Α

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning

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

and ending

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

07/01/2023

ate foundations) public. ion. 06/30/2024 D Employer identification number 55-0683361

в	Check in	f applicable:	C Name of organization MARSHALL UNIVERSITY RESEARCH CORPORATION		D Employer identification number						
	Address	s change	Doing business as		55-0683361						
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone number						
	Initial re	turn	One John Marshall Drive			304-696-2829					
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return	Huntington, WV 25755		G Gross	receipts \$ 75,676,338					
	Applicat	tion pending	F Name and address of principal officer: Marshall University Research Corporatio	H(a) Is this a grou	up return fo	or subordinates? 🗹 Yes 🗌 No					
			H(b) Are all sul	bordinat	es included? 🗹 Yes 🗌 No						
One John Marshall Drive, Huntington, WV 25755 H(b) Are all subordinates included? ✓ Yo I Tax-exempt status: ✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions.											
J	Website	e: www.mai	shall.edu/murc/	H(c) Group exe	emption	number 5623					
κ	Form of	organization: 🖌	Corporation Trust Association Other L Year of formation	: 1987	M State	of legal domicile: WV					
Ρ	art I	Summa	Ŷ								
	1	Briefly des	cribe the organization's mission or most significant activities: Charitable	education a	nd scie	ntific research					
ce											
Activities & Governance											
veri	2	Check this	box $\[\square \]$ if the organization discontinued its operations or disposed of m	ore than 259	% of it	s net assets.					
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	16					
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1b) .		4	2					
tie	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	811					
ť	6	Total numb	per of volunteers (estimate if necessary)		6	0					
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0					
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0					
				Prior Year		Current Year					
ē	8	Contributio	ns and grants (Part VIII, line 1h)	53,07	73,293	66,254,333					
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)		0	С					
sev.	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	2,939,809		3,440,419					
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,55	54,223	5,981,586					
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,56	57,325	75,676,338					
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)	1,51	4,164	2,398,594					
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)		0	0					
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	31,70	9,280	36,675,943					
sus	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0					
Expenses	b		aising expenses (Part IX, column (D), line 25) 596,838								
ш	17	Other expe	nses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,65	58,200	27,204,890					
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	60,88	81,644	66,279,427					
	19	Revenue le	ss expenses. Subtract line 18 from line 12	68	85, <mark>681</mark>	9,396,911					
Net Assets or Fund Balances				inning of Curre	nt Year	End of Year					
sets alan	20		s (Part X, line 16)	69,95	50,636	75,248,125					
t As	21	Total liabili	ties (Part X, line 26)	24,52	28,749	20,429,327					
			or fund balances. Subtract line 21 from line 20	45,42	21,887	54,818,798					
	art II	Signatu	re Block								
11.		- 141	I declare that I have evenined this return including cocompanying cohedules and stateme	nto and to the	heat of	and knowledge and helief it is					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

0.						
Sign Here	Signature of officer			Date		
nere	Jennifer Wood, Chief Financial (Type or print name and title	Officer				
Paid	Print/Type preparer's name	Date	Check if self-employed	PTIN		
Preparer Use Only	Firm's name	F	Firm's EIN			
	Firm's address	Р	hone no.			
May the IRS	discuss this return with the pre-	parer shown above? See instruction	ons		🗌 Yes 🗌 No	
					- 000	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	(2023) Page	2
Part	v 1	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Charitable education and scientific research	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	orror Form 990 or 990-EZ?)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	ervices?)
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other he total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$62,405,527 including grants of \$2,398,594) (Revenue \$75,676,338)	—
. a	Marshall University Research Corporation operates for charitable education and scientific purposes to foster, support, and	
	participate in research and economic development activities in the furtherance of the educational objectives and mission of	
	Marshall University.	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	—
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	_
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 62,405,527	

Form 99	0 (2023)		I	Page 3
Part	V Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	~	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	~	
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	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		レ レ
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	Checklist of Required Schedules (continued)		Vee	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No
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? <i>If "Yes," complete Schedule J</i> .	23	~	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		<i>v</i> <i>v</i>
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a321Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?11	1c	Yes	No

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Part			Yes	No
	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 811			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		V
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	•		
	Sponsoring organization mave excess business notings at any time during the year	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on 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 16				
	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				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~	
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		•	
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~	
6	Did the organization have members or stockholders?	6		~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		•	
	stockholders, or persons other than the governing body?	7b		~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	~		
b	Each committee with authority to act on behalf of the governing body?	8b	~		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9	~		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	•		
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		~	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done.	12c	~		
13	Did the organization have a written whistleblower policy?	13	v		
14 15	Did the organization have a written document retention and destruction policy?	14	~		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	~		
b	Other officers or key employees of the organization	15b	~		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		~	
5	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Secti	on C. Disclosure				
17 19	List the states with which a copy of this Form 990 is required to be filed <u>None</u>	T /		-01/-	

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Marshall University Research Corporation, (304)696-2829

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title						k more than one erson is both an		Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week (list any	or Inc	Ins	ç	Бe	en Hig	Fo	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual .	tiona		nplo	/ee	_	1099-NEC)	1099-NEC)	related organizations
	below	trus	al tru		yee	mpe				
	dotted line)	tee	ıste			ensa				
			e			ted				
Brad Smith	0.00									
Chair	37.50	~		~				0	481,378	33,096
Avi Mukherjee	0.00									
Vice Chair	37.50	~		~				0	296,363	21,757
Matt Tidd	0.00									
Board Member	37.50	~						0	239,649	24,357
David Dampier	0.00									
Board Member	37.50	~						0	229,913	13,835
Toney Stroud	0.00									
Secretary	37.50	~		~				0	223,965	16,551
John Maher	37.50									
Board Member		~		~	~			0	218,126	12,793
Robert Plymale	37.50									
Associate VP for Economic Dev	0.00					~		178,050	0	22,629
Brandi Jacob-Jones	0.00									
Board Member	37.50	~						0	170,238	23,622
Charlotte Weber	0.00									
Board Member	37.50	~						0	169,176	24,052
David Gozal	0.00	-								
Board Member	37.50	~						0	141,298	14,879
Uma Sundaram	0.00	-								
Board Member	37.50	~						0	133,025	8,032
Wesley Stites	0.00	ļ								
Board Member	37.50	~						0	96,854	12,040
Michael Castellani	0.00									
Board Member	37.50	~						0	85,652	11,875
Nadja Spitzer	0.00									
Board Member	37.50	~						0	85,406	11,755

Form **990** (2023)

Part VII Section A. Officers, Directors,	Frustees,	Key	Em	ploy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
				(0	C)					
(A)	(B)	(-1	-4 -1		ition			(D)	(E)	(F)
Name and title	Average	· ·				e than c is both		Reportable	Reportable	Estimated amount
	hours per week	office	er and	-	irect	or/trust	ee)	compensation from the	compensation from related	of other compensation
	(list any	Indi or c	Inst	Officer	Key	Hig	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	cer	Key employee	bloye	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	tor tr	onal		ploy	e con		1055-NEC)	1099-1420)	related organizations
	below dotted line)	uste	trus		ee	Iper				
	dotted inte)	ĕ	stee			Highest compensated employee				
Brandon Dennison	0.00		-	-		ă				
Board Member	37.50	~						0	74,527	8,605
Beth Hammers	0.00								1 1,021	0,000
Board Member	0.00	~						0	0	0
Chris Plybon	0.00									
Board Member	0.00	~						0	0	0
		-								
		+								
		1								
		-								
		-								
		-								
1b Subtotal		·	·					178,050	2,645,570	259,878
c Total from continuation sheets to Part	VII, Sectio	n A								
d Total (add lines 1b and 1c)								178,050	2,645,570	259,878
2 Total number of individuals (including		limite	ed t	to t	hos	e list	ted	above) who re	eceived more t	han \$100,000 of
reportable compensation from the organ	ization							2		
										Yes No

- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
Stites and Harbison PLLC, 400 W Market St Ste 1800, Louisville, KY 40202	Legal Patent Services	311,880
Sodexo America LLC, One John Marshall Drive, Huntington, WV 25755	Food Service and Facilities M	104,243
Robert Hoyt, 14501 Chrisman Hill Drive, Boyds, MD 20841	Veterinary Services	247,523
2 Total number of independent contractors (including but not limited received more than \$100,000 of compensation from the organization	to those listed above) who	
received more than \$100,000 of compensation from the organization	3	

Page 8

3

4

5

V

v

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12

Total revenue. See instructions

.

Form 9	90 (202	3)						Page 9
Part	VIII							
		Check if Schedule O contains	a respor	ise or note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ດົດ	1a	Federated campaigns	. 1a	0				36010113 312-314
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		0				
	c	Fundraising events		0				
	d	Related organizations		0				
	е	Government grants (contribution	ns) 1e	60,567,962				
	f	All other contributions, gifts, gra						
utio Jer		and similar amounts not included ab		5,686,371				
ntrib id Oth	g	Noncash contributions included lines 1a-1f		\$ 0				
an Co	h	Total. Add lines 1a-1f			66,254,333			
				Business Code				
Program Service Revenue	2a							
ue v	b							
jram Ser Revenue	c							
Jrar Rev	d							
° -	e f	All other program service reven						
•	g	Total. Add lines 2a–2f			0			
	3	Investment income (including						
		other similar amounts)			3,440,419	3,440,419	0	0
	4	Income from investment of tax-e	exempt bo	ond proceeds	0		0	0
	5	Royalties <u></u>			0	0	0	0
		(i)	Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	_				
	d Zo		ecurities	(ii) Other				
	7a	sales of assets	counties					
		other than inventory 7a	0	0				
o	b							
nue		and sales expenses . 7b	0	0				
Seve	С	Gain or (loss) 7c	0	0				
г	d	c ()			0	0	0	0
Other Revenu	8a	Gross income from fundraisi	ng					
0		events (not including \$ of contributions reported on li	0					
		1c). See Part IV, line 18						
	b	Less: direct expenses						
	c	Net income or (loss) from fundra		ents				
	9a	Gross income from gami						
		,	· 9a					
		Less: direct expenses						
	C 100	Net income or (loss) from gamin		es				
	10a	Gross sales of inventory, le returns and allowances						
	b	Less: cost of goods sold	Tou					
		Net income or (loss) from sales		Dry				
s	-			Business Code				
e sou	11a							
ane	b							
Miscellaneous Revenue	с							
Alisc	d	All other revenue			5,981,586		0	0
2	е	Total. Add lines 11a-11d			5,981,586			

75,676,338

9,422,005

0

0

	Statement of Functional Expenses				(
Section 8	501(c)(3) and 501(c)(4) organizations must comple				
Do not i	Check if Schedule O contains a response nclude amounts reported on lines 6b, 7b,				<u></u> (D)
	and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	irants and other assistance to domestic organizations		expenses	general expenses	expenses
	nd domestic governments. See Part IV, line 21 .	0	0		
2 G	Grants and other assistance to domestic				
in	ndividuals. See Part IV, line 22	2,398,594	2,398,594		
3 G	arants and other assistance to foreign				
	rganizations, foreign governments, and				
fc	preign individuals. See Part IV, lines 15 and 16	0	0		
	senefits paid to or for members	0	0		
	Compensation of current officers, directors,				
	rustees, and key employees	0	0	0	(
	compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
		0	0	0	(
	Other salaries and wages	29,717,850	26,670,491	2,592,957	454,402
	ection 401(k) and 403(b) employer contributions				
	Other employee benefits	0 6,958,093	6 197 221	0 641,672	120.10
		6,958,093	6,187,321	0	129,10
	ees for services (nonemployees):	0	0	0	
	lanagement	0	0	0	
		344,677	305,412	39,265	
		0	0	0	
	obbying	218,169	0	218,169	
	rofessional fundraising services. See Part IV, line 17	0			
f Ir	nvestment management fees	0	0	0	
-	ther. (If line 11g amount exceeds 10% of line 25, column				
(A	A), amount, list line 11g expenses on Schedule O.) .	5,322,799	4,842,077	480,722	(
12 A	dvertising and promotion	329,272	315,769	13,503	(
13 O	Office expenses	617,640	523,665	92,900	1,07
	nformation technology	32,011	31,386	625	(
	Royalties	0	0	0	(
	Occupancy	220,799	276,996	-56,197	(
		1,695,520	1,631,798	63,407	31!
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	0	0	0	(
	Conferences, conventions, and meetings	549,022	485,081	62,081	1,860
		17,826	17,826	0	(
	Payments to affiliates	0	0	0	(
	Depreciation, depletion, and amortization	2,019,243	2,019,243	0	
	other expenses. Itemize expenses not covered	194,374	124,366	70,008	
	bove. (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	A), amount, list line 24e expenses on Schedule O.)				
a F	Research / Program Supplies	3,976,169	3,800,356	175,813	(
	Subaward Expenses	6,437,511	6,043,544	393,967	(
с		0,107,011	++0,0+0,0	070,707	
d					
	Il other expenses	5,229,858	6,731,602	-1,511,830	10,080
	otal functional expenses. Add lines 1 through 24e	66,279,427	62,405,527	3,277,062	596,838
26 J	oint costs. Complete this line only if the				
0 fr	rganization reported in column (B) joint costs on a combined educational campaign and				
	undraising solicitation. Check here if				
fc	ollowing SOP 98-2 (ASC 958-720)				

Form 990 (2023)

	n 990 (2	•			Page 11
P	art X		t.V		-
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing		1	0
	2	Savings and temporary cash investments	5,803,493	2	15,740,970
	3	Pledges and grants receivable, net	21,660,454	3	22,529,610
	4	Accounts receivable, net	14,727	4	218,252
	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		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)(B)	0	-	0
~	7		0	6 7	0
Assets	7	Notes and loans receivable, net	0	7 8	0
Ass	8	Inventories for sale or use	0	0 9	0
-	9 10a	Prepaid expenses and deferred charges	625,308	9	451,645
		basis. Complete Part VI of Schedule D 10a 39,451,571			
	b	Less: accumulated depreciation 10b 24,153,204	11,727,111	10c	15,298,367
	11	Investments—publicly traded securities	0	11	13,270,307
	12	Investments—other securities. See Part IV, line 11	30,119,543		21,009,281
	13	Investments—program-related. See Part IV, line 11	30,117,343	13	21,007,201
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	69,950,636		75,248,125
	17	Accounts payable and accrued expenses	7,396,829	17	6,620,530
	18	Grants payable	0	18	0
	19	Deferred revenue	15,870,336	19	12,694,827
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	965,773	23	750,159
	24 25	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	0	24	0
		of Schedule D	295,811	25	363,811
	26	Total liabilities. Add lines 17 through 25	24,528,749		20,429,327
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here \Box and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds	19,707,836	29	25,435,582
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	10,714,051	30	14,383,216
Ass	31	Retained earnings, endowment, accumulated income, or other funds	15,000,000	31	15,000,000
∋t /	32	Total net assets or fund balances	45,421,887	32	54,818,798
ž	33	Total liabilities and net assets/fund balances	69,950,636	33	75,248,125

Form **990** (2023)

orm 99	00 (2023)				Pa	ige 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		• •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				6,338
2	Total expenses (must equal Part IX, column (A), line 25)	2				9,427
3	Revenue less expenses. Subtract line 2 from line 1	3				6,911
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			45,42	1,887
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7		7				0
8	Prior period adjustments	8				0
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Dowt	32, column (B))	10			54,81	8,798
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					
		• •	• •	· ·	 Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on			
0-				0-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both.			2a		~
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. [2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both.	ted o	na			
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of 🛛			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	.	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	xplain	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		the	3a	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b	~	

Form **990** (2023)

SCHE	DU	LE	Α
(Form	990))	

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

202	23
ben to l Inspec	

Name of the organization

Name	Name of the organization Employer identification number							
MAR	SHALL UNIVERSITY RESEARCH CO					55-068		
_	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
1 2	 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 							
5	 hospital's name, city, and stat An organization operated for section 170(b)(1)(A)(iv). (Com 	the benefit of a	college or university	owned or	operate	d by a government	al unit described in	
	 A federal, state, or local gover An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				the general public	
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Enter	the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fun t income and uni fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain excep ble income i)(2) . (Com	otions; a e (less se plete Pa	nd (2) no more than ection 511 tax) from rrt III.)	33 ¹ / ₃ % of its	
11	An organization organized and	l operated exclus	sively to test for public	c safety. Se	ee secti	on 509(a)(4).		
12	An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) or	section	509(a)(2). See secti	on 509(a)(3). Check	
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a majo				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same p				
С	Type III functionally integ its supported organization						Illy integrated with,	
d	Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy a	u distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported	-						
g	Provide the following informatio		orted organization(s).					
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) (iv) Is the organization (v) Amount of monetary other support (see instructions))						other support (see	
				Yes	No			
(A)								
(B)								
(C)								
(D)								

(E) Total Part IISupport 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.)

Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,084,191	42,378,738	49,704,442	50,570,878	62,321,370	241,059,619
2	Tax revenues levied for the	30,004,171	42,370,730	47,704,442	50,570,676	02,321,370	241,037,017
	organization's benefit and either paid						
-	to or expended on its behalf	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0	0	0			0
4	Total. Add lines 1 through 3	36,084,191	42,378,738	49,704,442	50,570,878	62,321,370	241,059,619
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)						5,664,722
6	Public support. Subtract line 5 from line 4						235,394,897
	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	36,084,191	42,378,738	49,704,442	50,570,878	62,321,370	241,059,619
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,171,746	7,780,404	-4,985,718	2,930,797	3,440,273	10,337,502
9	Net income from unrelated business	.,,	.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,110,210	
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,962,949	5,386,489	10,201,926	5,396,735	5,890,856	31,838,955
11	Total support. Add lines 7 through 10						283,236,076
12	Gross receipts from related activities, etc					12	
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, tourth,			()()
14	Public support percentage for 2023 (line (v		11. column (f))		14	83.11 %
15	Public support percentage from 2022 Sch		-			15	83.89 %
16a	331/3% support test-2023. If the organ						
b	box and stop here . The organization qua 33 ¹ / ₃ % support test - 2022. If the organi this box and stop here . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹/₃% or m	ore, check
170				•			
174	17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cire	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	r e . Explain supported
18	Private foundation. If the organization						
	instructions						
						Schedule A	(Form 990) 2023

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	,						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
10	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	and 12.)	organization	 	third fourth	or fifth toy yo	or 00 0 000	1
14	organization, check this box and stop he	-			•		
Socti	on C. Computation of Public Suppor						· · · · _
15	Public support percentage for 2023 (line 8	-		12 column (f))		15	%
16	Public support percentage for 2023 (inter Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						70
17	Investment income percentage for 2023 (-	ov line 13 colu	imn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 ¹ / ₃ % support tests – 2023. If the organ						
194	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2022. If the organiz	-	-	-		-	
~	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di	-	-	-			
	· ····ato roundation: in the organization di	a not oneon a		, 100, 01 100,			

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

Section 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 the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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

Center (MAMC formerly the Robert C. Byd Institute for Advance Floxible Manufacturing). Tuition Registration, and Testing Fes for Marshall University Child Development Academy (proschool)	Schedule A, Part II, Line 10 - Other income primarily consists of the following : Training Income for the Marshall Advanced Manufacturing				
	Academy (preschool)				

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name	of organization			Employ	/er identi	fication numbe	r
MARS	HALL UNIVERSITY RESEAR	RCH CORPORATION			55	5-0683361	
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section	527 or	ganization.	
1	Provide a description of definition of "political can	the organization's direct and in naight activities."	direct political car	npaign activities	in Part I	V. See instru	ctions for
2	Political campaign activit	y expenditures. See instructions .			. \$		
3		cal campaign activities. See instruc					
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	4955	. \$		
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955	. \$		
3		ed a section 4955 tax, did it file For				🗌 Yes	No
4a	Was a correction made?					. Yes	No No
b	If "Yes," describe in Part						
Part	I-C Complete if the	e organization is exempt unde	er section 501(c), except sectio	<u>n 501(c</u>	:)(3).	
1	Enter the amount direct activities	ly expended by the filing organiz		527 exempt funct	ion .\$		
2		filing organization's funds contrib			ion .\$		
3		expenditures. Add lines 1 and 2.			DL, . \$		
4	Did the filing organization	file Form 1120-POL for this year?	?			🗌 Yes	No
5	organization made payme the amount of political co	ees, and employer identification numers. For each organization listed, on tributions received that were propriate of a political action committee.	enter the amount p mptly and directly	aid from the filing delivered to a sepa	organiza arate pol	ation's funds. <i>I</i> litical organiza	Also enter tion, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's	(e) Amount of p contributions reco promptly and o delivered to a s political organi	eived and directly eparate

		political organization. If none, enter -0
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Schedule C (Form 990) 2023

Sched	ule C (Form 990) 2023			Page 2
Par	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (eleo	ction under
A C	heck if the filing organization belongs to EIN, expenses, and share of exce	o an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
B C	heck 🗌 if the filing organization checked b	box A and "limited control" provisions apply.		
		/ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	oublic opinion (grassroots lobbying)	0	
b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	218,969	
С	Total lobbying expenditures (add lines 1a	and 1b)	218,969	
d	Other exempt purpose expenditures		0	
е	Total exempt purpose expenditures (add	lines 1c and 1d)	218,969	
f	Lobbying nontaxable amount. Enter the columns.	he amount from the following table in both	43,794	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 259	% of line 1f)	10,949	
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0	
i	Subtract line 1f from line 1c. If zero or les	s, enter -0	175,175	
j		on either line 1h or line 1i, did the organization		Yes 🔽 No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount	0	0	0	43,794	43,794			
 b Lobbying ceiling amount (150% of line 2a, column (e)) 					65,691			
c Total lobbying expenditures	0	0	0	218,969	218,969			
d Grassroots nontaxable amount	0	0	0	10,949	10,949			
 Grassroots ceiling amount (150% of line 2d, column (e)) 					16,424			
f Grassroots lobbying expenditures	0	0	0	0	0			

Schedule C (Form 990) 2023

Schedu	le C (Form 990) 2023			F	Page 3
Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768	
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	I)	(b)	
	iption of the lobbying activity.	Yes	No	Amount	
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e f	Mailings to members, legislators, or the public?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j 2a	Total. Add lines 1c through 1i				
b	If "Yes," enter the amount of any tax incurred under section 4912		_		
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part)(5). c	or sec	ction	
	501(c)(6).	<u>, , , , , , , , , , , , , , , , , , , </u>			
				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?			2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	
Part	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		
b	Carryover from last year	•	2b		
С	Total	•	2c		
3	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions	•	4 5		
Part		•	5		
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list); Par	t II-A, lines 1	and
Scheo	lule C, Part I-A, Line 2 - Marshall University Research Corporation, on behalf of Marshall University, has c	ontrac	ted wi	th external	
	Iting firms for the provision of federal governmental relations services. The consulting firms contracted a				ing
oppor	tunities, target opportunities for Marshall University, and advance the University's federal funding agenda	ı by m	eeting	with key age	ncy
perso	nnel, working with lead sponsors, and marketing the message to Congressional leaders.				

SCHE	DULE	D
(Form	990)	

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

Name of the organization	_
Internal Revenue Service	
Department of the Treasury	

Name c	f the organization		Employer identification number
MARS	HALL UNIVERSITY RESEARCH CORPORATION		55-0683361
Par	t I Organizations Maintaining Donor Advis		Is or Accounts
	Complete if the organization answered "		
	Tatal much an at an 1-1	(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 a		-
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation contributior	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
с	Number of conservation easements on a certified his		
d	Number of conservation easements included on line		not
	on a historic structure listed in the National Register	• • • • • • • • • • • • •	· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	handling of violations and enforcing of	conservation easements during the year
•			
8	Does each conservation easement reported on line 2		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot organization's accounting for conservation easement	•	tements that describes the
D	5		
Part	III Organizations Maintaining Collections Complete if the organization answered "		Uther Similar Assets
1 a	If the organization elected, as permitted under FASI		e statement and balance sheet works
	of art, historical treasures, or other similar assets	•	
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
-	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	•	
			\$
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, 		φ ¢
2	If the organization received or held works of ort	historical treasures or other similar	assets for financial gain provide the
2	following amounts required to be reported under FA	SB ASC 958 relating to these items	assets for infancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	-	\$
-			· · · · ·

.

. .

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

\$

Schedu	le D (Form 990) 2023						Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical 7	Treasures,	, or Ol	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot	her records, chec	ck any of the	e follov	ving that make s	ignificant use of its
а	Public exhibition		d 🗌 Loan	or exchang	e proai	ram	
b							
c							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
	XIII.			-	-	-	
5	During the year, did the organization						ar
	assets to be sold to raise funds rather	r than to be mainta	ained as part of th	e organizati	on's co	ollection?	🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	angements					
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990, I	Part IV, line	e 9, or	reported an an	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?		-				
h	If "Yes," explain the arrangement in P				• •		🗌 Yes 📋 No
b	in res, explain the arrangement in P	an All and comple	ete the following t	able.			mount
с	Beginning balance				10		nount
d					10		
e	Distributions during the year				16		
f	Ending balance				11		
2a	Did the organization include an amou						? Yes No
	If "Yes," explain the arrangement in P					•	
Par							
	Complete if the organization	answered "Yes	" on Form 990, I	Part IV, line	e 10.		
	· · · ·	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	18,114,390	17,391,109	20,7	09,861	16,642,384	18,123,596
b	Contributions	0	0		0	(0 0
С	Net investment earnings, gains, and						
	losses	1,878,272	1,427,155	-2,8	75,080	4,426,273	684,261
d	Grants or scholarships	0	0		0	(0 0
е	Other expenditures for facilities and						
	programs	1,160,440	648,045	3	82,000	300,350	2,109,450
f	Administrative expenses	59,057	55,829		61,672	58,440	56,023
g	End of year balance	18,773,165	18,114,390	1-	91,109	20,709,86	16,642,384
2	Provide the estimated percentage of t	-		g, column (a)) held	as:	
a	Board designated or quasi-endowmen		%				
b		<u>1</u> %					
С	Term endowment 0%		000/				
30	The percentages on lines 2a, 2b, and Are there endowment funds not in the			at are held	and ad	ministered for th	0
Ua	organization by:						Yes No
							3a(i) V
							3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related o						3b
4	Describe in Part XIII the intended uses	•	•				
Part							
	Complete if the organization		" on Form 990, I	Part IV, line	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot	her basis (b) Cost o	or other basis	(c)	Accumulated	(d) Book value
		(investm	ent) (c	other)	d	epreciation	
1a	Land		0	0			0
b	Buildings		0	4,932,619		1,455,121	3,477,498
С	Leasehold improvements	· ·	0	34,077,056		22,526,555	11,550,501
d	Equipment	· ·	0	441,896		171,528	270,368
e	Other		0	0		0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, line 10	c, column (E	3)) .		15,298,367

Schedule D (Form 990) 2023

Part VII	Investments-Other Securities		·
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives	0	
(2) Closely h	eld equity interests	0	
(3) Other Co	rporate Bonds	0	End-of-Year Market Value
(A) Suprar	national Bonds	0	End-of-Year Market Value
	Mutual Funds	20,060,352	End-of-Year Market Value
	ncome Mutual Funds	· · · · · ·	End-of-Year Market Value
	overnment Agency Obligations		End-of-Year Market Value
	easury Obligations	0	End-of-Year Market Value
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, line 12, col. (B))	21,009,281	
Part VIII	Investments – Program Related Complete if the organization answered "Yes" on Form 990, Part N	line 11e See E	orm 000 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part N line 25.	V, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			
(2) Unearne			198,821
(3) Lease Li			164,990
(4) (4)	aonty		104,770
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, line 25, col. (B))		. 363,811
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organi		
	liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedu	e D (Form 990) 2023				Page 4
Part				Return	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	75,676,338
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	2a 2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	75,676,338
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	75,676,338
Part				er Return	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	66,279,427
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2a 2b	0 0		
b C	Other losses	20 2c	0		
d	Other (Describe in Part XIII.)	2d	0	-	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	66,279,427
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	C		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> Supplemental Information	ne 18.) .		5	66,279,427
2; Pari Sched	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part ule D, Part V, Line 4 - The endowment funds are provided by the State of West Legislature in 2008. The endowment fund earnings are purposed for the furthe sity.	to provide t Virginia R erance of ir	e any additional in Research Trust Fur Iterdisciplinary res	nformation. nd establish search at M	ed by the WV arshall

SCHEDULE I (Form 990)	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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MARSHALL UNIVERSITY RESEARCH CORPORATION

55-0683361							
	5	5_	64	0	22	6	1

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	🗌 No
~	Describes in Deat IV the summarized and a summarized wave for most free day in the United Otates.	

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section	501(c)(3) and go	vernment organiza	tions listed in the l	line 1 table			·

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1 Scholarships	391	270,234					
2 Stipends	178	1,182,184					
3							
4							
5							
6							
7							
Part IV Supplemental Information. Provide				· · ·			
Schedule I, Part I, Line 2 - Marshall University Research			*	vards scholarships, stipends,	and sub-grant awards in a		
pass-through capacity from the awarded grant. The recip	pients are selected	in accordance with awa	rd documents.				

Schedule I (Form 990) 2023

SCHEDULE J Compensation Info		Compensation Information	OMB No.	1545-0	047
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		21	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			
	ent of the Treasury	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Inspe		
	Revenue Service	Employer identification		SCIIO	
MARS	HALL UNIVERSI	TY RESEARCH CORPORATION 55-06	83361		
Part	Questio	ns Regarding Compensation			
				Yes	No
1 a		ropriate box(es) if the organization provided any of the following to or for a person listed on Fo ection A, line 1a. Complete Part III to provide any relevant information regarding these items.	rm		
		or charter travel — Housing allowance or residence for personal use			
	Travel for c				
		ification and gross-up payments Health or social club dues or initiation fees			
	Discretiona	ry spending account			
b	or reimbursen	boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III	to		
			1b		
2	directors, trus	nization require substantiation prior to reimbursing or allowing expenses incurred by tees, and officers, including the CEO/Executive Director, regarding the items checked on li	ne		
	1a?		2		
3	organization's	, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by zation to establish compensation of the CEO/Executive Director, but explain in Part III.	a		
	Compensat	tion committee Vritten employment contract			
		nt compensation consultant			
	Form 990 o	f other organizations Approval by the board or compensation committee			
4		r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing r a related organization:			
а	Receive a seve	erance payment or change-of-control payment?	4a		~
b	•	or receive payment from a supplemental nonqualified retirement plan?			~
С		or receive payment from an equity-based compensation arrangement?	4c		~
	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 I	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the revenues of:	ny		
а	0	on?			~
b			5b		~
		e 5a or 5b, describe in Part III.			
6	compensation	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the net earnings of:			
а	•	on?			~
b		ganization?	6b		
7		isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix described on lines 5 and 6? If "Yes," describe in Part III			r
8		unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			1
		contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri			~
9		ne 8, did the organization also follow the rebuttable presumption procedure described action 53.4958-6(c)?			

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.

				1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Brad Smith, Chair	(i)	0	0	0	0	0	0	0
1	(ii)	481,378	0	0	0	33,096	514,474	517,127
Avi Mukherjee, Vice Chair	(i)	0	0	0	0	0	0	0
2	(ii)	296,363	0	0	0	21,757	318,120	321,838
John Maher, Board Member	(i)	0	0	0	0	0	0	0
3	(ii)	218,126	0	0	0	12,793	230,919	240,994
Toney Stroud, Secretary	(i)	0	0	0	0	0	0	0
4	(ii)	223,965	0	0	0	16,551	240,516	117,272
Charlotte Weber, Board Member	(i)	0	0	0	0	0	0	0
5	(ii)	169,176	0	0	0	24,052	193,228	194,257
Brandi Jacob-Jones, Board	(i)	0	0	0	0	0	0	0
6 Member	(ii)	170,238	0	0	0	23,622	193,860	198,322
Matt Tidd, Board Member	(i)	0	0	0	0	0	0	0
7	(ii)	239,649	0	0	0	24,357	264,006	29,783
David Dampier, Board Member	(i)	0	0	0	0	0	0	0
8	(ii)	229,913	0	0	0	13,835	243,748	267,441
David Gozal, Board Member	(i)	0	0	0	0	0	0	0
9	(ii)	141,298	0	0	0	14,879	156,177	0
Robert Plymale, Associate VP for Economic Dev	(i)	178,050	0	0	0	22,629	200,679	204,631
10 10 ECONOMIC Dev	(ii)	0	0	0	0	0	0	0
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

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.

SCHEDULE	0
(Form 990)	

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
	ITY RESEARCH CORPORATION	55-0683361
	tion A, Line 9 - Chris Plybon, PO Box 2185 Huntington, WV 25722; Beth Hammers -	
Center Drive, Hunting		
	tion B, Line 11b - Marshall University Research Corporation provides an electronic	
	mission. All board members contribute any comments and questions to an advisor	
consideration. The Ad	I-Hoc committee reviews the form and provides guidance as to any revisions or cor	rections prior to submission.
Form 000 Part VI Soc	tion B, Line 12c - Marshall University Research Corporation provides the Conflict o	of Interest Delicy to the board
	al basis. Board members sign a statement of disclosure of any conflicts. A Conflict	
	In manage any potential conflicts	
Form 990, Part VI, Sec	tion B, Line 15 - The Marshall University Vice President for Research also serves a	s the organization's Executive
Director. The salary ar	nd benefits for that position are funded by Marshall University. The starting salary f	or that position is determined by a
	candidate and a thorough consideration of comparable pay in relation to experienc	
	by the Marshall University President and the University's Board of Governors. The	
*	esearch Corporation. The starting salary for that key employees is determined by a	
	deration of comparable pay in relation to experience. The salary and raises for key of the providence Director and the Marshall University Desearch Corporation Execution	
	uman Resources Director and the Marshall University Research Corporation Execu	
Form 990, Part VI, Sec	tion C, Line 19 - Marshall University Research Corporation makes Policies and Pro	cedures available on our website.
	financial statements are made available upon request.	
For Paperwork Reduct	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 5105	6K Schedule O (Form 990) 2023

Schedule O, Statement 1

Form: Form 990 (2023)

Page: 1

MARSHALL UNIVERSITY RESEARCH CORPORATION

EIN: 55-0683361

Header Section

Reasonable Cause Explanations

Explanation

The organization requested and received an automatic 6-month extension until 05/15/2025

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

MARSHALL UNIVERSITY RESEARCH CORPORATION

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?	
						Yes	No
(1) Marshall University (55-6000789) One John Marshall Drive, Huntington, WV 25755	Higher Education	wv	115		N/A		
(2)	-						
(3)	-						
(4)	-						
(5)							
(6)							
(7)							



55-0683361

Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) (f) (g) (h) (i) (i) (c) (e) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section 5 contr ent	(i) on 512(b)(13) ontrolled entity?	
								Yes	No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Schedule R (Form 990) 2023

(5)

(6)

Part	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line 3	4, 35b, or 36.		
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with on	e or more related orga	anizations listed in Parts	s II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	1	~
b	Gift, grant, or capital contribution to related organization(s)			1b)	~
С	Gift, grant, or capital contribution from related organization(s)			1 0	;	~
d	Loans or loan guarantees to or for related organization(s)			1d	1	~
е	Loans or loan guarantees by related organization(s)			1e	•	~
f	Dividends from related organization(s)				-	~
g	Sale of assets to related organization(s)					~
h	Purchase of assets from related organization(s)					~
i	Exchange of assets with related organization(s)				_	~
j	Lease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		~
k	Lease of facilities, equipment, or other assets from related organization(s)					
I	Performance of services or membership or fundraising solicitations for related organization(_	
m	Performance of services or membership or fundraising solicitations by related organization(,			1 🖌	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				_	
ο	Sharing of paid employees with related organization(s)			10		
p	Reimbursement paid to related organization(s) for expenses			1p		
q	Reimbursement paid by related organization(s) for expenses					
	Other transfer of cash or property to related organization(s)			1 r		~
	Other transfer of cash or property from related organization(s)					~
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, inc	luding covered relation	ships and transaction th	hreshol	ds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount invol	lved
M	arshall University	I	2,506,167	FMV		
(1)						
M	arshall University	k	90,276	FMV		
(2)						
M	arshall University	р	8,896,421	FMV		
(3)						
(4)						
				1		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or foreign income (related country) unrelated, exclude		income (related, unrelated, excluded	organizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(j) General or managing partner?		(k) Percentage ownership	
			sections 512–514)	Yes	No			Yes	No	Yes	No	
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.