Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	2009 cal	lendar year, or tax year beginning $JUL 1$, 2009 and ending	JUN 30, 2010	_
Во	heck if	Please	C Name of organization	D Employer identification number	
8	pplicable	use IRS	WEST VIRGINIA STATE UNIVERSITY		
	Addres	label or print or	RESEARCH & DEVELOPMENT CORPORATION		
F	Name	type.	Doing Business As	55-0708567	
\vdash	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		_
F	Termin		P.O. BOX 1000, CAMPUS BOX 163	304-766-4133	
F	⊸ated ∏Armend		City or town, state or country, and ZIP + 4	G Gross receipts \$ 12,781,446.	-
\vdash	return Applica	a-	INSTITUTE, WV 25112-1000	H(a) Is this a group return	_
_	⊥l tiộn pendin	G E Nos	me and address of principal officer:BRUNETTA DILLARD	for affiliates?	
			ME AS C ABOVE	H(b) Are all affiliates included? Yes No	
	Tav-ava		us: X 501(c) (3	If "No," attach a list. (see instructions)	
		te: N		H(c) Group exemption number	
				or of formation: 1991 M State of legal domicile: W	v
		Summ		in birtornation.	_
38.86	4	Daireth and a	scribe the organization's mission or most significant activities: TO FOSTER	SUPPORT, AND ASSIST	-
8	1	DUSTRIA DE	NY RESEARCH AND ECONOMIC DEVELOPMENT ACTI	VITTES CONSISTENT WITH	_
튵			is box if the organization discontinued its operations or disposed of mo		_
& Governance	1		of voting members of the governing body (Part VI, line 1a)	1 _ 1	4
ક			of Independent voting members of the governing body (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·	ō
9ğ	J		10 AM 6 AM 6 AM 6 AM	5 352	2
₩.	5	Total nun	mber of employees (Part V, line 2a)	- 40	ō
Activities	6	Tetal nun	nber of employees (Part V, line 2a) nber of volunteers (estimate if necessary) es unrelated business revenue from Part VIII, column (C), line 12	7a 0	-
₹	/4	TOTAL GIO	lated business taxable income from Form 990-T, line 34	······	
	B	Net united	INTERIOR DESIGNATION INCOME INCOME TOTAL GROUP, INTO GA	Prior Year Current Year	_
3		Carability	tions and grants (Part VIII, line 1h)	11,896,010. 12,781,319	-
	L				_
Revenue			service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)	<1,261.> <2,552	->
2			renue (Part VIII, column (A), lines 5, 4, and 70,	70,993.	_
			enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,965,742. 12,778,767	-
_			nd similar amounts paid (Part IX, column (A), lines 1-3)		_
			paid to or for members (Part IX, column (A), line 4)		_
	i		other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,762,958. 7,272,548	
Expenses	15		onal fundraising fees (Part IX, column (A), line 11e)		_
ĕ	108		idraising expenses (Part IX, column (D), line 25)		60000 60000
껿	' "		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,467,100. 5,632,588	•
			penses (Part IX, Column (A), lines (Part IX, Column (A), line 25)	12,230,058. 12,905,136	
	19		eless expenses. Subtract line 18 from line 12	<264,316.> <126,369	->
<u> </u>		Devellue		Beginning of Current Year End of Year	_
Net Assets or	20	Total age	sets (Part X, line 16)	2,261,682. 2,651,130	*
SS	21		billtles (Part X, line 26)	981,446. 1,497,263	-
季	22		ets or fund balances. Subtract line 21 from line 20	1,280,236. 1,153,867	-
			eture Block		
<u> </u>		Under per	naities of perjury, I declare that I have examined this return, including accompanying schedules and statemen lete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge and belief, it is true, correct,	_
		and comp	elete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	- 1 1 .	
Sic	an		Drund L Man	> > 2 <u> </u> 11	
Sign Here		Sig	grature of officer	Date	
		▶ Bi	RUNETTA DILLARD, EXECUTIVE DIRECTOR		
		► Ty	pe or print name and title		_
_		Preparer	1's Noullich & Steinberg, CPA's, PILC Date	Check if Preparer's Identifying number (see instructions)	
Pa		signatur	7/27/2011	employed	_
	eparer's	Firm's nar		EIN -	_
UΣ	e Only	yours if	oyed). *** STONECREST DRIVE		
		address, a ZIP + 4	HUNTINGTON, WV 25701	Phone no. ► (304)697-5700	<u></u>
M	ay the l		iss this return with the preparer shown above? (see instructions)	X Yes N	<u>lo</u>

	5	5-	01	70	85	67	Page	2
--	---	----	----	----	----	----	------	---

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO FOSTER, SUPPORT, AND ASSIST IN ANY RESEARCH AND ECONOMIC
	DEVELOPMENT ACTIVITIES CONSISTENT WITH THE EDUCATIONAL OBJECTIVES AND
	MISSION ON WEST VIRGINIA STATE UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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?
•	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 3,438,448 - including grants of \$) (Revenue \$)
	THE U.S. DEPARTMENT OF EDUCATION PROVIDED TITLE III FUNDS FOR THE
	UPGRADING OF THE LIBRARY, SCIENCE LABS, STUDENT ACTIVITIES, FACULTY
	DEVELOPMENT, AND ADVANCEMENT ACTIVITIES AT WEST VIRGINIA STATE
	UNIVERSITY.
4b	(Code:) (Expenses \$ 1,863,827 · including grants of \$) (Revenue \$)
	THE MISSION OF THE DIVISION OF AGRICULTURAL, CONSUMER, ENVIRONMENTAL,
	AND OUTREACH PROGRAMS (ACEOP) IS TO "AID IN THE ACADEMIC,
	TECHNOLOGICAL, ECONOMIC, AND SOCIAL ADVANCEMENT OF THE STATE OF WEST
	VIRGINIA BY IDENTIFYING RESOURCES AND PROGRAMS PERTINENT TO THE
	PROGRESSION AND DISSEMINATION OF KNOWLEDGE AND SERVICES BY WAY OF
	RESEARCH, TEACHING, AND EXTENSION."
	TAMES SOLOW AND BUR PROGRAM AND A MILTOU DATE INDED BUE COONERANTIVE
	LISTED BELOW ARE THE PROGRAM AREAS WHICH FALL UNDER THE COOPERATIVE
	STATE RESEARCH AND EXTENSION SERVICE:
	AGRICULTURE AND NATURAL RESOURCES - PROVIDES RESEARCH-BASED EDUCATIONAL
	PROGRAMS AND TECHNICAL ASSISTANCE TO FARMERS, COMMODITY GROUPS,
40	(Code:) (Expenses \$ 489,023 · including grants of \$) (Revenue \$)
	THE WEST VIRGINIA STATE UNIVERSITY GUS R. DOUGLASS INSTITUTE HAS
	RECEIVED NUMEROUS SEPARATE GRANTS UNDER THE U.S. DEPT. OF AGRICULTURES
	CAPACITY BUILDING GRANT PROGRAM FOR 1890 LAND-GRANT INSTITUTIONS. THESE
	HIGHLY COMPETITIVE THREE YEAR GRANTS ARE DESIGNED TO INCREASE AND
	IMPROVE THE RESEARCH AND TEACHING INFRASTRUCTURES OF THE 1890
	LAND-GRANT SCHOOLS. THE DOUGLASS INSTITUTE CURRENTLY HAS SEVEN ACTIVE
	CAPACITY BUILDING GRANTS IN AREAS INCLUDING BIOTECHNOLOGY, CURRICULUM
	DEVELOPMENT, AQUACULTURE, AND VARIOUS AREAS GENETICS AND GENOMICS
	RELATING TO MELONS, CUCUMBERS, SWEET POTATOES AND HIBISCUS.
	FOR THE NEXT FISCAL YEAR, THE DOUGLASS INSTITUTE RECEIVED THREE NEW,
	THREE-YEAR CAPACITY BUILDING GRANTS TOTALING \$1.16 MILLION TO EXPAND
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 6,609,364 - including grants of \$) (Revenue \$
4e	Total program service expenses \$\ 12,400,662.

Part IV Checklist of Required Schedules

			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?									
	If "Yes," complete Schedule A	1	X							
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х						
3	The second secon									
	public office? If "Yes," complete Schedule C, Part I	3		Х						
4	Section 501 (c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and									
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5								
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х						
9	Did the organization report an amount in Part X, line 21; 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		Х						
10	Did the organization, directly or through a related organization, hold essets in term, permanent, or quasi-endowments?									
	If "Yes," complete Schedule D, Part V	10		Х						
11										
	as applicable									
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	11	X							
	Part VI.	00000000000000000000000000000000000000		2000						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	00000000000000000000000000000000000000								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1000-000-1000 1000-000-000 1000-000-000	00.000.000.000							
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	10-000 000000 10000 00000 10000 00000		00000000000000000000000000000000000000						
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.	10000000000000000000000000000000000000								
•	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	1000-000-000-1 1000-000-000-00 10-000-00								
-	Part X, line 16? // "Yes," complete Schedule D, Part IX.	00-000-1-00-00 -000-000-000-1 10-000-1-000-00 -1000-1-00-000-0								
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			000000000000000000000000000000000000000						
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10000000000000000000000000000000000000								
_	the organization's departed or consolidated limitations statements for the tax year include a foothote that addresses the organization's liability for uncertain tax positions under FIN 487 if "Yes," complete Schedule D, Part X.	1000000000000 100000000000000000000000								
12		-0000000000000000000000000000000000000								
14.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII.	100000000000000000000000000000000000000	X	5045964454656 504596445						
405	· · · · · ·	12		0.0000000000000000000000000000000000000						
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes No. Yes No. **It "Yes." completing Schedule D. Parts XI. XII. and XIII is notional. 124 X	10000000000000000000000000000000000000								
	127	20000000000000000000000000000000000000	00.000.000.000	**************************************						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X						
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.,						
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization									
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			3.5						
	located outside the United States7 If "Yes," complete Schedule F, Part III	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		Х						
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		Х						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"									
	complete Schedule G, Part III	19		Х						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X						

Part IV Chacklist of Required Schedules (continued)

Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Property and the second of the	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			1
	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			İ
	Schedule L. Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		•	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ŀ		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	00000000000		
20	instructions for applicable filing thresholds, conditions, and exceptions):		0.000000000000000000000000000000000000	2000-00000 2000-00000 2000-00000 2000-00000
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	·	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			\Box
Ç	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		-
32		32		Х
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
				$\overline{}$
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
				\top
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
~~	If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			† <u></u>
36		36		Х
	If "Yes," complete Schedule R, Part V, line 2			+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3,	1	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note, All Form 990 filers are required to complete Schedule O.	100		

Form 990 (2009)

Part V

Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	81		0000000	000000000000000000000000000000000000000
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			0.0000000000000000000000000000000000000
o	Did the organization comply with backup withholding rules for reportable payments to vendors and r			10-000-00-000 -00-000-00-00-00 -00-000-0		20000000
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			**************************************		0.0000000000000000000000000000000000000
	filed for the calendar year ending with or within the year covered by this return	2a	352	00000000000000000000000000000000000000		000000000000000000000000000000000000000
þ	If at least one is reported on line 2a, did the organization file all required federal employment tex retu	rns?	***************************************	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	this return?	3a	<u> </u>	X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		***********	3ь	<u> </u>	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a	20060000000	X
ь	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and	(1000-000-000-) (1000-000-000-00- (1000-000-000-00-00-) (1000-000-000-00-00-00-00-00-00-00-00-00-	00000000000000000000000000000000000000	
	Financial Accounts.			00000000000000000000000000000000000000		
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc	action	?	5b	<u> </u>	Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	arding	Prohibited			<u> </u>
	Tax Shelter Transaction?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible?			ва		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?		.,,,	<u>6b</u>	***********	
7	Organizations that may receive deductible contributions under section 170(c).			00000000000000000000000000000000000000		3000000000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services			l
	provided to the payor?			7 a	 	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					١
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	 I	7c	4 992099999	X
	If "Yes," Indicate the number of Forms 8282 filed during the year			0000000		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal	10000000000000000000000000000000000000	100000000	••
	benefit contract?			7e	—	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			71		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			79	—	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h	3 202 202 202 202	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			000000000 000000000 00000000		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex-	cess b	usiness holdings	V10-0100-0100-01 V10-010-0100-0100		6 00000000000 6 00000000000
	at any time during the year?			. 8 		0410-060-000-00
9	Sponsoring organizations maintaining donor advised funds.			**************************************		
ð	Did the organization make any taxable distributions under section 4966?			9a	┼	-
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	••••		9b	0.000000000	9 (*********
10	Section 501(c)(7) organizations. Enter:	Ι.	1			
8	Initiation fees and capital contributions included on Part VIII, line 12					
ь	• • • • • • • • • • • • • • • • • • • •	10b	•	00000000		
11	Section 501(c)(12) organizations. Enter:	1	1	9000000 900000000000000000000000000000		
8		11a		-000000000 -000000000 -0000000000		
b	· · · · · · · · · · · · · · · · · · ·			00000000000000000000000000000000000000	10000000000000000000000000000000000000	
	amounts due or received from them.)	116		200000000	F	00 00 00 00 00 00 00 00 00 00 00 00 00
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		S. (COCC)
_	If "Van " notes the amount of townsomet interest received or account during the year	126	ı İ	Local Control	are the second	*********

Form 990 (2009)

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

Sec	tion A. Governing Body and Management					<u> </u>	
		1	1	1.4		Yes	<u>No</u>
	Enter the number of voting members of the governing body	1a	-	$\frac{14}{0}$			**************************************
ь	Enter the number of voting members that are independent	1b			X 0000 0000 0000 00000 0000 00000		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					000000000000000000000000000000000000000	X
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the				_		v
	of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo				4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset				5		-
6	Does the organization have members or stockholders?				6		
7a							х
	governing body?				7a		$\frac{\Lambda}{X}$
	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7ь_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ouring	tne year		0-1000-100-00- 0100-001-001-00- 0-200-1-201-00-		10000000000000000000000000000000000000
	by the following:				00000000	X	3000000000
8	The governing body?				8a 8b	X	
, D	Each committee with authority to act on behalf of the governing body?				OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be res				9		х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
3 8 C	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code./			Yes	No
40-	December of official about the state of the				10a	100	X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such						
D	and branches to ensure their operations are consistent with those of the organization?				10Ь		ĺ
	Has the organization provided a copy of this Form 990 to all members of its governing body before f				11	\vdash	X
11 11A	The state of the s	,,,,, ,, ,,,			00000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000
12a	and the second s				12a	X	aranninnen.
	Are officers, directors or trustees, and key employees required to disclose annually interests that co						
	to conflicts?	G .			12b	Х	1
c	The state of the s	"Yes.	' describe				
Ī	in Schedule O how this is done				12c	Х	L
13	Does the organization have a written whistleblower policy?				13	Х	
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approv				00000000000000000000000000000000000000		10-000-000-00- -00-000-000-00 -00-000-00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				10000000000000000000000000000000000000		00000000000000000000000000000000000000
а	The state of the s				15a		X
	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.)				00000000000000000000000000000000000000		00000000000000000000000000000000000000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		20000000000000000000000000000000000000		
	texable entity during the year?				16a	0.30000000000	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation	on	00000000000000000000000000000000000000	00000000 00000000000000000000000000000	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janiza	tion's		191709000		************
	exempt status with respect to such arrangements?				16b		<u> </u>
Sec	ction C. Disclosure		100				
17	List the states with which a copy of this Form 990 is required to be filed ►WV						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) a	vailabk	e for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request			. 1:			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	ot of interest p	olicy, a	nd in	ancial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a BRUNETTA G. DILLARD - 304-766-4133			rganiz	ation: I		
	P.O. BOX 1000, CAMPUS BOX 163, INSTITUTE, WV 251	12-	1000				

Form 990 (2009) RESEARCH & DEVELOPMENT CORPORATION 55-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

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

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated		
•	hours				all that apply)		y)	compensation	compensation	amount of		
	per week	Includual trustee or director	heft.foral fusible	Officer	Keyamployee	Hybesi compensated employee	former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
DR. HAZO CARTER, JR.	1 00								150 427	6 AE6		
CHAIRMAN	1.00	X					_	0.	158,437.	6,456.		
DR. R. CHARLES BYERS					ŀ			_	100 201	0.		
VICE-CHAIRMAN	1.00	X		<u> </u>		┡	-	0.	108,281.			
DR. CASSANDRA WHYTE	1 00		ļ					0.	95,426.	1,680		
TREASURER	1.00	Х		_		 -		<u>U_</u>	95,420.	1,000.		
DR. J. ULISES TOLEDO	27 50	J.		l.	1			111 207	0.	20,663		
SECRETARY	37.50	X		X.	_	\vdash	_	111,297.		20,003		
BRUNETTA DILLARD	37.50	v	ļ	x				70,321.	0.	20,025		
FISCAL OFFICER	37.30	Х		Α.	├	┿		707321.	<u> </u>	20,023		
DR. ORLANDO MCMEANS	37.50	x		x				142,391.	0.	22,686		
DEAN AND DIRECTOR	37.30	Α.	⊢	^	\vdash		-·· -	14Z,331.		22/000		
DR. ROBERT HARRISON MEMBER	1.00	x			İ			0.	71,393.	20,800		
BRYCE CASTO		<u> </u>		Τ.	1		Т					
MEMBER	1.00	X						0.	87,810.	0		
DR. BONNIE DEAN					1			<u> </u>				
MEMBER	1.00	X						<u>0.</u>	65,280.	0		
DR. JOHN BERRY									_			
MENBER	1.00	X		L				0.	0.	0		
DR. GREGORY EPPS					1			_	1			
MEMBER	1.00	X	└	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u> </u>	<u> </u>	\perp	0.	85,523.	600		
DR. DAVID HUBER		1						_				
MEMBER	1.00	X	_	_	1	 	_	0,	51,645.	0		
ROBERT PARKER									06 367	22 000		
MEMBER	1.00	X	 	-	+	-	┡	0.	86,367.	22,000		
LAWRENCE SMITH	1 00	.,	1					0.	60 173	0		
MEMBER	1.00	<u>*</u>	-						68,172.	V		
	"											
			"-									

Form 990 (2009)

RESEARCH & DEVELOPMENT CORPORATION

Par	VII Section A. Officers, Directors, Tru	istees, Key Er	nple	yee	s, a	nd l	Hìgh	ost	Compensated Employ	ees (continued)			
	(A) (B) (C) (D) (É)							(F)					
	Name and title	Average Position hours (check all that apply)			Reportable compensation	Reportable compensatio	L						
		per week		lecr	all	liiat			from	from related organizations		ot	her ensation
		S 8 S organization (W-2/1099-					(W-2/1099-MIS		fron	n the ization			
			Lai Tuk	hefilufone tuste		Key employee		_	(1033-11100)			and r	elated
			E S	Tell Tell Tell Tell Tell Tell Tell Tell	8	Keren	E Person	Former			ĺ	organi	zations
							\vdash						
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	U. I		╀	-	\vdash	╀		ļ <u> </u>	- "				
										18 111 8			
		<u> </u>				<u> L</u> .	┶		324,009.	878,3	2/1	114	910
1b 2	Total number of individuals (including but	not limited to t		a liet	ort c	hov	<u>. ▶</u>	ho r	<u> </u>			114	, , , ,
•	compensation from the organization		1001	. not	•••		, 4,						2
											8	500CC00000 300	es No
3	Did the organization list any former officer									mployee on	ê	3	X
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s								her compensation from	the organization			
	and related organizations greater than \$15	50,000? If "Yes	," c	отр	lete	Sch	redu	le J	for such individual				X
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	fror	n an	ıy ur	rela	ted organization for sen	vices rendered to	è	5	X
Sec	the organization? If "Yes," complete Schetton B. Independent Contractors	<u>aule u tor suçn</u>	per	SON				.,,,,					
1	Complete this table for your five highest countries the organization. NONE	ompensated in	dep	end	ent	con	tract	ors	that received more than	\$100,000 of cor	npensa	ation fro	om
	(A)				_				(B)			(C)	
_	Name and busines	s address							Description of	services	Ç	ompen	sation
											<u> </u>		
											İ		
		THE PARTY.											
									1		<u></u>		
2	Total number of independent contractors		not	llmit	ed t	o th		liste	d above) who received	more than			
	\$100,000 in compensation from the organ	nization 🕨					0				20000000000000000000000000000000000000		

WEST VIRGINIA STATE UNIVERSITY

Form 990 (2009) RESEARCH & DEVELOPMENT CORPORATION 55-0708567 Statement of Revenue Part VIII (D) (B) (C) (A) Revenue excluded from Related or Unrelated Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue 18 1 a Federated campaigns 1b Membership dues c Fundraising events 1c d Related organizations 14 11337624. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,443,695. similar amounts not included above Moneash contributions included in lines 1e-1f: \$ 12781319 Total. Add lines 1a-1f Business Code All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 127. 127. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal Gross Rents b Less: rental expenses c Rental income or (loss) • Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis 2,679. <2,679. and sales expenses c Gain or (loss) <2,679.> <2,679.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b e Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances c Net Income or (loss) from sales of inventory Miscellaneous Revenue Business_Code 11 a All other revenue Total. Add lines 11a-11d 12778767. 0. <2,552.> 0. Total revenue. See instructions.

Form 990 (2009)

55-0708567 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	427,837.	427,837.		
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	5,598,214.	5,598,214.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	830,868.	830,868.		
10	Payroll taxes	415,629.	415,629.		
11	Fees for services (non-employees):				
8	Management				
b	Legal	62,570.	34,418.	28,152.	
G	Accounting	14,598.	12,848.	1,750.	
d	Lobbying		000000000000000000000000000000000000000	000000000000000000000000000000000000000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	610 000	<u> </u>	2 242	
8	Other	619,802.	615,953.	3,849.	
12	Advertising and promotion	51,869.	50,861.	1,008.	
13	Office expenses	1,588,659.	1,287,730.	300,929.	
14	Information technology	313,224.	309,878.	3,346.	
15	Royaltles		£20 £00	×170 ×	
16	Occupancy	620,520.	620,699.	<179.>	•
17	Travel	616,121.	580,390.	35,731.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 005	02 722	25 202	
19	Conferences, conventions, and meetings	108,025.	82,722.	25,303.	<u> </u>
20	Interest				
21	Payments to affiliates	206 574	206 574		
22	Depreciation, depletion, and amortization	286,574. 45,288.	286,574. 45,206.	82.	
23	Insurance Other expenses, Itemize expenses not covered	43,200.	43,200.	04 +	
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	5 <i>66</i> 35 <i>6</i>	E <i>CC</i> 3E <i>C</i>		
a	EQUIPMENT RENTAL & REPA OTHER EXPENSES	566,356. 305,065.	566,356. 233,039.	72 026	
b	DUES & SUBSCRIPTIONS	210,384.	208,426.	72,026. 1,958.	
¢	AUTO EXPENSE	131,364.	131,364.	1,300.	
d	SCHOLARSHIPS	49,563.	49,563.		
•		42,606.	12,087.	30,519.	
7	All other expenses	12,905,136.	12,400,662.	504,474.	0
25	Total functional expenses. Add lines 1 through 24f	12,303,130.	14,400,002.	JU4,4/4.	<u> </u>
26	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u> </u>			C 000 (2000

Form 990 (2009)
Part X Balance Sheet

WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION

55-0708567 Page 11

Part X	Balance Sheet			Υ
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	572,091.	1_	435,110.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	576,111.	3	915,908.
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
2 7	Notes and loans receivable, net		7_	
Assets	Inventories for sale or use		8	
⋖ 9	Prepaid expenses and deferred charges	114,393.	ġ	137,063.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 4,700,63 Less: accumulated depreciation 10b 3,550,57	9.		
b	Less: accumulated depreciation	982,466.	10c	1,150,062.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	16,621.	15	12,987.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,261,682.		2,651,130.
17	Accounts payable and accrued expenses	981,446.	17	1,497,263.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond ilabilities		20	
g 21	Escrow or custodial account liability, Complete Part IV of Schedule D	000000000000000000000000000000000000000	21	
Liabilities 75	Payables to current and former officers, directors, trustees, key employees,			
<u>.5</u>	highest compensated employees, and disqualified persons. Complete Part	II	00-100-100-1 -00-0-0-0-100-100 -00-0-0-0-	
_	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25_	1 407 060
26_	Total liabilities. Add lines 17 through 25	981,446.	26	1,497,263.
	Organizations that follow SFAS 117, check here 🕨 🔀 and complet	•		
£	lines 27 through 29, and lines 33 and 34.	1 200 226	66-706-706-7 1066-966-966 20-7	1 150 067
¥ 27	Unrestricted net assets		27	1,153,867.
28	Temporarily restricted net assets	*******	28	0.
물 29	Permanently restricted net assets		29	
른	Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances 24 25 30 31 35 35 35 35 35 35 35 35 35 35 35 35 35	complete lines 30 through 34.			
₩ 30	Capital stock or trust principal, or current funds		30	-
¥ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	1 153 057
_ 33	Total net assets or fund balances	0 0 6 1 6 0 0	33	1,153,867.
34	Total liabilities and net assets/fund balances	2,261,682.	34	2,651,130.

Form **990** (2009)

Form 990 (2009)

WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION

55-0708567 Page 12

Y A	1881 Financial Statements and Reporting			
	• -		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	100000000000000000000000000000000000000		00000000000000000000000000000000000000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	28		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			l ,
	review, or compilation of its financial statements and selection of an independent accountant?	2c		A
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	0.000.00000 0.000.0000		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	00000000	200000000000000000000000000000000000000	******
	X Separate basis Consolidated basis Both consolidated and separate basis	00000000000000000000000000000000000000		*****
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	38	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

WEST VIRGINIA STATE UNIVERSITY

Employer identification number 55-0708567

			RESEARC	H & DEVELOPM	ENT C	ORPORA	ATION			55	-0708!	567	
Pa		Reason 1		ity Status (All organiz					ructions.				
				because it is: (For lines 1									
1			-	s, or association of churc	_		_	-	_				
2				'0(b)(1)(A)(ii). (Attach Sci		1444 111 441		\-/\·/\· 4\·/	•				
3	\equiv			tal service organization of		n section	170/b)(1)((A)(iii)					
7	\equiv			operated in conjunction					filital(A)	Enter th	e hospital'	s came	-
•	ш	city, and state		operated in conjunction	WINIT & 1100	hitai daadi	ipou iii aa	CLIOII II O	(0)(.)(.,)	, Lintoi tii	o nospital	3 (1011)	٠,
_	\mathbf{x}			benefit of a college or un	homity or	med or on	orated by	a coveror	neotal unit	describe	d in		
9	بم	_	•	_	ilversity ov	viied or op	erated by	a governi	Hental Unit	Odsci indi	, a (11)		
_			(b)(1)(A)(iv). (Comple										
6	\vdash			ent or governmental unit									
7	\square	_	-	elves a substantial part d	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic descr	ibed ir	1
		section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8	\square			section 170(b)(1)(A)(vi). (
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	rembership	fees, and	d gross rec	eiots f	rom
			•	nctions - subject to certa									
		income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bus	sinesses s	acquired b	y the orgai	nization at	iter June 3	0, 197	5.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and o	perated exclusively to te	st for publi	ic safety. S	ee sectio	on 509(a)(4	l).				
11		An organizati	on organized and o	perated exclusively for th	e benefit :	of, to perfo	orm the fu	nctions of,	or to carry	out the p	ourposes o	f one o)r
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or sectio	on 509(a)(2	2). Şee se c	ction 509(s)(3). Chec	ck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	ie through	11h.						
		a 🔲 Type I	ı 6. □	☐ Type II c	: 🔲 Тур	e III • Func	tionally in	tegrated		d 🗀	Type III - C	ther	
e	\Box	By checking	this box, I certify tha	at the organization is not	controlled	Laireatly a	r iadiraath		r mara dica				
					COLLICION	oneony of	rinonecuj	A DA OLLA OL	LUCIO CISC	Jusumea p	ersons oth	er thai	ń
		foundation m											n
1			anagers and other t	than one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 509				ń
ſ	ľ	If the organiz	anagers and other t	than one or more publicly tten determination from t	y supporte the IRS tha	id organiza at it is a Ty	tions des pe I, Type	cribed in s II, or Type	ection 509 s III				<u> </u>
		If the organiz supporting o	nanagers and other to ation received a wri rganization, check t	than one or more publicly tten determination from t his box	y supporte the IRS tha	d organiza at it is a Ty	ations des pe I, Type	cribed in s II, or Type	ection 509 s III	(a)(1) or s			
1		If the organiz supporting o Since Augus	nanagers and other that the ration received a write rganization, check to the ration that the control of the ration in the ratio	than one or more publicly tten determination from t his box organization accepted ar	y supporte the IRS the ny gift or c	d organiza at it is a Ty ontribution	ations des pe I, Type from any	cribed in s II, or Type of the follo	ection 509 s III owing pers	(a)(1) or s ons?		(a)(2).	
		of the organizes supporting of Since August (I) A person	nanagers and other that the action received a write reanization, check that the control of the c	than one or more publicly tten determination from this box organization accepted ar directly controls, either al	y supporte the IRS that my gift or co lone or tog	d organiza at it is a Ty ontribution ether with	pe I, Type from any persons o	cribed in a II, or Type of the foll described	ection 509 s III owing pers in (ii) and (i	(a)(1) or s ons? ii) below,	ection 509		
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		If the organiz supporting o Since Augus (I) A perso the gove (ii) A family	nanagers and other that in the calculus and a writing anization, check the tarm and the calculus and the cal	than one or more publicly tten determination from this box organization accepted are directly controls, either als supported organization? or described in (i) above?	y supporte the IRS that my gift or o lone or tog	d organiza at it is a Ty ontribution ether with	ations des pe I, Type n from any persons o	cribed in s II, or Type of the foll- described	ection 509 a III owing pers in (ii) and (i	(a)(1) or s ons? ii) below,	11g(i)	(a)(2).	
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Schedule A (Form 990 or 990-EZ) 2009

WEST VIRGINIA STATE UNIVERSITY

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Schedule A (Form 990 or 990-EZ) 2009 RESEARCH & DEVELOPMENT CORPORATION 55-07085

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.)

Calendar year (or Sizal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 9 Public support. Subsective 5 the fact of the amount shown on line 11, column (f) 1 Amounts from line 4 1 Color fiscal year beginning in [included on securities loans, rents, royalias and income from similar sources. 4 dividends, payments received on securities loans, rents, royalias and income from similar sources. 9 Net income from similar sources. 1 That I Support. Add lines 7 through 10 10 Other income. Do not include gain or loss from the said of capital asserts (Explain in Part IV) 10 Total support. Add lines 7 through 10 11 Total support percentage from 2008 Schedule A, Part II, line 14 15 First five year. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 Saction C, Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 Saction C, Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part II, line 14 16 Saction C, Computation of Public Support Percentage 17 Tat 10% sector and circumstances test 2006. If the organization did not check the box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization of control the box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization of control test a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the	Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10676876. 10736163. 11867597. 11896010. 12324470. 57501116. 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 4 Total. Add lines 1 through 3	1	Gifts, grants, contributions, and						
2 Tex revenues levied for the organization's benefit and either paid to or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits behalf or expended on fits the fits fits a fitting of the expended of the expen		membership fees received. (Do not						
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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support. Subsettine 5 tenders. 8 Gross income from insteas services. 9 Net income from similar sources. 9 Net income from unitiated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Epplain in Part IV). 10 Gross growthes also drapital assets (Epplain in Part IV). 11 Total support, Add lines 7 through 10		include any "unusual grants.")	10676876.	10736163.	11867597.	11896010.	12324470.	57501116.
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-clr	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	8a, 16b, 17a, or 17	<u>'b, check this box</u>	and see instruction	ns 🕨 🛄

Section A. Public Support		# ·		,		, · · ·
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ,,,,,,					<u> </u>	"
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		i				
are not an unrelated trade or bus-						
iness under section 513						
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 (Subtractiline 7c from line 6.)						
Section B. Total Support				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		T .				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	1					
(less section 511 taxes) from businesses acquired after June 30, 1975	ı					
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 IV.)					40.5	
13 Total support (Add lines 9, 10c, 11, and 12.)				<u></u>		<u> </u>
14 First five years. If the Form 990 is for	-					
check this box and stop here			·····			> L
Section C. Computation of Publ						
15 Public support percentage for 2009 (
16 Public support percentage from 2008					16	
Section D. Computation of inves					1 1	
	1 09 (line 10c, col:					
17 Investment income percentage for 20	•				18	
18 Investment income percentage from :						
18 Investment income percentage from 2 19a 33 1/3% support tests - 2009. If the	organization did	not check the box	x on line 14, and lin		33 1/3%, and line	
18 Investment income percentage from 3 19a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	organization did nd stop here. Th	not check the box e organization qua	k on line 14, and lin alifles as a publicly :	supported organiz	33 1/3%, and line zation	▶□
18 Investment income percentage from 219a 33 1/3% support tests - 2009. If the	organization did nds top here. Th organization did	not check the box e organization qua not check a box o	x on line 14, and lin alifles as a publicly : on line 14 or line 19	supported organiz a, and line 16 is n	33 1/3%, and line zation nore than 33 1/3%,	and

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 hispuction

Name of the organization

WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

Par	rt I Organizations Mair	ntaining Donor Advised (es' to Form 990, Part IV, line 6	Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered in	es to Form 990, Part IV, line t	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(a) contract territor	(a) I alias alia stile associate
2	Aggregate contributions to (durin			
3				
4	Aggregate grants from (during ye Aggregate value at end of year			
5			iting that the assets held in donor ad	uined fineds
9	_		clusive legal control?	
_			risors in writing that grant funds can f	
6				
			donor advisor, or for any other purpo:	
D.			nization answered "Yes" to Form 990	
1	Purpose(s) of conservation ease			, , ac (*, ma) .
•	, -	iblic use (e.g., recreation or ple		historically important land area
	Protection of natural habit			ertified historic structure
	Preservation of open space		FIESEIVATION OF A C	erined historic structure
^			d	
2		tne organization nelo a qualile	a conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
_	T-4-1			
8				i I
b	_		where is already in (a)	
¢			cture included in (a)	
_d			ter 8/17/06	
3	_	ents modified, transferred, rele	ased, extinguished, or terminated by	the organization during the tax
	year -			
-	Number of states where propert			_
5			dic monitoring, inspection, handling o	
			nolds?	
6			nd enforcing conservation easements	
7			forcing conservation easements duri	
8			satisfy the requirements of section 1	
_				
9		•		nse statement, and balance sheet, and
		the footnote to the organization	on's financial statements that describ	es the organization's accounting for
Pa		ntaining Collections of tion answered "Yes" to Form 9	Art, Historical Treasures, or 90, Part IV, line 8.	Other Similar Assets.
1a	_		•	d balance sheet works of art, historical
		· · · · · · · · · · · · · · · · · · ·		public service, provide, in Part XIV, the text o
	the footnote to its financial state			
b	If the organization elected, as po	ermitted under SFAS 116, to re	port in its revenue statement and ba	lance sheet works of art, historical treasures,
	or other similar assets held for p	oublic exhibition, education, or	research in furtherance of public serv	rice, provide the following amounts relating to
	these items:			
	(i) Revenues included in Form	990, Part VIII, line 1		> \$
			,-,,,	
2	If the organization received or h	eld works of art, historical trea	sures, or other similar assets for finan	cial gain, provide
	the following amounts required:	to be reported under SFAS 11	6 relating to these items:	
a	Revenues included in Form 990	, Part VIII, line 1		> \$
	Access included in Form 900 D	aut Y		b •

WEST VIRGINIA STATE UNIVERSITY

Schedule D (Form 990) 2009

RESEARCH & DEVELOPMENT CORPORATION 55-0708567 Page 2

Per	till Organizations Maintaining C	ollections of A	t, Histo	orical Tr	easures, c	r Other	Similar	Asset	8 (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a sign	nificant us	e of its o	collectio	n item:	3
	(check all that apply):										
	Public exhibition	d	L	oan or exc	hange progra	ıms					
b	Scholarly research	•		ther							
¢	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organizatio	on's exem	pt purpos	e in Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or othe	er elmilar e	esets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's c	ollection?				Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if orga	anization a	nswered "Yes	to Form	990, Part	IV, line 9	9, or		
1a	Is the organization an agent, trustee, custodi on Form 990, Part X7		_] Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	able:							
									Amoun	t	
C	Beginning balance	*************************		.,			1c				
d	Additions during the year						1d				
•	Distributions during the year				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1	Ending balance						11		4		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					🖵	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pa	t V Endowment Funds. Complete i	<u> </u>	swered '	Yes' to Fo							
		(a) Current year	(b) Pr	or year	(c) Two year	rs back (c	i) Three yea	ars back	(e) Fou	r years	back
1a	Beginning of year balance							•		201 201 20 20 20 20 20 20 20 20 20 20 20 20 20	**************************************
ь	Contributions				001000000000000000000000000000000000000					000000000000	2000000000
c	Net investment earnings, gains, and losses				***************************************						*********
đ	Grants or scholarships						0000 000 000 000 000 000 000 000 000 0	300000		800 800 00 00 00 00 00 00 00 00 00 00 00	80808666
•	Other expenditures for facilities										
	and programs				00.000.000.000.000.000.000						>0000000000000000000000000000000000000
f	Administrative expenses							***************************************			20000000000000000000000000000000000000
9	End of year balance										A-900-000-000-000-000-000-000-000-000-00
2	Provide the estimated percentage of the year	r end balance held a	39;								
a	Board designated or quasi-endowment		%								
ь	Permanent endowment	%									
c	Term endowment	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held :	and administe	ered for the	e organiza	ition			
	by:	-								Yes	No
	(i) unrelated organizations								3a(i)		
	-								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIV the intended uses of the										
	t VI Investments - Land, Building	gs, and Equ <u>ipm</u>	ent. Se	e Form 990), Part X, line	10.					
	Description of Investment	(a) Cost or o			t or other (other)		cumulated reciation	1	(d) Boo	ok valu	Ð
	1 4		,	Ledic	(Section)	***************************************	COIGNOT				
	Land							0.0000000			
b	Buildings							\dashv			
C	Leasehold improvements			4 1	54,625.	3.0	04,56	3.	1,15	0.0	62
d					46,014.		46,01		<u>-,</u>	<u> </u>	~~
	Other		t X colum			<u> </u>	,	<u> </u>	1,15	0,0	62.

	NIA STATE UN		·017 E	E 0700EC7 + 6
Schedule D (Form 990) 2009 RESEARCH & Part VII Investments - Other Securities. S	DEVELOPMENT		.ON 5	5-0708567 Page 3
(a) Description of security or category (including name of security)	(b) Book value	<u> </u>	(c) Method of val Cost or end-of-year m	
Financial derivatives				19111 111
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, li	ne 13.		
(a) Description of Investment type	(b) Book value		(c) Method of val Cost or end-of-year m	
	1			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin				
(8) Description			(b) Book value
		•		
 -				
				17.11
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)	•••••••••••••••••••••••••••••••••••••••	<u> </u>	•
Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability	3, line 25.	(b) Amount		
Federal income taxes		(2) 1 111 2111		
41. 11. 4. 1				
			processor recens section reconstruction reconstruction	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932063 02-01-10

WEST VIRGINIA STATE UNIVERSITY

Schedule D (Form 990) 2009 RESEARCH & DEVELOPMENT CORPORATION 55-0708567 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 12,778,767. Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 12,905,136. 2 2 <126,369.> Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Investment expenses ₿ Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 <126,369. 10 PartXII≣ Reconcillation of Revenue per Audited Financial Statements With Revenue per Return 12,778,767. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2* 2ь Donated services and use of facilities c Recoverles of prior year grants 2c d Other (Describe in Part XIV.) 2d 2e Add lines 2a through 2d 767. 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 XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XIII Reconcillation of Expenses per Audited Financial Statements With Expenses per Return 12,905,136. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Opnated services and use of facilities 2b b Prior year adjustments 2¢ c Other losses Other (Describe in Part XIV.) 2d 2e Add lines 2a through 2d 12,905, 136. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to 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, Ilne 2; Part XI, Ilne 8; Part XII, Ilnes 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate Instructions.
WEST VIRGINIA STATE UNIVERSITY

RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	0.0500.0500.50 100000.00000.00 10000.0000000		
_	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	00000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	First-class or charter travel Housing allowance or residence for personal use	00000100000		01000000000000000000000000000000000000
	Travel for companions Payments for business use of personal residence	00000000000000000000000000000000000000		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	00000000000000000000000000000000000000		200000000
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		00000000	-000000000000 000000000000000000000000
		100000000000000000000000000000000000000		00000000000000000000000000000000000000
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	10000000000 100000000000 00000000000		20000000 20000000000000000000000000000
_	reimbursement or provision of all of the expenses described above? If "No," complete Part ill to explain	1b		pe-000000000000000000000000000000000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			$\overline{}$
-	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	traditional and the Octor Executive Director, regarding the norms electrical in the 160		200000000000000000000000000000000000000	0000000000
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	0.000000000000000000000000000000000000	000000000	000000000
•	CEO/Executive Director. Check all that apply.	0000000000 000000000 0000000000	200000	
	Compensation committee Written employment contract	000000000		
		900-900-000-0 10-900-900-0 900-900-900-0		
	Independent compensation consultant	-90-900-900-0 -900-90-90-90-90-90-90-90-90-90-90-90-90		0.000.000.000 0.000.000.000 0.000.000.0
	Form 990 of other organizations Approval by the board or compensation committee	0000000000 0000000000 0000000000		
	A 1 II II II II II AAA BAAAN AAAAA AA waxaa ahaa Ahaa Ebaa	00000000000000000000000000000000000000	00000000000	20000000000000000000000000000000000000
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	000000000000000000000000000000000000000	20,000,000	2000000000
	organization or a related organization:	3200000		X
8		48	├—	x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	0-000-000-00 000-000-000-0 0-000-000-00	000000	
		00000000000000000000000000000000000000		20000000
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	90-900-900-90 -900-900-900-9 -900-900-90		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	00000000		00000000000000000000000000000000000000
	contingent on the revenues of:	0000000000	***********	
8	The organization?	5a		X
Ь	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	00000000000000000000000000000000000000		A 2000
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	000000000000000000000000000000000000000		
	contingent on the net earnings of:	3000000		******
8	The organization?	6a	_	X
Ь	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	000000000		3 10000000000
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4958-8(n)?		1	1

55-0708567

Page 2

WEST VIRGINIA STATE UNIVERSITY RESEARCH & DEVELOPMENT CORPORATION

Schedule J (Form 990) 2009

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(I)-fill) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W2 and/or 1099-MISC compensation	SC compensation	(C) Detirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
{A} Name		(i) Base compensation	(ii) Bonus & incentive compensation	fiii) Other reportable compensation	other deferred	benefits	(O)-(D(B)	reported in prior Form 990 or Form 990-EZ
	8	0.	0.	0.	0.	0.		
DR. HAZO CARTER, JR.	•	158,43			.0	6,456.	164,893.	0
	8	142,391.	0.		0.	22,686.		
DR. ORLANDO MCMEANS	≘			0.	0.	.0	0.	0.
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	#							
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

WEST VIRGINIA STATE UNIVERSITY Name of the organization RESEARCH & DEVELOPMENT CORPORATION Employer identification number 55-0708567

EDUCATION, ACEOP SERVES WEST VIRGINIAS COMMUNITIES OF FAMILIES THROUGH

SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Tressury Internal Revenue Service

Name of the organization

WEST VIRGINIA STATE UNIVERSITY
RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

THE PROVISION OF CLIENT-CENTERED EDUCATIONAL PROGRAMS.
4-H YOUTH EDUCATION - THE 4-H PROGRAM INVOLVES GROUP ACTIVITIES, CLUB
MEETINGS, CAMPS, FAIRS, AND CONTESTS FOR ITS MEMBERS. 4-H IS A NATIONAL
INITIATIVE THAT PROVIDES OPPORTUNITIES FOR YOUTH TO MEET NEW PEOPLE,
GAIN LEADERSHIP SKILLS, SET AND ACHIEVE GOALS, LEARN LIFE SKILLS, AND
BUILD SELF-CONFIDENCE.
SOIL REMEDIATION - EACH YEAR IN WEST VIRGINIA, THOUSANDS OF ACRES OF
FORESTS ARE DISTURBED THROUGH THE PROCESSES OF LOGGING, DEVELOPMENT,
AND EXTRACTIVE INDUSTRIES SUCH AS COAL AND NATURAL GAS.
VEGETABLE GENOMICS - THE FUTURE OF U.S. VEGETABLE PRODUCTION DEPENDS ON
THE CONTINUED GENETIC IMPROVEMENT AND DEVELOPMENT OF NEW SUPERIOR
CULTIVARS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
RESEARCH IN THE AREAS OF BIOENERGY AND AGRICULTURAL WASTE UTILIZATION,
TO EXPAND CURRICULUM AND RESEARCH INTO CROP GENOMICS, AND TO BUILD ON
THE INSTITUTES EXTENSIVE WORK IN MELON AND PEPPER GENOMIC AND GENETIC
RESEARCH.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AGRICULTURAL WASTE ASSOCIATED WITH INCREASED FARMING ACTIVITIES IMPACTS
URATHU ECONOMIC AND ENVIRONMENDAL WELFARE ON A NAMIONAL LEVEL THE

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

WEST VIRGINIA STATE UNIVERSITY
RESEARCH & DEVELOPMENT CORPORATION

Employer identification number 55-0708567

BIOPLEX PROGRAM IS COMPRISED OF SEVERAL ONGOING RESEARCH PROJECTS
INVOLVING THE UTILIZATION OF AGRICULTURAL WASTE AND THERMOPHILIC
ANAEROBIC (WITHOUT OXYGEN) DIGESTION TO CREATE RENEWABLE BIOENERGY IN
THE FORM OF METHANE.
EXPENSES \$ 312198. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ALL OTHER RESEARCH PROGRAMS
EXPENSES \$ 6297166. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
BUSINESS MANAGER AND FISCAL ASSISTANT. FORM 990 IS THEN SIGNED BY THE
EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR THEN REPORTS THE FORM 990 TO
THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND
EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT ON AN ANNUAL BASIS CONFIRMING
THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST AT THE
CORPORATE OFFICE.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST AT THE
CORPORATE OFFICE.

Department of the Treasury Internal Revenue Service SCHEDULER Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

RESEARCH & DEVELOPMENT CORPORATION

WEST VIRGINIA STATE UNIVERSITY

▶ See separate instructions.

2009 Open to Public Inspection

CMB No. 1545-0047

Employer identification number 55-0708567

► Attach to Form 990.

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets ê Total income Ī Hartin Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Œ Name, address, and EIN of disregarded entity

(a) Name, address, and EIN of related organization	{b} Primary activity	fc) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MIVERSITY - 55-6000839					
INSTITUTE, WV 25112	HIGHER EDUCATION	AEST VIRGINIA	1)(9)(1)(9)0/1		

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

Schedule R (Form 990) 2009

WEST VIRGINIA STATE UNIVERSITY

Schedule R (Form 990) 2009 RESEARCH & DEVELOPMENT CORPORATION

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

Page 2

55-0708567

Ceneral or menaging partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) \$ Code V-JBI k amount in box 1 20 of Schedule K-1 (Form 1085) 8 ate allocations? Dispropertion-Yes No Ê Share of end-of-year assets Share of total ncome Predominant income (related, unrelated, excluded from tax under sections 512-514) Ī Direct controlling entity Legal domicite (state or soreign country) 幸 Primary activity ê Name, address, and EIN of related organization Pater

Percentage ownership Share of end-of-year assets 3 Share of total income £ Type of entity (C corp, S corp, or trust) Œ Direct controlling entity ₫ Legal domicile (state or foreign country) Ē Primary activity 2 Name, address, and EIN of related organization 享

Schedule R (Form 990) 2009

Page 3

WEST VIRGINIA STATE UNIVERSITY Schedule R (Form 990) 2009 RESEARCH & DEVELOPMENT CORPORATION

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Parl IV, line 34, 35, or 36.)

		,	i
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		2	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-W?			
a Beceipt of (i) interest (ii) annuities (iii) rovatties or (iv) rent from a controlled entity		12	×
k. Cit. wood or contribution to other consultation(c)		4	×
		12	×
c diligialis o Aprila Communication in the communic		3	×
d Loans of loan guaramees to or for other organization(s)	HIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIM	2 ,	: >
e Loans or loan guarantees by other organization(s)		-10	Y
/ Sale of assets to other organization(s)	HIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIM	#	×
g Purchase of assets from other organization(s)		- B	×
		ŧ	×
		i.	×
			0000 0000 0000 0000 0000 0000
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×
		+ ×	×
Performance of services or membership or fundraising solicitations by		1	X
m Sharing of facilities, equipment, mailing lists, or other assets		1m	X
o Chains of naid amplicates		- 1u	X
			00000 0000 0000 0000 0000
A Deinhimement noist to other president for expenses		10	×
		-	×
p relimpuisement page by other organization for experises		-	300 300 300 300 300 300 300
			×
q Uther transfer of cash of property to other organization(s)		_L	: >
			4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	action thresholds.		
(a) Name of other ornanization(s)	(b) Transaction	(c) Amount involved	τ.
	type (a-r)		,
E		15 15 15 15 15 15 15 15 15 15 15	
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WEST VIRGINIA STATE UNIVERSITY

Schedule R (Form 990) 2009 RESEARCH & DEVELOPMENT CORPORATION

Part 1 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

General or menaging partner? 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. Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 3 Disproportionate allocations? Yes No Share of end-ofyear assets <u>=</u> Are all partners section 501(c)(3) organizations? Yes No ō (state or foreign Legal domicile country) Primary activity ē Name, address, and EIN of entity

Schedule R (Form 990) 2009

2009 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation		272, 236, 2 707, 319.	2,707,579.		296,984.	236, 356		346,088.	340,069.		205,945.	295,345.	3,550,577.		
	Current Year Deduction		9.6	271,936.		14,638.	855.41		w	0.		0.	e	286,574.		
	Current Sec 179 Expense															
	Beginning Accumulated Depreciation			, 435, 643.		282,346.	222 366.		340 069.	340,069.		205,945.	205, 945,	,,26∉,003.		
	Basis For Depreciation		1, 135, 551, 1	3,739,553.		415,072.	435 072,		340,069.	340,069.		205,945.	205 945	£,700,639.		
	Reduction In Basis															
	Section 179 Expense															
990	Bus % Excl															
	Unadjusted Cost Or Basis		3,739,553.	3,739,553.		415,072.	415,072,		340,048.	340,069.		205,945.	205 345.	1,700,639.		
	Line No.	,	- 2			3116			ğ			9 I IXH				
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	Method					ਲ						Si				
	Date Acquired		exito			VARIOUS			13 EXC1385			VARIOUS				
FORM 990 PAGE 10	Description	MACHINERY & BQUIPMENT	DECEMBER 1	* 990 PAGE 10 TOTAL MACHIMERY & EQUIPMENT	- 6	NOTOR VEHICLES	* 194 Mai id mad.	OTHER) (seesan)	* 990 PAGE 10 TOTAL OTHER	PRESIDE STAVING	-	* 950 page 10 nemat processes	* GRAND TOTAL 990 PAGE 10 DEPR		
ORM 95	Asset No.		1			N			jes.			7				

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone