANIZATION. LOBBYING ACTIVITIES FOCUS UPON ENGINEE	RING,	MEDIC	AL ANI	<u> </u>
ENE	RGY RELATED RESEARCH OPPORTUNITIES.				

032043 12-02-20

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

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		S

032051 12-01-20

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

Par	rt III Orgai	nizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Other	Similar A	ssets(continu	ed)
3	Using the orga	anization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at make sig	nificant use c	of its	
	collection item	ns (check all that apply):								
а	Public e	exhibition	d	ι 🔲 ι	_oan or exc	hange progr	am			
b	Scholarl	ly research	е	. 🗌 (Other					
С	Preserva	ation for future generations								
4	Provide a des	cription of the organization's c	ollections and explai	n how th	ey further t	he organizat	ion's exem	ot purpose in	Part XIII.	
5	During the year	ar, did the organization solicit o	or receive donations	of art, his	storical trea	sures, or oth	er similar a	ssets		
	to be sold to r	aise funds rather than to be m	aintained as part of t	the orgar	nization's c	ollection?			Yes	No_
Par	rt IV Escro	ow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, Par	IV, line 9, or	
	reporte	ed an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organiza	ation an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not in	cluded		
	on Form 990,	Part X?							Yes	└─ No
b		ain the arrangement in Part XIII								
									Amount	
С	Beginning bala	ance						1c		
d	Additions duri	ing the year						1d		
е	Distributions of	during the year						1e		
f		ce						1f		
2a	Did the organi	ization include an amount on F	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liability	?	Yes	No
b		in the arrangement in Part XIII.								
Par	rt V Endo	wment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10			
			(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Four y	ears back
1a	Beginning of y	year balance								
b	Contributions									
С		nt earnings, gains, and losses								
d	Grants or scho	olarships								
е	Other expend	itures for facilities								
	and programs	s								
f	Administrative	e expenses								
g	End of year ba	alance								
2	Provide the es	stimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designa	ated or quasi-endowment		_%						
b	Permanent en	ndowment >	%							
С	Term endown	nent	%							
	The percentag	ges on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there ende	owment funds not in the posse	ession of the organization	ation tha	t are held a	and administe	ered for the	organization	_	
	by:								Y	es No
		organizations							3a(i)	
		rganizations								
b		e 3a(ii), are the related organiza	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •			3b	
4		art XIII the intended uses of the		owment f	unds.					
Par		, Buildings, and Equipm								
		ete if the organization answere	1							
	Desc	cription of property	(a) Cost or o			or other		umulated	(d) Book	value
			basis (investr		basis	(other)	depre	eciation	2 000	707
1a	Land		3,880,				00 4	NO FOC	3,880	
b				∠ 95•			22,49	99,706.	57,833	<u>,589.</u>
С		provements	0 0 1	026				-	1 204	F 0 1
d			2,234,					0,255.	1,384	
			1,689,				64	18,535.	1,040	
Total	I. Add lines 1a t	through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)			64,139	,403.

Schedule D (Form 990) 2020

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (f) Closely held equity interests (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. Cost or end oflyear market value (g) Method of valuation. (g) Meth	Part VII Investments - Other Securit			
(1) Financial derivatives (2) Cosely hald equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				d af.,,aa,,,aa,,,l,ak,,,al,,a
2) Closely held equity interests	***	**	(c) Method of valuation: Cost or en	d-of-year market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(G) (C) (D) (D) (E) (F) (F) (G) (G) (H) (F) (F) (F) (F) (F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (C)				
C C C C C C C C				
(E) (E) (F)				
(©) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P				
(G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
G				
(b)				
Total_(Col. (b) must equal Form 990, Part X, col. (B) line 12.)	. ,			
Part VIII Investments - Program Related.		12.)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (10) (10) must equal Form 990, Part X, col. (8) line 13.) Total. (10) (b) must equal Form 990, Part X, col. (8) line 13.) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (17) (18) (9) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10			11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.				d-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 1,91, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	(1)			
(4) (5) (6) (7) (8) (9) Total. (Coll. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(2)			
(5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1014. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Fart IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 1911, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1. (0.99, 30.99 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X line 15.	(3)			
(6) (7) (8) (9) Total: (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITTES 191, 7549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)			
(7) (8) (9)	(5)			
(8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (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.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ■ 1, 099, 309 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ■ 1, 099, 309 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 701, 764 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25. 1. (a) Description of liability (b) Book value 1. (b) Book value 1. (c) Unity of Liability III (b) Book value 1. (a) Description of liability of Uncertain tax positions on the liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	` '			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) Federal income taxes (1) Federal income taxes (2) OTHER LIABILITIES (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) OTHER LIABILITIES (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) (9) (9) (1) Foliability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	. ,			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITTIES 191, 549 (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		(13.) ▶		
(a) Description (b) Book value (1)				
(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 (b) Book value (7) Federal income taxes 701, 764 (2) OTHER LIABILITIES 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	Complete if the organization answere		11d. See Form 990, Part X, line 15.	(b) Pook volue
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 701,764 (2) O'THER LIABILITIES 191,549 (3) DEFERRED GAIN ON REFUNDING 205,996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	(4)	(a) Description		(b) Book value
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	. ,			
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1, 099, 309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	. ,			
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.				
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 1911, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1, 099, 309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	. ,			
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1, 099, 309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	. ,			
(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 (b) Book value (1) Federal income taxes 701, 764 (2) OTHER LIABILITIES 191, 549 (3) DEFERRED GAIN ON REFUNDING 205, 996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,099,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	. ,			
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 (b) Book value (1) Federal income taxes 701,764 (2) OTHER LIABILITIES 191,549 (3) DEFERRED GAIN ON REFUNDING 205,996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,099,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
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 (b) Book value (1) Federal income taxes 701,764 (2) OTHER LIABILITIES 191,549 (3) DEFERRED GAIN ON REFUNDING 205,996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,099,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	` '			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) OTHER LIABILITIES (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)	>	
1. (a) Description of liability (b) Book value (1) Federal income taxes 701,764 (2) OTHER LIABILITIES 191,549 (3) DEFERRED GAIN ON REFUNDING 205,996 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,099,309 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
(1) Federal income taxes (2) OTHER LIABILITIES (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(2) OTHER LIABILITIES (3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	1. (a) Description of liabilit	ту		
(3) DEFERRED GAIN ON REFUNDING (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	(3) DEFERRED GAIN ON REFU	NDING		205,996
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	(4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,099,309 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	. ,			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII □				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII		/ (D) // 05 :		1 000 300
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				
	organization's liability for uncertain tax position	ns under FASB ASC 740. Check h		

55-0665758 Page 4 RESEARCH CORPORATION Schedule D (Form 990) 2020 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. 141,228,858. 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: 2,247,995. a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2,247,995. e Add lines 2a through 2d 2e 138,980,863. 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. 137,261,943. 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.) e Add lines 2a through 2d 137,261,942. 3 Subtract line 2e from line 1 4 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 137,261,942. 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 XII, LINE 2D - OTHER ADJUSTMENTS: ROUNDING \$1

Schedule D (Form 990) 2020

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.

2020
Open to Public Inspection

Name of the organization

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Employer identification number

55-0665758

		Activities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part IV	•	a maintain race:	edo to culpatantiato the amount of its a	anta and other assistance	
•	•		ds to substantiate the amount of its gr the selection criteria used to award the	· 	Yes No
the grantees engionity in	or the grants or a	assistance, and	the selection chiena used to award the	e grants or assistance?	resNO
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	tside the
United States.	indo in r dit v tire	o organization o	procedures for mornioning the use of it	s grants and other assistance out	iside trie
	he following Par	t I. line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of		·	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
EUROPE			PROGRAM SERVICES	RESEARCH	14 100
EUROPE			PROGRAM SERVICES	RESEARCH	14,108.
NORTH AMERICA			PROGRAM SERVICES	RESEARCH	25,000.
				OPERATING EXPENSES	
EAST ASIA AND THE				RELATED TO	
PACIFIC			PROGRAM SERVICES	RESEARCH/EDUCATION	92,593.
			L	FOREIGN TRAVEL RELATED	
EUROPE			PROGRAM SERVICES	TO RESEARCH/EDUCATION	1,386.
				OPERATING EXPENSES	
				RELATED TO	
NORTH AMERICA			PROGRAM SERVICES	RESEARCH/EDUCATION	222,334.
					+
				FOREIGN TRAVEL RELATED	
SOUTH AMERICA			PROGRAM SERVICES	TO RESEARCH/EDUCATION	836.
				OPERATING EXPENSES	
				RELATED TO	
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH/EDUCATION	4,800.
CENTER AMERICA AND				EODETON MDAVET DELAMED	
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	FOREIGN TRAVEL RELATED TO RESEARCH/EDUCATION	5,265.
•	0	(TO REDEARCH/EDUCATION	366,322.
b Total from continuation	<u>°</u>	<u> </u>			330,322.
sheets to Part I	0				192,973.
c Totals (add lines 3a					
and 3b)	0	(559,295.
LHA For Paperwork Reduct	ion Act Notice.	see the Instruc	ctions for Form 990.	Schedule F	(Form 990) 2020

032071 12-03-20

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Schedule F (Form 990)

Page 1

Schedule F (Form 990)		CORPORA		55-066573	DØ Page 1
Part I Continuation	on of Activitie	es per Regio	n. (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				OPERATING EXPENSES RELATED TO	
SOUTH ASIA			PROGRAM SERVICES	RESEARCH/EDUCATION	12,600.
CENTRAL AMERICA AND				OPERATING EXPENSES RELATED TO	
THE CARIBBEAN			PROGRAM SERVICES	RESEARCH/EDUCATION	26,932.
				OPERATING EXPENSES RELATED TO	
EUROPE			PROGRAM SERVICES	RESEARCH/EDUCATION	153,441.
-					
					100.055
Totals	<u> </u>				192,973.

Schedule F (Form 990) 2020

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)
		NORTH AMERICA	RESEARCH	25,000.	СНЕСК	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	14,108.	CHECK	0.		
exempt 501(c)(3) orga	anization by the IRS,	or for which the grantee	I recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter	> .		

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 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) 2020

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:

Schedule F (Form 990) 2020

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

Open to Public Inspection

Name of the organization WEST VIKE RESEARCH							Employer identification number $55-0665758$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				ty for the grants or as		otion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	tic Governments. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if add	itional space is need	ded.			
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 noncash assistance	(h) Purpose of grant or assistance
ALDERSON BROADDUS UNIVERSITY INC							
PO BOX 2004 101 COLLEGE HILL DR							
PHILIPPI, WV 26416	55-0357072	501(C)(3)	121,000.	0.	воок		RESEARCH
ACCESS WV							
PO BOX 714							
WAYNE, WV 25570	47-4994415	501(C)(3)	5,000.	0.	воок		PUBLIC SERVICE
ASPINITY INC							
56 AIRPORT BLVD, STE 13							
MORGANTOWN, WV 26505	46-1434879		18,791.	0.	воок		RESEARCH
BETHANY COLLEGE							
CRAMBLET HALL, MAIN STREET							
BETHANY, WV 26032	55-0356985	501(C)(3)	23,627.	0.	ВООК		RESEARCH AND OTHER
ASSOCIATION OF UNIVERSITIES FOR			,				
RESEARCH IN ASTRONOMY INC - 950							
NORTH CHERRY AVENUE - TUCSON, AZ							
85719	86-0138043	501(C)(3)	66,036.	0.	воок		RESEARCH
BOSTON MEDICAL CENTER CORPORATION							
ONE BOSTON MEDICAL CENTER PL							
BOSTON, MA 02118	04-3314093	501(C)(3)	104,179.	0.	воок		RESEARCH
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table		•		118 .

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

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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) 139,995 0.BOOK RESEARCH CABIN CREEK HEALTH SYSTEMS INC 104 ALEX LANE INSTRUCTION, RESEARCH AND CHARLESTON, WV 25304 55-0709223 501(C)(3) 141,197 0 BOOK OTHER CAMC HEALTH EDUCATION & RESEARCH INSTITUTE INC - PO BOX 45760 -BALTIMORE, MD 21297-5760 55-0753754 501(C)(3) 815,074 0.BOOK PUBLIC SERVICE & RESEARCH CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE 0.BOOK CLEVELAND, OH 44106-7006 34-1018992 501(C)(3) 280,459 RESEARCH CAMDEN ON GAULEY MEDICAL CTR INC 10003 WEBSTER ROAD PUBLIC SERVICE AND 0.BOOK RESEARCH CAMDEN-ON-GAULEY, WV 26208 55-0592596 501(C)(3) 5,501 ELECTRIC POWER RESEARCH INSTITUTE INC - 3420 HILLVIEW AVENUE - PALO ALTO, CA 94304 0.BOOK RESEARCH 23-7175375 501(C)(3) 189,745 COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET GOLDEN CO 80401 84-6000551 SECTION 115 144 006 0.BOOK RESEARCH EASTERN AREA HEALTH EDUCATION CENTER - 2500 FOUNDATION WAY -MARTINSBURG, WV 25401 35-2174239 501(C)(3) 71,740 0 BOOK INSTRUCTION EICH DESIGN LLC 145 PINE HAVEN SHORES RD, #1000A SHELBURNE, TX 05482 82-4164398 0.BOOK RESEARCH 204 085

Page 1

WEST VIRGINIA UNIVERSITY

RESEARCH CORPORATION

Part II Continuation of Grants and Other				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		= =/1	
(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
FAYETTE CO HEALTH DEPT							
202 CHURCH STREET							
FAYETTEVILLE, WV 25840	55-6011279	SECTION 115	98,739.	0.	воок		RESEARCH
GRAFTON CITY HOSPITAL INC							
1 HOSPITAL PLAZA							
GRAFTON, WV 26354	55-6000526	501(C)(3)	47,048.	0.	, BOOK		PUBLIC SERVICE
,							
FARHAT MEDICAL CLINIC							
PO BOX 283							
STANAFORD, WV 25927	46-4756412		52,000.	0.	воок		PUBLIC SERVICE
ELODIDA INGELETIME OF MEGUNOLOGY							
FLORIDA INSTITUTE OF TECHNOLOGY,							
INC 150 W UNIVERSITY BLVD -	F0 6046F00	E01/G)/2)	241 174		D007		DEGENERAL DEL
MELBOURNE, FL 32901	59-6046500	501(C)(3)	341,174.	0.	воок		RESEARCH
GLENVILLE STATE COLLEGE RESEARCH							
CO - 200 HIGH ST - GLENVILLE, WV							INSTRUCTION & PUBLIC
26351-1200	55-0713410	501(C)(3)	121,971.	0	воок		SERVICE
20001 1200	33 0713410	501(0)(3)	121,371.		BOOK		DERVICE
COMMUNITY CARE OF WEST VIRGINIA							
INC - PO BOX 217 - ROCK CAVE, WV							
26234	55-0599096	501(C)(3)	10,000.	0.	воок		PUBLIC SERVICE
			, ,				
COMMUNITY CONNECTIONS INC							
215 S WALKER STREET							
PRINCETON, WV 24740	55-0740913	501(C)(3)	59,254.	0.	воок		RESEARCH
H QUEST VANGUARD INC							
750 WILLIAM PITT WAY, BLDG B11							
PITTSBURGH, PA 15238	46-4604939		238,735.	0.	воок		RESEARCH
TNDTAMA IINTIJEDOTINU							
INDIANA UNIVERSITY PO BOX 66271							
	35-6001673	CECTION 115	36,596.	_	, BOOK		RESEARCH
INDIANAPOLIS, IN 46266-6271	33-0001013	PECTION 113	30,390.	٠.	, poor	l	RESEARCH

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) ELEARNING FOR KIDS INC PO BOX 1025 PRINCETON, WV 24740 55-0783700 501(C)(3) 6,397 0.BOOK PUBLIC SERVICE KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242 31-6402079 501(C)(3) 104,100 0.BOOK RESEARCH LIBRARY OF VIRGINIA 800 E BROAD STREET RICHMOND, VA 23219-1905 54-6001813 SECTION 115 81,932 0 BOOK INSTRUCTION LOS ALAMOS NATIONAL LABORATORY PO BOX 1663 MAIL STOP P245 LOS ALAMOS, NM 87545 20-3104541 31,250 0.BOOK RESEARCH MARSHALL UNIV RESEARCH CORP ONE JOHN MARSHALL DRIVE PUBLIC SERVICE, RESEARCH, HUNTINGTON, WV 25755 1,696,009 0.BOOK AND OTHER 55-0683361 501(C)(3) MICHIGAN STATE UNIV 426 AUDITORIUM ROAD, ROOM 360 EAST LANSING, MI 48824 38-6005984 SECTION 115 223,740 0.BOOK RESEARCH MID OHIO VALLEY HEALTH DEPT 211 6TH STREET 55-0619203 SECTION 115 PARKERSBURG, WV 26101 21 243 0.BOOK PUBLIC SERVICE MONONGAHELA RIVER TRAILS CONSERVANCY - PO BOX 282 -MORGANTOWN, WV 26507-0282 55-0709470 501(C)(3) 5,000 0 BOOK PUBLIC SERVICE MSOPTI 400 LEE ST NORTH LEWISBURG, WV 24901 55-0763235 501(C)(3) 107,464 0.BOOK INSTRUCTION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (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
NEW RIVER HEALTH ASSOCIATION INC							
PO BOX 337							PUBLIC SERVICE AND
SCARBRO, WV 25917	55-0581968	501(C)(3)	6,501.	0.	воок		RESEARCH
NORTH CAROLINA STATE UNIV							
NCSU CAMPUS BOX 7605							
RALEIGH, NC 27695-8101	56-6000756	SECTION 115	228,139.	0.	воок		RESEARCH
NORTHEAST NATURAL ENERGY LLC							
707 VIRGINIA ST E, STE 1200							
CHARLESTON, WV 25301	27-0945493		82,117.	0.	воок		RESEARCH
,			,				
NORTHWOOD HEALTH SYSTEMS INC							
111 19TH STREET							
WHEELING, WV 26003	55-0540374	501(C)(3)	30,470.	0.	воок		PUBLIC SERVICE
MCMASTER UNIVERSITY							
1280 MAIN ST WEST, HAMILTON							
ONTARIO, CANADA, CANADA L8S 4LS	23-7213309	501(C)(3)	20,971.	0.	BOOK		RESEARCH
<u> </u>	20 / 220003		20,572	•			
MAINEHEALTH							
22 BRAMHALL STREET							
PORTLAND, ME 04102	01-0238552	501(C)(3)	202,060.	0.	воок		RESEARCH
MILAN PUSKAR HEALTH RIGHT INC							
PO BOX 1519							
MORGANTOWN, WV 26507-1519	31-1118673	501(C)(3)	18,702.	0	воок		PUBLIC SERVICE
MONGANIOWN, WV 2000/ 1019	31 1110073	501(0)(3)	10,702.	· · · · · · · · · · · · · · · · · · ·	BOOK		LODDIC BERVICE
MINNIE HAMILTON HEALTH CARE CENTER							
INC - 186 HOSPITAL DRIVE -							
GRANTSVILLE, WV 26147	55-0629032	501(C)(3)	74,494.	0.	воок		PUBLIC SERVICE
MAI ACUITE TECUNOLOGIES INS							
MALACHITE TECHNOLOGIES INC							
2262 PALOU AVENUE	27-3227538		140 047	_	BOOK		RESEARCH
SAN FRANCISCO, CA 94124	21-3221338		140,047.	١	воок		RESEARCH .

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 04-2697983 501(C)(3) 110,735 0.BOOK RESEARCH RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201-0009 14-1368361 501(C)(3) 182,518 0.BOOK RESEARCH THE OHIO STATE UNIVERSITY 2020 BLANKENSHIP HALL, 901 WOODY HA COLUMBUS, OH 43210 31-6025986 SECTION 115 23,235 0.BOOK RESEARCH THE UNIVERSITY OF CHARLESTON INC 2300 MACCORKLE AVENUE, SE 55-0357039 0.BOOK CHARLESTON, WV 25304-1045 501(C)(3) 8,944 RESEARCH STONEWALL JACKSON MEMORIAL HOSPITAL CO - 230 HOSPITAL PLAZA 0.BOOK WESTON, WV 26452-8558 55-0422958 501(C)(3) 50,000 PUBLIC SERVICE SHEPHERD UNIVERSITY PO BOX 5000 55-6000799 SECTION 115 0.BOOK RESEARCH AND OTHER SHEPHERDSTOWN, WV 25443-5000 53 296 TEXAS A&M UNIVERSITY KINGSVILLE 700 UNIVERSITY BLVD MSC 104 74-6001530 SECTION 115 KINGSVILLE TX 78363 88 410 0.BOOK RESEARCH TAYLOR COUNTY COLLABORATIVE FAMILY RESOURCE NETWORK INC - 105 BEECH STREET - GRAFTON, WV 26354 26-2179680 501(C)(3) 11,433 0 BOOK RESEARCH UNITED SUMMIT CENTER INC 6 HOSPITAL PLAZA CLARKSBURG, WV 26301-9316 55-0752788 501(C)(3) 52 221 0.BOOK PUBLIC SERVICE

(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)	28,171.	0.	воок		RESEARCH
UNIV OF IDAHO							
PO BOX 443018							
MOSCOW, ID 83844-3018	82-6000945	501(C)(3)	15,000.	0.	воок		RESEARCH
UNIV OF PITTSBURGH							
116 ATWOOD STREET, SUITE 201				_			
PITTSBURGH, PA 15260	25-0965591	SECTION 115	52,577.	0.	воок		RESEARCH
UNIV OF ILLINOIS							
PO BOX 1649							
	37-6000511	501(C)(3)	9,595.	,	воок		RESEARCH
PEORIA, IL 61656-1649	37-0000311	501(C)(3)	9,393.	0.	BOOK		RESEARCH
UNIV OF WISCONSIN-MADISON							
BOX 78538							
MILWAUKEE, WI 53278-0538	39-6006492	SECTION 115	9,854.	0.	воок		PUBLIC SERVICE
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
UNIVERSITY OF ARKANSAS AT LITTLE							
ROCK - 2801 S UNIVERSITY AVENUE -							
LITTLE ROCK, AR 72204	71-0236904	SECTION 115	52,461.	0.	воок		RESEARCH
JNIVERSITY OF MAINE SYSTEM INC							
5703 ALUMNI HALL, SUITE 101							
DRONO, ME 04469-5703	01-6000769	SECTION 115	52,349.	0.	воок		RESEARCH
JNIVERSITY OF NORTH DAKOTA							
TWAMLEY HALL 409/264 CENTENNITAL							
DRIP STOP 8356 - GRAND FORKS, ND							
58202	45-6002491	SECTION 115	104,367.	0.	воок		RESEARCH
NIV OF FLORIDA							
PO BOX 113201, STE 1250 E CAMPUS							
OFFICE BLDG - GAINSVILLE, FL							
32611-3201	59-6002052	SECTION 115	251,486.	0.	воок		RESEARCH

Page 1

organization or government UNIV OF GEORGIA RESEARCH FOUNDATION INC - CONTRACTS & GRANTS DEPT BUS SERV, BLG B4 - ATHENS, GA 30603 58- US DEPT OF ENERGY NETL 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 62- UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET	-1353149 -0496456	(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
COUNDATION INC - CONTRACTS & GRANTS DEPT BUS SERV, BLG B4 - STANDS GA 30603 58- IS DEPT OF ENERGY NETL 1000 INDEPENDENCE AVE SW 1ASHINGTON, DC 20585 62- INIVERSITY SYSTEM OF NEW HAMPSHIRE 15 CHENELL DR STE 301 1000CORD, NH 03301 02- INIV OF MISSISSIPPI MEDICAL CENTER 1500 N STATE STREET 1500 N STATE STREET 1500 N STATE STREET 1500 N 39216-4505 64-		501(C)(3)	31,414.	0 -			
RANTS DEPT BUS SERV, BLG B4 - THENS, GA 30603 TS DEPT OF ENERGY NETL TO 000 INDEPENDENCE AVE SW TASHINGTON, DC 20585 TO 101 VERSITY SYSTEM OF NEW HAMPSHIRE TO CHENELL DR STE 301 TO 102 VERSITY SYSTEM OF NEW HAMPSHIRE TO CHENELL DR STE 301 TO 100 VERSITY SYSTEM OF NEW HAMPSHIRE TO 100 VERS		501(C)(3)	31,414.	0 .			
THENS, GA 30603 IS DEPT OF ENERGY NETL O000 INDEPENDENCE AVE SW VASHINGTON, DC 20585 CHENELL DR STE 301 CONCORD, NH 03301 O2- INIV OF MISSISSIPPI MEDICAL CENTER STOOD N STATE STREET CACKSON, MS 39216-4505 64-		501(C)(3)	31,414.	0.		1 '	
US DEPT OF ENERGY NETL 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 62- UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-		501(C)(3)	31,414.	0.	1		
1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 62- UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-	-0496456			•	воок		RESEARCH
WASHINGTON, DC 20585 62- UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-	-0496456						
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DR STE 301 CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-	-0496456						
5 CHENELL DR STE 301 CONCORD, NH 03301 UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-			218,750.	0.	воок		RESEARCH
5 CHENELL DR STE 301 CONCORD, NH 03301 UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-							
CONCORD, NH 03301 02- UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-							
UNIV OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216-4505 64-	-6000937	501(C)(3)	19,103.	0	воок		RESEARCH
2500 N STATE STREET JACKSON, MS 39216-4505 64-	0000737	501(0)(3)	15,105.	٠.	BOOK		KEBEAKCII
2500 N STATE STREET JACKSON, MS 39216-4505 64-							
JACKSON, MS 39216-4505 64-							
,	-6008520	SECTION 115	118,171.	0.	воок		RESEARCH
UNIV OF KY RESEARCH FOUNDATION			,				
109 KINKEAD HALL							PUBLIC SERVICE AND
	-6033693	501(C)(3)	496,924.	0.	воок		RESEARCH
UNIVERSITY OF MARYLAND CENTER FOR			,				
ADVANCED TRANSPORTATION TECHNOLOGY							
- 5000 COLLEGE AVENUE - COLLEGE							
PARK, MD 20742 52-	-6002033	SECTION 115	149,849.	0.	воок		RESEARCH
WASHINGTON STATE UNIVERSITY							
240 FRENCH ADMIN BLDG, PO BOX 64102	5004400		5 060		L		L
PULLMAN, WA 99164-1025 91-	-6001108	SECTION 115	5,868.	0.	воок		RESEARCH
MEGE VIDGINIA BOOD AND BADM							
WEST VIRGINIA FOOD AND FARM							
COALITION INC 3820 MACCORKLE	2706460	E01/G)/2)	00.000		DOOK.		DUDI TO GEDVICE
AVE, SE - CHARLESTON, WV 25304 46-	-2706460	DUI(C)(3)	99,000.	0.	воок		PUBLIC SERVICE
WEST VIRGINIA STATE UNIVERSITY							
PO BOX 368							
INSTITUTE, WV 25112-0368 55-			50,189.		воок	1	1

UNIV OF NOTRE DAME 731 GRACE HALL WESTBROOK HALTH SERVICES INC 2121 SIVENITH SCREET 2121 SIVENITH SCREET PARKERSBURG, NV 26101 55-0484662 501(c)(3) 51,978. 0.BOOK PUBLIC SERVICE WESTBROOK HALTH SCREET UNIV OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TH 37996-0100 62-6001636 SECTION 115 168,885. 0.BOOK RESEARCH UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 MESS MARKHAM STREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.BOOK RESEARCH UNIV OF WASHINGTON 4300 ROOSEVELT MAY WE BOX 354965 SEATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH UNIV OF WYOMING 1000 E UNIVERSITY AVENUE LARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH UNIVERSITY HALTHCARE PHYSICIANS 1NOC - 2500 FOUNDATION WAY - MARTINSBURG, WY 25401 90-0893455 501(c)(3) 62,791. 0.BOOK INSTRUCTION WEST VIRGINIA MILITARY AUTHORITY 1703 COOMSKIN DRIVE	(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTED DAME IN 46556 35-0868188 501(c)(3) 474,109 0					assistance			
NOTIFIED	NIV OF NOTRE DAME							
### SETTION HEALTH SERVICES INC ### SETTION HEALTH SERVICES INC ### SETTION HOLD SERVICE SERVICE ### SETTION HOLD SERVICE SERVICE ### SETTION HOLD TOWER ### STARKERSBURG, WV 26101 ### SECTION 115 ### SECTION	31 GRACE HALL							
1121 SEVENTH STREET ARKERSBURG, WY 26101 55-0484662 501(C)(3) 51,978. 0.800K FUBLIC SERVICE NILV OF TENNESSEE NILV OF TENNESSEE NILV OF TENNESSEE NOAVILLE, TN 37996-0100 62-6001636 SECTION 115 168,885. 0.800K RESEARCH NIVERSITY OF ARKANSAS FOR MEDICAL CCERCES - 4301 WEST MARKHAM THREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.800K RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 FEATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.800K RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.800K RESEARCH NIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - MARTINSBURG, WY 2501 90-0893455 501(C)(3) 62,791. 0.800K INSTRUCTION PUBLIC SERVICE NITULIANSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - HILLIANSON, WY 25561 45-2849701 501(C)(3) 69,850. 0.800K INSTRUCTION	IOTRE DAME, IN 46556	35-0868188	501(C)(3)	474,109.	0.	воок		RESEARCH
PARKERSBURG, WV 26101 55-0484662 501(c)(3) 51,978. 0.800K PUBLIC SERVICE NIV OF TENNESSEE 101 ANDY HOLT TOWER 102 ANDY HOLT TOWER 103 ANDY HOLT TOWER 103 ANDY HOLT TOWER 104 ANDY HOLT TOWER 105 AND HOLT TOWER 106 AND HOLT TOWER 107 AND HOLT TOWER 108 AND HOLT TOWER 108 AND HOLT TOWER 109 AND HOLT TOWER 109 AND HOLT TOWER 109 AND HOLT TOWER 109 AND HOLT TOWER 100 AND HOLT TOWER 101 ANDY HOLT TOWER 101 ANDY HOLT TOWER 101 ANDY HOLT TOWER 101 AND HOLT TOWER 102 AND HOLT TOWER 103 AND HOLT TOWER 103 AND HOLT TOWER 104 AND HOLT TOWER 105 AND HOLT TOWER 105 AND HOLT TOWER 106 AND HOLT TOWER 107 AND HOLT TOWER 108 AND HOLT TOWER 108 AND HOLT TOWER 109 AND HOLD TOWER 109 AND H	SESTBROOK HEALTH SERVICES INC							
NIV OF TENNESSEE 01 ANDY HOLT TOWER NOXVILLE, TN 37996-0100 62-6001636 SECTION 115 168,885. 0.800K RESEARCH NIVERSITY OF ARKANSAS FOR MEDICAL CIENCES - 4301 WEST MARKHAM TREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.800K RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 91-6001537 SECTION 115 45,104. 0.800K RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.800K RESEARCH NIVERSITY HEALTHCARE PHYSICIANS NIV - 2500 FOUNDATION WAY - ARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.800K PUBLIC SERVICE LILLIAMSON HEALTH & WELLNESS ENTER INC - FO BOX 2080 - LILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.800K INSTRUCTION EST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE	121 SEVENTH STREET							
### PUBLIC SERVICE AN RESEARCH PUBLIC SERVICE AND SERVICE AN	ARKERSBURG, WV 26101	55-0484662	501(C)(3)	51,978.	0.	воок		PUBLIC SERVICE
NOUVILLE, TN 37996-0100 62-6001636 SECTION 115 168,885. 0.800K RESEARCH NIVERSITY OF ARKANSAS FOR MEDICAL CIENCES - 4301 WEST MARKHAM TREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.800K RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 91-6001537 SECTION 115 45,104. 0.800K RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.800K RESEARCH NIVERSITY HEALTHCARE PHYSICIANS NC - 2500 FOUNDATION WAY - 4ARTINSBURG, WY 25401 90-0893455 501(C)(3) 62,791. 0.800K PUBLIC SERVICE ILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - 1LLIAMSON, WY 25561 45-2849701 501(C)(3) 69,850. 0.800K INSTRUCTION EST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE	NIV OF TENNESSEE							
INIVERSITY OF ARKANSAS FOR MEDICAL SECTION 115 38,946. 0.BOOK RESEARCH INIV OF WASHINGTON 1300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH INIV OF WYOMING 1000 E UNIVERSITY AVENUE 1014 ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH INIVERSITY HEALTHCARE PHYSICIANS 1016 C 2500 FOUNDATION WAY - 1020 LARRINGBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE INILITATION HEALTH & WELLNESS 2017 ENTER INC - PO BOX 2080 - 1018 LILIAMSON HEALTH & WELLNESS 2018 TO BOOK INSTRUCTION WEST VIRGINIA MILITARY AUTHORITY 1,703 COONSKIN DRIVE	01 ANDY HOLT TOWER							PUBLIC SERVICE AND
CIENCES - 4301 WEST MARKHAM TREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.BOOK RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARRAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS ENC - 2500 FOUNDATION WAY - 10ARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE VILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - 11LLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK RESEARCH RESEARCH 10 BOOK RESEARCH 11 BOOK RESEARCH 11 BOOK RESEARCH 12 BOOK RESEARCH 13 BOOK RESEARCH 14 BOOK RESEARCH 15 BOOK RESEARCH 16 BOOK RESEARCH 17 BOOK RESEARCH 17 BOOK RESEARCH 18 BOOK RESEARCH 19 BOOK RESEARCH 10 BOO	NOXVILLE, TN 37996-0100	62-6001636	SECTION 115	168,885.	0.	воок		RESEARCH
CIENCES - 4301 WEST MARKHAM TREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.BOOK RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 EATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS NC - 2500 FOUNDATION WAY - ARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE ILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK RESEARCH 10.BOOK RESEARCH 11.BOOK RESEARCH 11.BOOK RESEARCH 12.BOOK RESEARCH 13.BOOK RESEARCH 14.BOOK RESEARCH 14.BOOK RESEARCH 15.BOOK RESEARCH 16.BOOK RESEARCH 17.BOOK RESEARCH 18.BOOK RESEARCH 10.BOOK RESEARCH 10.BOOK RESEA	NIVERSITY OF ARKANSAS FOR MEDICAL							
TREET - LITTLE ROCK, AK 72205 71-6046242 SECTION 115 38,946. 0.BOOK RESEARCH NIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 EATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS NC - 2500 FOUNDATION WAY - ARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE ILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION EST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE								
INIV OF WASHINGTON 300 ROOSEVELT WAY NE BOX 354965 EARTILE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE LARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - LARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE NILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - HILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION		71-6046242	SECTION 115	38 946	0	BOOK		RESEARCH
### ### ##############################	JINDE HOOK, IM 72205	,1 0010212		30,310.	`	Joon		
EATTLE, WA 98105 91-6001537 SECTION 115 45,104. 0.BOOK RESEARCH NIV OF WYOMING 000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS NC - 2500 FOUNDATION WAY - IARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE ILLIAMSON HEALTH & WELLNESS IENTER INC - PO BOX 2080 - ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION TEST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE	NIV OF WASHINGTON							
INIV OF WYOMING .000 E UNIVERSITY AVENUE .ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH INIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - IARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE ILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION	300 ROOSEVELT WAY NE BOX 354965							
000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - MARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE NILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - MILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION	SEATTLE, WA 98105	91-6001537	SECTION 115	45,104.	0.	воок		RESEARCH
000 E UNIVERSITY AVENUE ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH NIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - MARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE NILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - MILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION	INIV OF WYOMING							
ARAMIE, WY 82071 83-6000331 SECTION 115 446,081. 0.BOOK RESEARCH UNIVERSITY HEALTHCARE PHYSICIANS ENC - 2500 FOUNDATION WAY - MARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE WILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - WILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION WEST VIRGINIA MILITARY AUTHORITY 1.703 COONSKIN DRIVE								
INIVERSITY HEALTHCARE PHYSICIANS INC - 2500 FOUNDATION WAY - IARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE VILLIAMSON HEALTH & WELLNESS ZENTER INC - PO BOX 2080 - VILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION VEST VIRGINIA MILITARY AUTHORITY 1.703 COONSKIN DRIVE		83-6000331	SECTION 115	446,081.	0.	воок		RESEARCH
NC - 2500 FOUNDATION WAY - 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE TILLIAMSON HEALTH & WELLNESS ENTER INC - PO BOX 2080 - 11LIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION EST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE								
TARTINSBURG, WV 25401 90-0893455 501(C)(3) 62,791. 0.BOOK PUBLIC SERVICE VILLIAMSON HEALTH & WELLNESS SENTER INC - PO BOX 2080 - VILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION VIEST VIRGINIA MILITARY AUTHORITY 0.703 COONSKIN DRIVE								
VILLIAMSON HEALTH & WELLNESS SENTER INC - PO BOX 2080 - VILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION VIEST VIRGINIA MILITARY AUTHORITY V.703 COONSKIN DRIVE	NC - 2500 FOUNDATION WAY -							
ENTER INC - PO BOX 2080 - ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION EST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE	ARTINSBURG, WV 25401	90-0893455	501(C)(3)	62,791.	0.	воок		PUBLIC SERVICE
ILLIAMSON, WV 25561 45-2849701 501(C)(3) 69,850. 0.BOOK INSTRUCTION TEST VIRGINIA MILITARY AUTHORITY 703 COONSKIN DRIVE	ILLIAMSON HEALTH & WELLNESS							
VEST VIRGINIA MILITARY AUTHORITY 1.703 COONSKIN DRIVE	CENTER INC - PO BOX 2080 -							
703 COONSKIN DRIVE	ILLIAMSON, WV 25561	45-2849701	501(C)(3)	69,850.	0.	воок		INSTRUCTION
.703 COONSKIN DRIVE	JEST VIRGINIA MILITARY AHTHORITY							
HARLESTON, WV 25311 26-2623534 SECTION 115 456,305. 0.BOOK RESEARCH		26-2623534	SECTION 115	456 305		BOOK		RESEARCH

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (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
WHEELING HOSPITAL INC							
1 MEDICAL PK							
WHEELING, WV 26003	55-0357057	501(C)(3)	108,023.	0	воок		RESEARCH
	33 0337037	301(0)(3)	100,023.	ı .	Door.		i i i i i i i i i i i i i i i i i i i
UNIVERSITY OF WISCONSIN SYSTEM							
OFFICE OF SPONSORED PROGRAMS, PO B							
MILWAUKEE, WI 53211-0340	39-1805963	SECTION 115	301,849.	0.	воок		RESEARCH
·			,				
WESTED							
750 HARRISON STREET							
SAN FRANCISCO, CA 94107	94-3233542		27,766.	0.	воок		RESEARCH
WILLIAM MARSH RICE UNIVERSITY							
6100 MAIN STREET							
HOUSTON, TX 77005	74-1109620	501(C)(3)	16,531.	0.	воок		RESEARCH
VIRGINIA POLYTECHNIC INST & STATE							
UNIV - 800 WASHINGTON ST SW,							
STUDENT SER BLDG, STE 150 -							PUBLIC SERVICE AND
BLACKSBURG, VA 24061	54-6001805	SECTION 115	306,645.	0.	воок		RESEARCH
WASHINGTON UNIVERSITY							
700 ROSEDALE AVENUE, CB 1034							
ST LOUIS, MO 63112	43-0653611	501(C)(3)	362,763.	0.	воок		RESEARCH
APPLIED RESEARCH FOUNDATION OF							
WEST VIRGINIA - 219 ROCK STREET -				_			
BLUEFIELD, WV 24701	84-2384597		39,510.	0.	воок		RESEARCH
WEST LIBERTY UNIVERSITY							
208 UNIVERSITY DRIVE, BUSINESS							
OFFICE - WEST LIBERTY, WV							
26074-0295	55-6000822	SECTION 115	145,885.	0.	воок		RESEARCH AND OTHER
NUMBER INC. SERVICES DECIMAL INC.							
WHEELING HEALTH RIGHT INC							
61 29TH STREET	21 1140005	501/61/31	F 600				
WHEELING, WV 26003	31-1149085	pu1(C)(3)	5,000.	Ι 0.	воок		PUBLIC SERVICE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	- rage
(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
WVU HOSPITALS INC							
PO BOX 8060							
MORGANTOWN, WV 26506	55-0643304	501(C)(3)	104,942.	0.	воок		PUBLIC SERVICE
XORAN TECHNOLOGIES LLC							
5210 S STATE ROAD							
ANN ARBOR, MI 48108	90-1033421		81,640.	0.	воок		RESEARCH
BOISE STATE UNIVERSITY							
1910 UNIVERSITY DRIVE							PUBLIC SERVICE, RESEARCH
BOISE, ID 83725	56-0641460	SECTION 115	437,716.	0.	воок		AND INSTRUCTION
			,				
WV GEOLOGICAL & ECONOMIC SURVEY							
1 MONT CHATEAU RD							
MORGANTOWN, WV 26508-8079	55-6000936	SECTION 115	7,307.	0.	воок		RESEARCH
WV SCHOOL OF OSTEOPATHIC MEDICINE							
400 N LEE STREET							
LEWISBURG, WV 24901-1128	55-0561541	SECTION 115	451,703.	0.	воок		RESEARCH
WV WESLEYAN COLLEGE							
59 COLLEGE AVE	55-0357056	501(C)(3)	16,883.	_	воок		OTHER
BUCKHANNON, WV 26201 WVSU RESEARCH & DEVELOPMENT CORP.	33-0337036	501(C)(3)	10,003.	0.	BOOK		OTHER .
GUS R DOUGLAS INSTITUTE - PO BOX							
1000 201 ACEOP ADMIN BUILDING -							PUBLIC SERVICE AND
INSTITUTE, WV 25112	55-0708567	501(C)(3)	8,814.	0	BOOK		RESEARCH
INDITIONAL, NV ZOTIZ	33 0700307	301(0)(3)	0,011.	<u> </u>	- Door		
WVU PARKERSBURG							
300 CAMPUS DR							
PARKERSBURG, WV 26104	55-0523820	SECTION 115	18,699.	0.	воок		PUBLIC SERVICE
WVU PHYSICIANS OF CHARLESTON							
PO BOX 7000							
MORGANTOWN, WV 26505	55-0779739	501(C)(3)	51,732.	0.	воок		PUBLIC SERVICE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (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 ARKANSAS SYSTEM							
TREASURER'S OFFICE, PO BOX 1404							
FAYETTEVILLE, AR 72702	71-6003252	SECTION 115	14,846.	0.	воок		RESEARCH
•			, , , , , , , , , , , , , , , , , , ,				EXPENDITURES ON GRANTS
WEST VIRGINIA UNIVERSITY							AWARDED TO WVURC ON
PO BOX 6201							BEHALF OF WVU FOR
MORGANTOWN, WV 26506	55-6000842	SECTION 115	5,858,358.	0.	воок		ACQUISITION OF CAPITAL
APPALACHIAN COMMUNITY HEALTH							
CENTER - 725 YOKUM STREET -							
ELKINS, WV 26241	55-0483699	501(C)(3)	52,221.	0.	воок		PUBLIC SERVICE
BURLINGTON UNITED METHODIST FAMILY							
SERVICES INC - 539 NEW CREEK							
HIGHWAY - KEYSER, WV 26726	55-0575371	501(C)(3)	46,959.	0	воок		RESEARCH
HIGHMIT KEIDER, WV 20720	33 03/33/1	301(0)(3)	10,333.	ı .	Door.		
AUBURN UNIVERSITY							
125 INGRAM HALL							
AUBURN, AL 36849	63-6000724	SECTION 115	77,221.	0.	воок		RESEARCH
			,				
CATHOLIC UNIVERSITY OF AMERICA							
620 MICHIGAN AVE NE LEAHY 260							
WASHINGTON, DC 20064	53-0196583	501(C)(3)	25,702.	0.	воок		RESEARCH
CAG MEGUNOLOGY INGMITTIME							
GAS TECHNOLOGY INSTITUTE PO BOX 91127							
	36-2170137	501(C)(3)	50,789.	_	воок		RESEARCH
CHICAGO, IL 60693	30-2170137	501(0/(3/	30,783.	0.	BOOK		RESEARCH
GLENVILLE STATE COLLEGE							
200 HIGH STREET							
GLENVILLE, WV 26351-1200	55-6000779	SECTION 115	5,525.	0.	воок		OTHER
			1,230.			1	
LINCOLN COUNTY PRIMARY CARE CENTER							
INC - 7400 LYNN AVENUE - HAMLIN,							
WV 25523	55-0552212	501(C)(3)	42,359.	0.	воок		PUBLIC SERVICE

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

	Schedule I (Form 990) RESEARCH	CORPORATI	ON				5	5-0665758 Page 1
Organization or government of applicable cash grant on cash assistance (cock, FNV, appraisa), one-cash assistance or assistance		Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
UNIVERSITY OF NEBRASKA - 96800 THE NEBRASKA MEDICAL CENTER OMAIA, NE 6198-6800 47-0049123 501(C)(3) 165,648. 0,000K RESEARCH TEXAS AMM ENGINEERING EXPERIMENT STATION - 400 HANVEY MITCHELL PRWY STE 300 - COLLEGE STATION, TX 77845 774-1974733 SECTION 115 168,950. 0.800K RESEARCH TEXAS TECH UNIV BOX 41092 LUBBOCK, TX 79409-1092 THE BOARD OF RUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 SOUTH MRSHFIELD AVE (M/C 551) - CHICAGO, LL 50612-7205 37-6000511 501(C)(3) 41,234. 0.800K RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTN. ATLANTIC CENTER FOR RESEARCH MORRISTONS, NJ 07540 52-1958392 501(C)(3) 12,159. 0.800K RESEARCH BELINOTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH COLUMBIS, 04 43201-2693 31-4379427 501(C)(3) 10,000. 0.800K RESEARCH BELINOTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE PHILIPPE, WY 26416 POARD OF REGERTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARKLAND FARSAN Y LASS LOORS, NV	• •	(b) EIN	, , ,	, ,	non-cash	valuation (book, FMV,	10,	
THE NEBRASKA MEDICAL CENTER - OMAHA, NE 68189-6800 47-0049123 501(C)(3) 165,648. 0.300K RESEARCH TEXAS ARM REMOINERERING EXPERIMENT STATION - 400 HARVEY MITCHELL PRNY STE 300 - COLLEGE STATION, TX 77845 74-1974733 SECTION 115 168,950. 0.300K RESEARCH TEXAS TECH UNIV EOX 41092 LUBBOCK, TX 79409 1092 75-6002622 SECTION 115 199,048. 0.800K RESEARCH TUNIVERSITY OF ILLINOIS - 809 SOUTH MARCHFIELD AVE (M/C 551) - CHICAGO, IL 60512-7205 37-6000511 501(C)(3) 41,234. 0.800K RESEARCH THE ROCHESTER GENERAL ROSPITAL 1425 PORTLAND AVENUE ACCHESTER, NY 14621 16-0743134 501(C)(3) 67,490. 0.800K RESEARCH THE ROCHESTER, NY 14621 16-0743134 501(C)(3) 12,159. 0.800K RESEARCH ATLANTIC HEALTH SYSTEM INC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0.800K RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.800K RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH BOARD OF REGERTS HEVADA SYSTEM OF HIGHER EDUCATION - 450S SOUTH MARKLAND PERSONS NV	THE BOARD OF REGENTS OF THE							
MANA, NE 68188-6800	UNIVERSITY OF NEBRASKA - 986800							
TEXAS AAM ENGINEERING EXPERIMENT STATION - 400 HARVEY MITCHELL PRVY STR 300 - COLLEGE STATION, TX 77845	THE NEBRASKA MEDICAL CENTER -							
STATION - 400 HARVEY MITCHELL PRWY STE 300 - COLLEGE STATION, TX 74-1974733 SECTION 115 168,950. 0. BOOK RESEARCH TEXAS TECH UNIV BOX 41092 LUBBOCK, TX 79409-1092 THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - B09 SOUTH MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7205 37-6000511 501(C)(3) 41,234. 0. BOOK RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-0743134 501(C)(3) 67,490. 0. BOOK RESEARCH ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, NJ 07950 SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, NJ 07950 SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR THE MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR THE MORRISTONN, SOUTH STREET, ATIN: ATLANTIC CENTER FOR THE MORRISTONN, SOUTH STREET, ATTNICATION, SOUTH STREET, ATTNICATIONN, SOUTH S	•	47-0049123	501(C)(3)	165,648.	0.	воок		RESEARCH
STE 300 - COLLEGE STATION, TX 74-1974733 SECTION 115 168,950. 0.800K RESEARCH								
### TRANSPORT TR								
TEXAS TECH UNIV BOX 41092 LUBBOCK, TX 79409-1092 THE BOARD OF TRUSTERS OF THE UNIVERSITY OF ILLINOIS - 809 SOUTH MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7205 THE BOCHESTER GENERAL HOSPITAL 1425 FORTLAND AVENUE ROCHESTER, NY 14621 ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTN: ATLANTIC CENTER FOR RESEARCH - MORRISTONN, NJ 07960 BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 10,000. 0.BOOK RESEARCH RESEARCH RESEARCH RESEARCH 10,000. RESEARCH RESEAR	-							
BOX 41092 LUBBOCK, TX 79409-1092 75-6002622 SECTION 115 199,048. 0.800K RESEARCH	77845	74-1974733	SECTION 115	168,950.	0.	воок		RESEARCH
LUBBOCK, TX 79409-1092 75-6002622 SECTION 115 199,048. 0. BOOK RESEARCH THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 SOUTH MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7205 37-6000511 501(C)(3) 41,234. 0. BOOK RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-0743134 501(C)(3) 67,490. 0. BOOK RESEARCH ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTN: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0. BOOK RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0. BOOK RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0. BOOK PUBLIC SERVICE BOARD OF RECENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	TEXAS TECH UNIV							
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 SOUTH MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7205 37-6000511 501(C)(3) 41,234. 0.800K RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-0743134 501(C)(3) 67,490. 0.800K RESEARCH ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATUN: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0.800K RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.800K RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0.800K PUBLIC SERVICE BOARD OF RECENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	BOX 41092							
UNIVERSITY OF ILLINOIS - 809 SOUTH MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7205 37-6000511 501(C)(3) 41,234. 0.800K RESEARCH THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-0743134 501(C)(3) 67,490. 0.800K RESEARCH ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTM: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0.800K RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.800K RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, W 26416 23-7310126 501(C)(3) 10,000. 0.800K PUBLIC SERVICE BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EBUCARTION - 44505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	LUBBOCK, TX 79409-1092	75-6002622	SECTION 115	199,048.	0.	воок		RESEARCH
THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621 ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTN: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 12,159. 0.BOOK RESEARCH RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WW 26416 BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	UNIVERSITY OF ILLINOIS - 809 SOUTH							
1425 PORTLAND AVENUE ROCHESTER, NY 14621 ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, ATTN: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0.BOOK RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.BOOK RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	CHICAGO, IL 60612-7205	37-6000511	501(C)(3)	41,234.	0.	воок		RESEARCH
475 SOUTH STREET, ATTN: ATLANTIC CENTER FOR RESEARCH - MORRISTOWN, NJ 07960 52-1958352 501(C)(3) 12,159. 0.BOOK RESEARCH BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.BOOK RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0.BOOK PUBLIC SERVICE BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	1425 PORTLAND AVENUE	16-0743134	501(C)(3)	67,490.	0.	воок		RESEARCH
BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.BOOK RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0.BOOK PUBLIC SERVICE BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	475 SOUTH STREET, ATTN: ATLANTIC			,				
505 KING AVENUE COLUMBUS, OH 43201-2693 31-4379427 501(C)(3) 161,761. 0.BOOK RESEARCH BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	NJ 07960	52-1958352	501(C)(3)	12,159.	0.	воок		RESEARCH
BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0.BOOK PUBLIC SERVICE BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	505 KING AVENUE							
SERVICES ASSOCIATION - 3 HEALTH CARE DRIVE - PHILIPPI, WV 26416 23-7310126 501(C)(3) 10,000. 0.BOOK PUBLIC SERVICE BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	COLUMBUS, OH 43201-2693	31-4379427	501(C)(3)	161,761.	0.	воок		RESEARCH
BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV	SERVICES ASSOCIATION - 3 HEALTH	22 7240406	E01/Q\/2\	10.000	_	DOOK		DVIDLIG GEDVIGE
HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV		23-7310126	DUI(C)(3)	10,000.	0.	BOOK		FORFIC SEKAICE
	HIGHER EDUCATION - 4505 SOUTH							
	•	88-6000024	501(C)(3)	9,575.	0.	воок		RESEARCH

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - PO BOX 26901 RP865 STE 560 -OKLAHOMA CITY, OK 73126-0901 73-1563627 SECTION 115 87,217 0.BOOK RESEARCH BROWN UNIVERSITY CONTROLLER'S OFFICE BOX J PROVIDENCE, RI 02912 05-0258809 501(C)(3) 99,668 0.BOOK RESEARCH CASA FOR CHILDREN INC 1224 CHAPLINE STREET WHEELING, WV 26003 27-0906338 501(C)(3) 41,536 0.BOOK RESEARCH CITY OF MOUNDSVILLE PO BOX E 800 SIXTH STREET MOUNDSVILLE, WV 26041 55-6000216 SECTION 115 5,000 0.BOOK PUBLIC SERVICE CITY OF WELCH 88 HOWARD STREET 0.BOOK 55-6000264 SECTION 115 WELCH, WV 24801 25,000 PUBLIC SERVICE CLARKSON UNIVERSITY PO BOX 5546 15-0543659 0 BOOK RESEARCH POTSDAM, NY 13699-5546 501(C)(3) 18,462 NEW MEXICO STATE UNIV PO BOX 30002, MSC SPA LAS CRUCES, NM 88003-8002 85-6000401 SECTION 115 25 828 0.BOOK RESEARCH PARTNERSHIP OF AFRICAN AMERICAN CHURCHES INC - PO BOX 6605 -CHARLESTON, WV 25362-0605 55-0762073 501(C)(3) 38,057 0 BOOK RESEARCH PENNINGTON BIOMEDICAL RESEARCH CENTER - 6400 PERKINS ROAD - BATON ROUGE, LA 70808 72-6000848 SECTION 115 176 906 0.BOOK RESEARCH

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Page 1

(a) Name and address of	(b) [N]	(a) IDC conting	(d) Amount of	(a) Amount of	(f) Mothed of	(a) Description of	(h) Durnage of avert
(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
POCAHONTAS COUNTY PARKS AND							
RECREATION - 320 9TH STREET -							
MARLINTON, WV 24954	55-0622129	SECTION 115	5,000.	0.	воок		PUBLIC SERVICE
·							
PRESIDENT AND FELLOW OF HARVARD							
COLLEGE - 1033 MASSACHUSETTS AVE,							
2ND FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	565,550.	0.	воок		RESEARCH
PRESTON COUNTY PARKS AND							
RECREATION COMMISSION - PO BOX 594	46 0065301	GDGDTON 115	5 000				D
- KINGWOOD, WV 26537	46-0965391	SECTION 115	5,000.	0.	воок		PUBLIC SERVICE
RALEIGH CO BD OF EDUCATION							
105 ADAIR STREET							
BECKLEY, WV 25801	55-6000390	SECTION 115	5,000.	0	BOOK		PUBLIC SERVICE
			,,,,,,,				
RHODE ISLAND QUALITY INSTITUTE							
50 HOLDEN STREET, SUITE 300							
PROVIDENCE, RI 02908	75-3059336	501(C)(3)	49,470.	0.	воок		RESEARCH
ROANE COUNTY FAMILY HEALTH CARE							
INC - 146 WILLIAMS DR - SPENCER,							PUBLIC SERVICE AND
WV 25276	55-0627933	501(C)(3)	7,267.	0.	воок		RESEARCH
SAM HOUSTON STATE UNIVERSITY							
1831 UNIVERSITY AVENUE			45 500		L		
HUNTSVILLE, TX 77340-2448	74-6001430	SECTION 115	45,799.	0.	воок		RESEARCH
THE NEMOURS FOUNDATION							
10140 CENTURION PARKWAY NORTH							
JACKSONVILLE, FL 32256	59-0634433	501 (C) (3)	102,516.	n	воок		RESEARCH
	33 0034433		102,310.	<u> </u>			
TOWN OF WARDENSVILLE							
25 WARRIOR WAY							
WARDENSVILLE, WV 26851	55-0527135	SECTION 115	5,000.	0.	воок		PUBLIC SERVICE

(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
NIVERSITY OF NORTH TEXAS HEALTH							
CIENCE CENTER - 3500 CAMP BOWIE -							
ORT WORTH, TX 76107	75-6064033	501(C)(3)	17,564.	0.	воок		RESEARCH
,							
UNIVERSITY OF MARYLAND AT							
BALTIMORE - PO BOX 4142 -							
BALTIMORE, MD 21203-6428	52-6002033	SECTION 115	358,167.	0.	воок		RESEARCH
	-						

Schedule I (Form 990) 2020 RESEARCH CORPORATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DUCATIONAL GRANTS TO STUDENTS	0	2,837,795.	0.	воок	
DUCATIONAL GRANTS TO INDIVIDUALS	0	276,846.	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

Part IV Supplemental Information
OWN ACCOUNTS TO ENSURE THAT THEY AGREE WITH THE ACTIVITY POSTED TO THEIR
ACCOUNTS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPENDITURES ON GRANTS AWARDED TO
WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL ASSETS OR EXPENDITURES
ON GRANTS AWARDED TO WVURC ON BEHALF OF WVU FOR ACQUISITION OF CAPITAL
ASSETS OR CONSTRUCTION WHERE THE ASSET WAS TRANSFERRED TO WVU AS A
BENEFICIARY OF THE ASSET.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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	Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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) CLAY MARSH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	965,818.	250,000.	27,826.	17,100.	236.	1,260,980.	0.
(2) E. GORDON GEE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	801,237.	0.	26,000.	17,100.	8,175.	852,512.	0.
(3) LAURA GIBSON	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	447,857.	0.	2,576.	25,500.	20,134.	496,067.	0.
(4) PAULA CONGELIO	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	366,844.	12,500.	26,000.	54,600.	363.	460,307.	0.
(5) MARYANNE REED	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	386,558.	0.	28,469.	25,061.	8,422.	448,510.	0.
(6) EARL SCIME	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	333,126.	0.	34,845.	20,898.	10,177.	399,046.	0.
(7) J. ROBERT ALSOP	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	378,850.	0.	50.	17,100.	55.	396,055.	0.
(8) ANJALI HALABE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	280,382.	4,500.	1,869.	54,600.	4,249.	345,600.	0.
(9) FRED KING	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	271,148.	0.	0.	16,454.	8,794.	296,396.	0.
(10) STEPHANIE TAYLOR	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	251,345.	0.	822.	15,809.	22,992.	290,968.	0.
(11) EUGENE CILENTO	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	184,685.	0.	30,422.	11,253.	4,901.	231,261.	0.
(12) ALAN MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	202,507.	0.	199.	12,530.	14,008.	229,244.	0.
(13) JAMES T. ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	169,329.	19,085.	1,300.	11,744.	13,501.	214,959.	0.
(14) SARAH BILLER	(i)	201,973.	0.	0.	6,300.	1,808.	210,081.	0.
GENERAL OPERATIONS MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAVID KOSSLOW	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	166,985.	0.	3,949.	10,857.	19,689.	201,480.	0.
(16) SHELLEY WELCH	(i)	158,141.	0.	0.	9,681.	13,773.	181,595.	0.
DIR OF CLINICAL TRIALS	(ii)	0.	0.	0.	0.	0.	0.	0.

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	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(17) JOAN LAKOSKI	(i)	141,270.	0.	0.	8,530.	14,677.	164,477.	0.
GENERAL & OPERATIONS MANAG	(ii)	0.	0.	0.	0.	0.		0.
(18) PHILIP SPARKS	(i)	141,201.	0.	0.	8,523.	8,261.		
DIR. TECH TRANSFER	(ii)	0.	0.	0.	0.	0.		0.
(19) NARVEL WEESE	(i)	0.	0.	0.	0.	0.		0.
FORMER DIR & OFFICER	(ii)	62,308.	0.	0.	0.	0.	62,308.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III	Supplemental Information
----------	--------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

JAMES ROBERT ALSOP AS THE CEO/EXECUTIVE DIRECTOR IS NOT PAID BY THE WEST

VIRGINIA UNIVERSITY RESEARCH CORPORATION (RC) BUT IS PAID BY WEST VIRGINIA

UNIVERSITY (WVU), A RELATED ORGANIZATION. COMPENSATION IS DETERMINED BY

WVU THROUGH THE USE OF SEVERAL FACTORS INCLUDING JOB ANALYSIS AND

EVALUATION, THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THE POSITION, AND

SALARY SURVEY DATA ON PAY PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY

ADMINISTRATION PROGRAM AND RESTRUCTURES IT AS NECESSARY. MARKET AND/OR

COMPETENCY BASED ADJUSTMENTS MAY BE WARRANTED BASED ON EMPLOYMENT

FUNCTIONS, AS DETERMINED BY A CLASSIFICATION REVIEW. IN ADDITION, EMPLOYEES

MAY BE AWARDED MERIT-BASED PAY ADJUSTMENTS IN CONJUNCTION WITH SUPERIOR

PERFORMANCE.

PART I, LINE 4B:

ANJALI HALABE \$37,500

PAULA CONGELIO \$37,500

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 WEST VIRGINIA STATE LAW AND

WITH THE EXPRESSED PURPOSE TO FOSTER AND SUPPORT RESEARCH AT WEST

VIRGINIA UNIVERSITY (UNIVERSITY).

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

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

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

 WEST VIRGINIA UNIVERSITY.

RESEARCH IS AN INTEGRAL PART OF THE UNIVERSITY'S MISSION AND THE RESEARCH CORPORATION FACILITATES THIS MISSION THROUGH IT'S ROLE AS A FISCAL AGENT FOR SPONSORED PROJECTS. THE RESEARCH CORPORATION ALSO USES IT'S UNIQUE STATUS TO MAXIMIZE THE EFFECTIVENESS OF TECHNOLOGY TRANSFER IN ADDITION TO IT'S 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 AMONG THE 130 STRONGEST RESEARCH INSTITUTIONS IN THE U.S. BY OUR CALCULATION, THE UNIVERSITY MOVED FROM 109TH TO 90TH IN THE IN FY21, THE UNIVERSITY SECURED MORE THAN \$200M IN CLASSIFICATION.

032211 11-20-20

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

SPONSORED PROGRAM FUNDING, A NEW HIGH FOR THE INSTITUTION. AT THE SAME
TIME, SPONSORED AWARD EXPENDITURES CAME IN AT \$189M.

FEDERAL FUNDING FOR SPONSORED PROGRAMS AT THE UNIVERSITY INCREASED IN

FY21 TO \$109M, WHEREAS OVERALL SPONSORED AWARDS (FEDERAL AND

NON-FEDERAL SOURCES) REACHED A NEW HIGH OF \$200M AS NOTED ABOVE.

INVESTMENTS IN IMPROVING THE COMPETITIVENESS OF THE FACULTY THROUGH THE

IMPLEMENTATION OF PROGRAMS BY THE RESEARCH OFFICE CONTINUES TO YIELD A

NOTICEABLE RETURN IN TERMS OF THE DOLLAR VALUE OF NEW AWARDS. THE MOST

EFFECTIVE OF THESE INVESTMENTS REMAINS THE PROGRAM TO STIMULATE

COMPETITIVE RESEARCH, PROVIDING SUPPORT TO ENSURE THAT RESUBMITTED

PROPOSALS HAVE A SIGNIFICANTLY ENHANCED PROBABILITY OF SUCCESS; AND AN

INTERNAL NIH STYLE STUDY SECTION AT HSC, PROVIDING SCIENTIFIC REVIEW OF

GRANT APPLICATIONS PRIOR TO EXTERNAL SUBMISSION TO INCREASE

COMPETITIVENESS.

THE UNIVERSITY CONTINUES TO SEE GROWTH IN THE FUNDING IT RECEIVES FROM

THE NIH, WITH A NEW RECORD OF \$38.7M IN AWARDS FOR THE YEAR ENDING JUNE

30, 2021.

AS MENTIONED LAST YEAR, A LARGE GRANT FROM THE USDA NIFA FOR RESEARCH
ON BIOMASS AND BIOMASS DERIVED PRODUCTS IN THE APPALACHIAN REGION LED
TO AN INCREASE IN USDA FUNDING TO A RECORD OF \$14.7M IN 2021. THIS
REFLECTS EFFORTS IN LEADING A COLLABORATION FOCUSED ON RENEWABLE ENERGY
SOURCES AND IS AN OUTGROWTH OF THE UNIVERSITY'S HISTORICAL STRENGTH IN
ENERGY RESEARCH IN GENERAL AND REFLECTS THE SHIFT TO RENEWABLE
RESOURCES FROM FOSSIL RESOURCES FOR U.S. ENERGY PRODUCTION.

Employer identification number 55-0665758

THE UNIVERSITY, IN COLLABORATION WITH THE RESEARCH CORPORATION AND THE

WEST VIRGINIA UNIVERSITY INNOVATION CORPORATION CONTINUES TO EXPAND

U.S. DEPARTMENT OF DEFENSE FUNDING AT WVU. DOD AWARDS INCREASED FROM

\$3.4M TO \$3.8M IN THIS PAST FISCAL YEAR.

WHILE THE UNIVERSITY CONTINUES TO FOCUS ON IMPROVING IT'S RELATIONSHIP

WITH PRIVATE SECTOR PARTNERS, FOCUSING ON PARTNERSHIPS WITH INDUSTRIES

IN HEALTH CARE, ENERGY, AND DEFENSE, WITH THE GOAL TO GROW INDUSTRIAL

RESEARCH SUPPORT THROUGH IT'S OFFICE OF CORPORATE RELATIONS, IMPACTS

FROM THE COVID-19 PANDEMIC LED TO A DECREASE IN FUNDING FOR RESEARCH IN

THIS AREA FROM \$43M IN FISCAL YEAR 2020 TO \$39.7M IN FISCAL YEAR 2021.

WHILE THE UNIVERSITY AND THE RESEARCH CORPORATION FINDS ITSELF IN A

VERY DYNAMIC FUNDING ENVIRONMENT, BOTH ARE DEPLOYING INNOVATIVE

STRATEGIES TO EXPAND THE QUANTITY AND QUALITY OF FUNDING FOR THE

RESEARCH ENTERPRISE FROM ALL SOURCES AND LOOKS FORWARD TO CONTINUED

SUCCESS IN THE FUTURE.

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

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

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

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

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

DRAFT OF THE FORM 990 ON BEHALF OF THE WVURC. A COMPLETE COPY OF THE FORM

990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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 PRACTICES. WVU PERIODICALLY REVIEWS THE SALARY ADMINISTRATION PROGRAM AND RESTRUCTURES IT AS NECESSARY. MARKET AND/OR COMPETENCY BASED ADJUSTMENTS

032212 11-20-20

Name of the organization WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

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 AFFIRMATIVE ACTION PLAN, FINANCIAL STATEMENTS AND FORM 990-T ARE OPEN AND AVAILABLE FOR INSPECTION AT THE WVURC UPON REQUEST. THE IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE ON WEST VIRGINIA UNIVERSITY'S TAX SERVICES WEBSITE.

DURING THE FISCAL YEAR 2015 WEST VIRGINIA UNIVERSITY RESEARCH

CORPORATION BECAME A MEMBER INVESTOR IN THE WEST VIRGINIA GROWTH

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

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

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

VIRGINIA REGION THAT DEMONSTRATE THE POTENTIAL FOR GROWTH AND A

SUITABLE RETURN.

FORM 990 PART VI SECTION A GOVERNING BOARD AND MANAGEMENT

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

THERE WERE CHANGES MADE TO THE STRUCTURE, COMPOSITION AND DUTIES OF THE

WVU RESEARCH CORPORATION BOARD OF DIRECTORS.

Employer identification number 55-0665758

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 POSITIONS. THERE ARE NO LONGER EXTERNAL BOARD DIRECTORS. NON-VOTING OFFICERS ARE ELECTED BY THE VOTING MEMBERS OF THE BOARD FOR A ONE YEAR TERM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING (\$2)

-2.

FORM 990, PART XII, LINE 2C OVERSIGHT CHANGES

THERE HAS BEEN NO CHANGE FROM FISCAL YEAR 2020 TO FISCAL YEAR 2021 IN

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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization WEST VIRGINIA UNIVERSITY **Employer identification number** RESEARCH CORPORATION 55-0665758 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 FIVE 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.

THE FIFTH AGREEMENT WAS FOR \$300,000, DOES NOT BEAR INTEREST, AND PAYMENT IS DUE IN FULL ON JANUARY 1, 2025.

ALL AGREEMENTS AND LOAN TERMS WERE APPROVED BY THE BOARD OF DIRECTORS

Sched	ule O (Form	990 or 9	90-EZ) 2020	Page 2
Name	of the organ	ization	WEST VIRGINIA UNIVERSITY	Employer identification number
	· ·		RESEARCH CORPORATION	Employer identification number 55-0665758
FOR	вотн (ORCAI	NIZATIONS.	
FOR	DOIII (OIGH	NIZATIOND:	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

(b)

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

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION

Employer identification number 55-0665758

(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		ontrolling ntity	9
	-						
	_						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY - 55-6000842, PO BOX 6005,	-						
MORGANTOWN, WV 26506-6005	EDUCATION AND RESEARCH	WEST VIRGINIA			N/A		Х
WEST VIRGINIA UNIVERSITY INNOVATION					STATE OF WV DBA		
CORPORATION - 61-1764272, PO BOX 4439,					WEST VIRGINIA		
MORGANTOWN, WV 26504	RESEARCH	WEST VIRGINIA	501(C)(3)	LINE 12B, II	UNIVERSITY		Х
	-						

Schedule R (Form 990) 2020 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. Part III

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	i) tion b)(13) rolled ity?
		country)		,				Yes	No
F & P REALTY COMPANY - 55-0571302			WEST VIRGINIA						1
PO BOX 6005, ONE WATERFRONT PLACE			UNIVERSITY						1
MORGANTOWN, WV 26506	BUILDING LESSOR	WV	RESEARCH	C CORP	125,771.	222,035.	100%	X	1

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with	h one or more re	elated organizations listed	in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	Gift, grant, or capital contribution from related organization(s)				1c	Х					
	Loans or loan guarantees to or for related organization(s)				1d	Х					
	Loans or loan guarantees by related organization(s)				1e	Х					
f	Dividends from related organization(s)				1f		Х				
	Sale of assets to related organization(s)				1g		X				
					1h		Х				
ï	h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)										
i	Lease of facilities, equipment, or other assets to related organization(s)				1i 1j	X					
,	20000 of radinates, equipment, or other according to related organization (of				.,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х					
-1	Performance of services or membership or fundraising solicitations for related organizat	tion(s)			11		X				
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1 p	X					
q	Reimbursement paid by related organization(s) for expenses				1q	Х					
r	Other transfer of cash or property to related organization(s)				1r	X					
	Other transfer of cash or property from related organization(s)				1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete th	nis line, including covered	relationships and transaction thresholds.							
	· · · · · · · · · · · · · · · · · · ·	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved						
,	WEST VIRGINIA UNIVERSITY INNOVATION	-71 (7									
	CORPORATION	В	2,625,000.	CASH							
-,	WEST VIRGINIA UNIVERSITY INNOVATION		2,023,000	CADII							
	CORPORATION	D	3,500,000.	CASH							
	WEST VIRGINIA UNIVERSITY INNOVATION		3,300,000.	CADII							
	CORPORATION	D	800,000.	CASH							
	WEST VIRGINIA UNIVERSITY INNOVATION		000,000	C11D11							
	CORPORATION	D	300,000.	CASH							
7)			200,000								
5)											
6)		70									
	40.40.00	7 ()		Cabadula	D /Fax	~ ^^^	ACCO /				

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners se	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3) oras.?	total	end-of-year	allocat	ate ions?	amount in box 20 Lof Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	Nο	(Form 1065)	Yes N	
			,	100 110	1		1.00	110	,	10011	
	1										
	-										
	-										
	1										
	1										
	-										
	-										
							\vdash			\vdash	
	1										
	-										
							\vdash			\vdash	
	_										
	1										
	1										1
	1										
				\vdash			+			\vdash	+
	-										
	-										

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