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Department of the Treasury

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

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

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

2015 Open to Public Anspection

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, C Name of organization D Employer identification number B Check if applicable AUGUSTA UNIVERSITY RESEARCH INSTITUTE, Address change X Name change 58-1418202 Doing business as Initial return Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1120 15TH STREET 706-721-2592 64,658,181. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended AUGUSTA, GA 30912 H(a) Is this a group return Applica-tion pending F Name and address of principal officer SARAH J. WHITE Yes X No for subordinates? 1120 15TH STREET, AUGUSTA, H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► HTTP://WWW.GRU.EDU/RESEARCH-ADMIN/SPA/GRRI/ H(c) Group exemption number K Form of organization X Corporation Other > L Year of formation. 1980 M State of legal domicile GA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities TO OBTAIN FUNDS FOR AUGUSTA Governance UNIVERSITY (AU) FOR RESEARCH, DEVELOPMENT & OTHER PROGRAMS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 63,127,478. 62,336,357. Contributions and grants (Part VIII, line 1h) 86,848. 88,564. 9 Program service revenue (Part VIII, line 2g) 62,999. 35,729. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal part VIII, column (A) Ő 660,491. 2,186,089. 63,937,816. 64,646,739. 59,484,688. 58,937,555. Grants and similar amounts paid (Part IX, column (A) lines 1.3) = Benefits paid to or for members (Part IX, column (A), line 400 DEN 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part X-column-(A), lines 5-10) 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 4,085,224 4,947,492. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 63,569,912. 63,885,047. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 761,692. 367,904. Revenue less expenses Subtract line 18 from line 12 5 Beginning of Current Year **End of Year** <u>13,099,738.</u> 13,483,637. 20 Total assets (Part X, line 16) 5,636,708. 5,247,199. 21 Total liabilities (Part X, line 26) 463,030. 8,236,438. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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 prepare (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sıgn RESEARCH EXECUTIVE DIRECTOR WHITE Here SARAH J. Type or print name and title 2016 11 14 43 44·43 PTIN Print/Type preparer's name Priclippor Monison **№**00231389 -05'00' Paid ELIZABETH MORRISON Firm's name CHERRY BEKAERT LLP 56-0574444 Preparer Firm's EIN Use Only Firm's address 🛌 1029 GREENE STREET Phone no. 706-724-3557 AUGUSTA, GA 30901

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

X Yes

Form	n 990 (2015) INC. 58-1418202	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
•	AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. (THE "INSTITUTE") WAS	
	INCORPORATED UNDER THE LAWS OF THE STATE OF GEORGIA AS A NONPROFIT	
	CORPORATION ON JULY 31, 1980. THE INSTITUTE QUALIFIED AS A TAX-EXEM	D/III
	_ 	P-1
	CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as	ad
	revenue, if any, for each program service reported	10
_		564.)
4a		
	ALL RESEARCH GRANTS AND CONTRACTS AWARDED TO THE RESEARCH INSTITUTE	ARE
	SUBCONTRACTED TO AUGUSTA UNIVERSITY (AU). STAFF AND FACULTY AT AU	
	RECEIVE THESE AND ADDITIONAL INSTITUTE FUNDS FOR RESEARCH TRAINING,	
	INSTRUCTION, SERVICE, OR OTHER PURPOSES RELATED TO AU MISSIONS.	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code) (Expenses S)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ Including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 63,675,197.	
	Form 9	90 (2015)

Form 990 (2015)

Part IV Checklist of Required Schedules

5<u>8-1</u>418202 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ĺ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9	.	^
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	. 10	1 Miles	Ž.(1)
11	as applicable			37
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	2000	د کارکانالیکار ا	383524
a	Part VI	11a		Х
ь	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 167 If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	ł	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175	<u> </u>	
10	foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	<u> </u>	Х
		Form	990	(2015

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Form	990 (2015) INC. 58	<u>8-1418202</u>	Pa	age ^z
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
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		İ	
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curr	rent	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		İ	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	se		
	any tax-exempt bonds?	24c]	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, at	nd		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	te l		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ye	.s. "		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family membe	r	Ì	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, i	yaan y	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	rt IV 28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	,		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<i>y</i>		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entitle	ity		_
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ization?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

Note. All Form 990 filers are required to complete Schedule O

Form	990 (2015) INC. 58-1418	202	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\$,	,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		2	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7 E	2	*
	(gambling) winnings to prize winners?	1c	X	,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	(Sec	19/4	`9,;
	filed for the calendar year ending with or within the year covered by this return 2a 0			`\$.;;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	5.3	1	. 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	www.	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	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)		23 13	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	, l	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.7	<i>1.</i> 2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	فديدا		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		1,3	<u>, </u>
b	Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities	Ķ.	34.	
11	Section 501(c)(12) organizations. Enter		,	
а	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┝┷┤		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	j l		
	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		<u>X</u> _
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

AUGUSTA UNIVERSITY RESEARCH INSTITUTE. 58-1418202 Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? <u>1</u>3 13 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Own website ___ Another s website Other (explain in Schedule O) Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records 20

30912

SANDRA BROWN - 706-721-7075

AUGUSTA UNIVERSITY, AUGUSTA,

Form 990 (2		58-1418202	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization n	sate	ted any current officer, director, or trustee								
(A)	(B)	(B) (C)				(D)	(E)	(F)		
Name and Title	Average	l (do	F do not ch)		itior mare		one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	person is both an a director/trustee)			compensation	compensation	amount of
	week	 -	cer ar	u a u	W GCIL	T	100)	from	from related	other
	(list any hours for	recto	l		l			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0 0 0	tee		ľ	saled	1	(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		eg.	Highest compensated employee		(** 27 1000 111100)		and related
	below	deal	ution	Ε.	Key employee	sst co	ا ا	}	,	organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) DR. DAVID C. HESS	1.00									
DEPT. CHAIR - VOTING MEMBER	39.00	Х	L_					0.	449,643.	60,132.
(2) SARAH WHITE, EXEC. DIR.	24.00				}					
AVP RESEARCH EX-OFFICIO NON-VOTING	16.00	X	<u>L</u> .					0.	195,026.	48,879.
(2) DR. GRETCHEN CAUGHMAN, EVP &	1.00]		}	ļ		_		
PROVOST - EX-OFFICIO VOTING MEMBER	39.00	X						0.	327,949.	64,491.
(4) DR. JOHN W. RICHARDS, CHAIR	1.00	١.,					İ		_	
AUDIT AND FIN COMM., VOTING MEMBER	1 00	X	-	-	┝	├-	├—	0.	0.	0.
(5) DR. RICARDO AZZIZ (RESIGNED)	1.00 39.00			J.,	ļ			0.	1 600 220	107 000
CHAIR, PRESIDENT-EX-OFFICIO VOTING (6) DR. BROOKS KEEL CHAIR	1.00	X		Х		-	 	0.	1,680,330.	107,922.
PRESIDENT - EX-OFFICO VOTING	39.00	X		х				0.	360 967	19,906.
(7) DR. MICHAEL P. DIAMOND, VICE	1.00	^	-	^	┝╌	1-	├		300,007.	17,300.
CHAIR, SVPR - EX-OFFICIO VOTING	39.00	х		X	ŀ			0.	573,261.	38,922.
(8) DR. LOIS ELLISON	1.00	-	\vdash		┢	İΤ	┢	- -	3,3,2021	
TREASURER - VOTING MEMBER		x		x		1		0.	0.	0.
(9) DR. ELIZABETH G. NESMITH	1.00									
SECRETARY, DEPT. CHAIR-VOTING MEMBER	39.00	x		Х	L			0.	114,367.	15,958.
		L	<u>_</u>							
							ľ			
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Average Position Name and title Reportable Reportable Estimated (do not check more than one hours per box unless person is both an officer and a director/trustee) compensation compensation amount of week from from related other flist any the organizations compensation ndividual trustee or director hours for (W-2/1099-MISC) organization from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations Officer line) 0. 3.701.443. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 0. 356,210. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes." complete Schedule J for such individual 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 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 (2015)

INC.

58-1418202 P

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or (C) Unrelated (A) Total revenue exempt function business revenue revenue 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events d Related organizations 1d 62,324,357 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 12,000 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code INCOME FROM SUBCONTRACT WITH AU 88,564 88,564 900099 Program Service Revenue f All other program service revenue 88,564. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 45,971. 45,971. other similar amounts) Income from investment of tax-exempt bond proceeds 2,133,289 Royalties 5 (i) Real 54,000. 6 a Gross rents 1,200. **b** Less rental expenses 52,800. c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis 10,242. and sales expenses <10,242.> c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 64,646,739. 88,564. 2,221,818. Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations 58,937,555. 58,937,555. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees) Management 11,913. 11,913. Legal 24,400. 24,400. Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 139,130. 139,130. Office expenses 13 1,505. 1,505. Information technology 14 1,738,264. 1,738,264 Royalties 15 10,424. 10,424. Occupancy 16 15,750.15,750. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,430 1,430. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,298. 5,298. 23 Insurance Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 24 amount, list line 24e expenses on Schedule O.) 1,880,775. 1,880,775. AU SUPPORTRESEARCH SUBC 823,470. TECHNOLOGY TRANSFER 823,470. 250,153. 250,153. c AU SUPPORT 25,000. d GEORGIA BIO EXPENSE 25,000. 19,980. 19.980. All other expenses 209,850 0. Total functional expenses. Add lines 1 through 24e 63,885,047. 63,675,197. 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)

_	990 (2015) INC.	SITY RESEARCH INS	·-	<u> 58-</u>	1418202 Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A)	ĺ	(B) End of year
_				Beginning of year	<u> </u>	
	1	Cash - non-interest-bearing		7,302,677.	1	7,802,184.
	2	Savings and temporary cash investments		316,176.	2	F 061 161
	3	Pledges and grants receivable, net		5,087,184.	3	5,261,161.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for trustees key employees, and highest compensations) (2)	
		Part II of Schedule L		5	1	
	6	Loans and other receivables from other disqualifi	, ,			
		section 4958(f)(1)), persons described in section			.S	
		employers and sponsoring organizations of section				
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6_	
Assets	7	Notes and loans receivable, net			7	
۷	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		MX	9	
	10a	Land, buildings, and equipment cost or other	1			
		basis Complete Part VI of Schedule D	10a		Æ.	
	b	Less accumulated depreciation	10b	<u> </u>	10c	ļ <u> </u>
	11	Investments - publicly traded securities			11	140 400
	12	Investments - other securities See Part IV, line 1	l	393,701.	12	419,189.
	13	Investments - program-related See Part IV, line 1	<u> </u>	13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.	15	1,103.
	16_	Total assets. Add lines 1 through 15 (must equa	l line 34)	13,099,738.	16	13,483,637.
	17	Accounts payable and accrued expenses		54,659.	17	53,247.
	18	Grants payable		5,091,473.	18	5,177,656.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	art IV of Schedule D	2. 23. 4 2000	21	X (8 800 800 3)
es	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees Complete Part II of Schedule L	s, and disquaimed persons		22	
וב"	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			1
		parties, and other liabilities not included on lines	17-24) Complete Part X of			Į
		Schedule D		490,576.	25	16,296.
	26	Total liabilities. Add lines 17 through 25		5,636,708.	26	5,247,199.
		Organizations that follow SFAS 117 (ASC 958)	check here 🕨 🗓 and		/·.	
န္		complete lines 27 through 29, and lines 33 and	l 34.	mitmateries - markington or analysis of		
5	27	Unrestricted net assets		7,385,755.	27	8,159,163.
Sala	28	Temporarily restricted net assets		77,275.	28	77,275.
9	29	Permanently restricted net assets		<u> </u>	29	
ᆵ		Organizations that do not follow SFAS 117 (AS				
ō		and complete lines 30 through 34.]	
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equ	upment fund		_31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
Z	33	Total net assets or fund balances		7,463,030.	_33	8,236,438.
	34	Total liabilities and net assets/fund balances		13,099,738.	34	13,483,637.

Form	990 (2015) INC.	58-	-1418202	Page 12
Pa	TEXI 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	64,646	
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,885	
3	Revenue less expenses Subtract line 2 from line 1	3		,692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,030.
5	Net unrealized gains (losses) on investments	5	11	,716.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>8,236</u>	,438.
҈Paı	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>X</u>
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		i. 3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		• [4]
	consolidated basis, or both			
	X Separate basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		ل الشد
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc		al lii
	Act and OMB Circular A-133?		3a	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>
			Form	990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

AUGUSTA UNIVERSITY RESEARCH INSTITUTE,

Employer identification number 58_1/18202

Б=	<u></u>	INC.	Ob author Chatries					0-1410202
Pą	rt I	Reason for Public (onarity Status (All organizations must c	omplete th	ıs part) Se	e instructions	
Γhe	organ	ization is not a private found	lation because it is (For lines 1 through 11, o	heck only	one box)		
1		A church, convention of ch	urches, or association	n of churches described	in section	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ))		
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ı).	
4		A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a co	flege or university owner	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(ıv). (0	Complete Part II)	,				
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	=				· ·	oublic described in
•		section 170(b)(1)(A)(vi). (C	-	a. part or no capport.			ann or norn are gonerar p	
8		A community trust describe		(1)(A)(vi) (Complete Par	4 11)			
9	Ħ.	An organization that norma				contributio	ne mambarchin faac an	d grace receipts from
9	لـــا		•	•				•
		activities related to its exen	•	•				•
		income and unrelated busin		(less section 511 tax) in	om busines	sses acquii	ed by the organization a	itter June 30, 1975
40		See section 509(a)(2). (Con	•		f-A C		201-1141	
10	片	An organization organized a	•		-			
11		An organization organized a	*	•	-			
		more publicly supported or	-					sheck the box in
	Γ-	lines 11a through 11d that				-	-	
а	L	Type I. A supporting orga	·	•				
		the supported organization	•	- • • •	majority o	of the direc	tors or trustees of the su	pporting
		organization You must o	complete Part IV, Se	ections A and B.				
b	L_	Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s supporte	d organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.				
С	L	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	ind functionally integrate	ed with,
		its supported organization	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.	
d	Ĺ		, integrated. A supp	orting organization oper	rated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	tisfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instruct	ions) You must cor	nplete Part IV, Sections	s A and D,	and Part	V.	
е	Ĺ	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
_9		ride the following information	about the supporte	d organization(s)				
	() Name of supported	(II) EIN	(iii) Type of organization		rganization in your	(v) Amount of monetary	(vi) Amount of
		organization	}	(described on lines 1-9 above (see instructions))		document?	support (see	other support (see
					Yes	No	instructions)	instructions)
					L	l		
					1_	l		
					<u></u>	<u></u>		<u> </u>
						[
	_				<u> </u>			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	62852474.	57109663.	59107663.	63127478.	62336357.	304533635
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	<u> </u>					
	the organization without charge						
4	Total. Add lines 1 through 3	62852474.	57109663.	59107663.	63127478.	62336357.	304533635
5	The portion of total contributions						
	by each person (other than a			l A .			
	governmental unit or publicly					d.	
	supported organization) included	, S				₹ ²	
	on line 1 that exceeds 2% of the	:		NA CON		`	
	amount shown on line 11,		* *			İ	
	column (f)					* .	
	Public support. Subtract line 5 from line 4	· Q´				\$ **	304533635
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	62852474.	<u>57109663.</u>	59107663.	<u>63127478.</u>	62336357.	304533635
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	206,341.	350,317.	238,204.	724,690.	2223018.	3742570.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital				İ		
	assets (Explain in Part VI)	A ON who elv non			Da	W. J.	
				L			308276205
	Gross receipts from related activities,	•	•			12	416,811.
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)	
50/	organization, check this box and store ction C. Computation of Publication	o here	contago				
	······································					I I	00 70
	Public support percentage for 2015 (I		-	olumn (f))		14	98.79 %
	Public support percentage from 2014					15	99.43 %
16a	33 1/3% support test - 2015. If the c	_		· ·	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-		1 45 00 4 (00)		► X
b	33 1/3% support test - 2014. If the conditions are the second start to the conditions are the second start and the second start are second start a				line 15 is 33 1/3%	or more, check th	is box
4-	and stop here. The organization qual		- · · · -		10 10 10	11 44 4004	P
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	π vi now the organ	nization
	meets the "facts-and-circumstances"	-			-	17 11 45	100/
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				•		•
10	organization meets the "facts-and-circ		-				
ığ	Private foundation. If the organization	ii did not check a	oox on line 13, 16	a, 100, 1/a, 0r 1/b	, cneck this box a	no see instructions	5

Schedule A (Form 990 or 990-EZ) 2015 INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	qualify under the tests listed b	elow,	piease	comp	olete Pa	irt II)										_
			(a) 201	1	1 12	2012	\neg	(a) 2012		(d) 2	2014		e) 2015	16) 7	 Fotal	
	ndar year (or fiscal year beginning in)	—	a) 201	<u>-</u>	10	1 2012	_	(c) 2013		(u) 2	.014	 	2013	(1)	olai	_
'	Gifts, grants contributions, and membership fees received (Do not				į		Į.		l			ļ		İ		
	include any "unusual grants ")						j									
_	, , ,	 					+					├				_
2	Gross receipts from admissions, merchandise sold or services per-															
	formed, or facilities furnished in				ļ									l		
	any activity that is related to the															
	organization's tax-exempt purpose	<u> </u>			 							-				_
3	Gross receipts from activities that	Ì			1		Ì		1			1				
	are not an unrelated trade or bus-											1				
	iness under section 513	<u> </u>			ļ				-		 .	 		 		_
4	Tax revenues levied for the organ-													l		
	ization's benefit and either paid to	İ			i		1		i			ì		l		
	or expended on its behalf	<u> </u>										ļ		<u> </u>		_
5	The value of services or facilities	1			ł		1		ł			}		l		
	furnished by a governmental unit to															
	the organization without charge	<u></u>										<u> </u>				
6	Total. Add lines 1 through 5				L											
7 a	Amounts included on lines 1, 2, and	-			}		- {					1				
	3 received from disqualified persons															
b	Amounts included on lines 2 and 3 received								- 1							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								Ì							
	amount on line 13 for the year	L										<u> </u>				
c	: Add lines 7a and 7b															
8	Public support. (Subtract line 7c from line 6)	Ì.	*	, \$ ⁷ 5	3	O Alling	***	18	T.) \$).	3 00	ellijas 1 %				
Sec	ction B. Total Support															
Cale	ndar year (or fiscal year beginning ın) 🕨		a) 201	1	(b	2012		(c) 2013		(d) 2	014	1	e) 2015	(f) T	Total	
9	Amounts from line 6				<u> </u>							ļ				
10a	Gross income from interest,				ļ		Į.		ļ			ļ		İ		
	dividends, payments received on securities loans, rents, royalties				1				1							
	and income from similar sources											<u></u>				
b	Unrelated business taxable income															
	(less section 511 taxes) from businesses											}				
	acquired after June 30, 1975]]		l		
c	: Add lines 10a and 10b															
11	Net income from unrelated business															_
	activities not included in line 10b,	1			İ				ĺ					l		
	whether or not the business is regularly carried on						1		1					}		
12	Other income Do not include gain															_
	or loss from the sale of capital						1		Ì			1				
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)															_
	First five years. If the Form 990 is fo	r the c	organiz	ation's	s first. s	second. tl	hird. fo	urth, or fi	fth tax	vear as	a section	n 501(c	:)(3) organiza	ition.		_
	check this box and stop here		. 9		, -	,	,	,		. ,			,,(-, -, 3	,		٦
Sec	ction C. Computation of Publ	ic Su	ppor	t Per	centa	age										
15	Public support percentage for 2015 (line 8,	colum	n (f) di	vided b	y line 13	, colun	nn (f))				15				%
16	Public support percentage from 2014	Sche	dule A	, Part	III, line	15						16				%
Sec	ction D. Computation of Inves	stme	nt Inc	come	Perc	entage	•									
17	Investment income percentage for 20	015 (hi	ne 10c	, colui	nn (f) d	ivided by	line 13	3, column	(f))			17				%
	Investment income percentage from					_						18				%
	33 1/3% support tests - 2015. If the						x on lii	ne 14, and	d line	15 is mo	re than 3		6, and line 1	7 is not		
	more than 33 1/3% check this box as	_													▶ [.	J
b	33 1/3% support tests - 2014. If the		•		•	-			•		•		n 33 1/3%. a	nd		_
_	line 18 is not more than 33 1/3%, che															٦
20	Private foundation If the organization				-		_			· ·			•			ī

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2015 INC.	58-1418202 F	Page 5
Par		-	
	1 11 5 5 100,000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		
11			1 3
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	+
	A family member of a person described in (a) above?	11b	+
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
Sec	tion B. Type I Supporting Organizations		,
		Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	· · · · · · · · · · · · · · · · · · ·		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X-1
2	Did the organization operate for the benefit of any supported organization other than the supported		l M
	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,	. îXI	
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		
	,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 3 383	y .
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		```,
		33 32	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	ш
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1. 1.4.3	3.64
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		31, s. ;
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		1 '
	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	7 7.	385
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ak. 19	
			200000
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	+
3	By reason of the relationship described in (2), did the organization's supported organizations have a	8. · · · · ·	
	significant voice in the organization's investment policies and in directing the use of the organization's	هُ شِمْ ا	. 26.1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u></u>	_1263
	supported organizations played in this regard.	3	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions)	
а	The organization satisfied the Activities Test Complete line 2 below		
b	The organization is the parent of each of its supported organizations. Complete line 3 below		
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	v (see instructions)	
2	Activities Test Answer (a) and (b) below	Yes	s No
	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	2a	+
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		'
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1 '
	activities but for the organization's involvement	2b	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
d	trustees of each of the supported organizations? Provide details in Part VI	3a	
		-3a	+-
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ah	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

	dule A (Form 990 or 990 EZ) 2015 INC.			8-1418202 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must cor	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	_ 2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ıon B - Minımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3		25
•	instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	-		
·	factors (explain in detail in Part VI)	- \$40 **		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Mınımum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	2.30°	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
0	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting organ	nization (see
,	instructions)	,ogic		· · · V
	matructional			

Schedule A (Form 990 or 990-EZ) 2015

58-1418202 Page 7 Schedule A (Form 990 or 990-EZ) 2015 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) Distributable Underdistributions **Excess Distributions** Amount for 2015 Pre-2015 Section E - Distribution Allocations (see instructions) 5 (33 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 8.92 а \$0 11 **32**. vá**á**t. 3 ***** · · · b : 140 ***/****: J. 1837 d From 2013 From 2014 f Total of lines 3a through e # S # 25 g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7 а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 INC.	58-1418202 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Pa line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete t (See instructions.)	e 10, Part II, line 17a or 17b, Part III, line 12, rt IV, Section B, lines 1 and 2 Part IV, Section C, b, Part V, line 1, Part V, Section B, line 1e, Part V,
<u></u>		
	.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

INC.

AUGUSTA UNIVERSITY RESEARCH INSTITUTE,

Employer identification number 58-1418202

Par	tl Organi	zations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	unts. Complete if the
	organiza	tion answered "Yes" on Form 990, Part IV, line	e 6		
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at	end of year			
2	Aggregate value	e of contributions to (during year)			
3	Aggregate value	e of grants from (during year)			
4	Aggregate value	e at end of year			
5	Did the organiza	ation inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organiza	ition's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organiza	ation inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
		urposes and not for the benefit of the donor of			
	ımpermissible p	rivate benefit?			Yes No
Par		rvation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line	7
1	Purpose(s) of co	onservation easements held by the organization	on (check all that apply)		
	Preservat	ion of land for public use (e g , recreation or e	ducation) Preservation of a hist	orically imp	ortant land area
	Protection	n of natural habitat	Preservation of a cert	ified histori	c structure
	Preservat	ion of open space			
2	Complete lines	2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a consen	vation easement on the last
	day of the tax y	ear			Held at the End of the Tax Year
а	Total number of	conservation easements		2a	
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	servation easements on a certified historic stru	ucture included in (a)	20	
d	Number of cons	servation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structu	re	
	listed in the Nat	ional Register		20	<u>. </u>
3	Number of cons	servation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatio	on during the tax
	year ▶				
4	Number of state	es where property subject to conservation eas	sement is located >		
5	Does the organi	zation have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and	enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunt	eer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ea	sements during the year
					
7	Amount of expe	enses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easeme	ents during the year
	▶ \$				
8	Does each cons	servation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	<u></u>
	and section 170				Yes No
9	In Part XIII, desc	cribe how the organization reports conservation	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applic	cable, the text of the footnote to the organizat	ion's financial statements that describes t	the organiza	ation's accounting for
_	conservation ea		A - 11:	Lau Cinai	In Annaha
Par		izations Maintaining Collections of		ner Simil	iar Assets.
		e if the organization answered "Yes" on Form			
1a	9	on elected, as permitted under SFAS 116 (AS	•		
		ires, or other similar assets held for public exh		nce of publi	ic service, provide, in Part XIII,
		ootnote to its financial statements that descri			
b	•	on elected, as permitted under SFAS 116 (AS	**		
	treasures, or otl	ner similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic service,	provide the following amounts
	relating to these			-	_
	* *	cluded on Form 990, Part VIII line 1			· \$
		uded in Form 990 Part X		•	
2		on received or held works of art, historical trea		l gain, provi	ide
	•	nounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		•
а		ed on Form 990, Part VIII, line 1		•	· \$
b	Assets included	I in Form 990, Part X		<u> </u>	\$

AUGUSTA UNIVERSITY RESEARCH INSTITUTE, Schedule D (Form 990) 2015 INC.

Sche	dule D (Form 990) 2015 INC.					418 202 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Similar Asse	ts (continued)
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the f	ollowing that are a s	significant use of its	collection items
	(check all that apply)					
а	Public exhibition	d		hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit o				r assets	
<u> </u>	to be sold to raise funds rather than to be ma					Yes No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990, Part I\	/, line 9, or
	reported an amount on Form 990, Pai					
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets not	t included	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table			
					 	Amount
С	Beginning balance				1c	
	Additions during the year				1d	
e	Distributions during the year				1e	
f n-	Ending balance	own 000 Dark V line	01 for opposit or at	etadial accessed hab	1f	TV TN-
	Did the organization include an amount on Fo		•		•	Yes No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					
	1 - VI = 100 - 110	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	77,275.	77,725.	69,973.	69,973	
h	Contributions			7.752.		
0	Net investment earnings, gains, and losses			.,,	 	
d	Grants or scholarships				 -	
e	Other expenditures for facilities				 	
Ū	and programs					
f	Administrative expenses		450.		<u> </u>	
g g	End of year balance	77,275.	77,275.	77,725.	69,973	69,973.
2	Provide the estimated percentage of the curr		e (line 1a, column (a)) held as	· · · · ·	
а	Board designated or quasi-endowment	,	%	,		
b	Permanent endowment	%				
С	Temporarily restricted endowment					
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%				
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	id administered for t	he organization	
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(II) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds			
Par						
	Complete if the organization answered					
	Description of property	(a) Cost or o basis (investin	1 ' '	' '	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
	Equipment		<u> </u>			
	Other					 _
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. column (B), line 1	Oc.)		0.

Schedule D (Form 990) 2015 INC.			58	3-1418202 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation Cost or en	d-of-year market value
(1) Financial derivatives	<u> </u>			
(2) Closely-held equity interests				
(3) Other	}			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Tetal (Col. (h) must equal form 000 Part V and (P) line 12.)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)	L	<u>````````</u>		
Complete if the organization answered "Yes"	on Form 000 Port IV lu	an 11n Son Form 990 Pr	ut V line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	(2) 20011 10110	(4,		
(2)				
(3)				
(4)				
(5)				
(6)			_ 	
(7)				
(8)				
(9)				·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)			# 30 H	
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990, Pa	ırt X, line 15	
(a)	Description			(b) Book value
(1)				ļ
(2)				
(3)				Ļ
(4)		_, _,,		
(5)				
(6)				
				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	? 15.)			<u>'l _, _, _, .</u>
Complete if the organization answered "Yes"	Form 000 Dort IV Iv	no 11a ar 11f Saa Earm (100 Dart V line 26	:
(-) December of behilder	on Form 990, Part IV, III	(b) Book value	190, Part A, line 23	7
(1) Federal income taxes		(B) Book value		`
(2) OTHER LIABILITIES		16,296.		
(3)		10,250.		
(4)	 +			
(5)				
(6)				!
(7)				
(8)	+			!
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	251	16,296.		
2 Lebelty for upportunity population in Part XIII provide	the tout of the feetnests		noial statements t	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

58-1418202 Page 4 INC. Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 64,659,655. Total revenue gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 11,716. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 1,200 d Other (Describe in Part XIII) 2d 12,916. Add lines 2a through 2d 64,646. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 63,886,247. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 1,200. d Other (Describe in Part XIII) <u>2d</u> 1,200. e Add lines 2a through 2d 2e 63,885,047. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 63,885,047. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4: RESTRICTED NET ASSETS REPRESENT NET ASSETS WHICH ARE RESTRICTED IN ACCORDANCE WITH LEGAL REQUIREMENTS OR DONOR STIPULATIONS THAT MUST BE USED FOR THE SPECIFIC PURPOSE AS INDICATED BY THE DONOR. FROM TIME TO TIME, INSTITUTE RECEIVES CONTRIBUTIONS FROM THE UNIVERSITY TO BE USED FOR SPECIFIC RESEARCH PROJECTS. PART X, LINE 2: THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. IN ADDITION, THE INSTITUTE IS NOT CLASSIFIED AS A PRIVATE 532054 09-21-15 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 INC. Part XIII Supplemental Information (continued)	58-1418202 Page 5
Part XIII Supplemental Information (continued)	
FOUNDATION BASED ON A DETERMINATION RECEIVED FROM THE INTERN	NAL REVENUE
SERVICE. THE INSTITUTE CURRENTLY HAS NO UNRELATED BUSINESS I	INCOME.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED).
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	1,200.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	1,200.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. AUGUSTA UNIVERSITY RESEARCH INSTITUTE, Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

Open to Public OMB No 1545-0047 2015

Employer identification number

2 [] 58-1418202 X Yes 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 Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States PartII

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additio	onal space is neede	ded			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY 1120 FIFTEENTH ST AUGUSTA, GA 30912	58-6002053	IRC 115	.88,937,555.	0	ВООК		GRANTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	bd government org	janizations listed in the table	line 1 table				1.
1	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2015)

Page 2

58-1418202

Schedule I (Form 990) (2015) INC.

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

Part III can be duplicated if additional space is needed	complete ii tile	organization answe		JO, Farriy, III e 22	•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:			;		
THE ORGANIZATION HAS DESIGNED AND I	IMPLEMENTED	ED INTERNA	INTERNAL CONTROLS	OVER	
COMPLIANCE WITH GRANTS AND CONTRACTS		REQUIREMENTS. T	THE ORGANIZATION	ATION IS	
ALSO SUBJECT TO AN ANNUAL OMB CIRCULAR	JLAR A-133	AUDIT,	AS WELL AS	SEFA, WHICH	
TESTS THE ORGANIZATION'S INTERNAL CONTROLS OVER COMPLIANCE FOR	CONTROLS	OVER COMPL	IANCE FOR I	FEDERAL	
GRANT COMPLIANCE REQUIREMENTS.					
FORM SCH I					
ALL GRANTS RECEIVED BY AUGUSTA UNIVER	SITY	RESEARCH INSTITUTE,		INC. ARE	
532102 10-28-15					Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Schedule I (Form 990) Part IV Suppleme	ntal l	INC.				58-1418202 Page 2
			INITUEDOTAV			
SUBCONTRACTED	10	AUGUSTA	UNIVERSITY.			
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532291 04-01-15 Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

nspection **

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 AUGUSTA UNIVERSITY RESEARCH INSTITUTE,

INC.

Employer identification number 58-1418202

No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 67 lf "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

58-1418202

Page 2

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 are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(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	(Q)-(i)(g)	ın column (B) reported as deferred on prior Form 990
(1) DR. DAVID C. HESS	Ξ	0	0	0	0	0	0	0
DEPT. CHAIR - VOTING MEMBER	Ξ	427,504.	22,139.	0	46,446.	13,686.	509,775.	0
(2) SARAH WHITE, EXEC. DIR.	Ξ	0	0	0	0	0	0	0
AVP RESEARCH EX-OFFICIO NON-VOTING	Ξ	183,251.	11,775.	0	48,741.	138.	243,905.	0
(3) DR. GRETCHEN CAUGHMAN, EVP &	Ξ	0	0	0	0	0	0	0
PROVOST - EX-OFFICIO VOTING MEMBER	Ξ	309,349.	18,600.	0	53,799.	10,692.	392,440.	0.
(4) DR. RICARDO AZZIZ (RESIGNED)	Ξ	0	0	0	0	0	0	0
CHAIR, PRESIDENT-EX-OFFICIO VOTING	Ξ	612,734.	29,269.	1,038,327.	93,486.	14,436.	1,788,252.	0
(5) DR. BROOKS KEEL, CHAIR	Ξ	0	0	0	0	0	0	0
PRESIDENT - EX-OFFICO VOTING	Ξ	360,867.	0	0	15,764.	4,142.	380,773.	0
(6) DR. MICHAEL P. DIAMOND, VICE	Ξ	0	0	0	0	0	0	0
CHAIR, SVPR - EX-OFFICIO VOTING	Ξ	542,475.	30,786.	0	24,486.		612,183.	0
	Ξ							
	(II)							
	Ξ							
	(11)							
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532 112							Schedu	Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III | Supplemental Information
Provide the information explanation or

Page 3

58-1418202

rovide 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	
ART I, LINE 4B:	
HE COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN C INCLUDES	
EFERRED COMPENSATION PAID BY AUGUSTA UNIVERSITY AS PART OF A 457(F)	
DEFERRED COMPENSATION PLAN.	
CHEDULE J, PART III:	
UGUSTA UNIVERSITY RESEARCH INSTITUTE (AURI) HAS NO EMPLOYEES.	
PFICERS OF AURI ARE EMPLOYED BY AUGUSTA UNIVERSITY, OR ARE OUTSIDE	
NPAID COMMUNITY MEMBERS, AND ARE COMPENSATED FOR THE ROLE PERFORMED	
OR AUGUSTA UNIVERSITY IF THEY ARE EMPLOYEES. OFFICERS OF AURI ARE	
LSO OFFICERS OF AUGUSTA UNIVERSITY WHICH IS SUBCONTRACTOR ON ALL	
PONSORED PROGRAM FUNDING RECEIVED BY AURI.	
Schedule J (Form 990) 2015	

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC.

OMB No 1545-0047 Open to Public 🍒 Inspection 🥇

Employer identification number 58-1418202

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CODE. THE PURPOSE OF THE INSTITUTE IS TO SERVE AUGUSTA UNIVERSITY (THE
"UNIVERSITY") AND ENHANCE ITS EXCELLENCE AS A RESEARCH INSTITUTION.
THE INSTITUTE CONTRIBUTES TO THE RESEARCH FUNCTION OF THE UNIVERSITY BY
SECURING GIFTS, CONTRIBUTIONS, AND GRANTS FROM INDIVIDUALS, INDUSTRIES,
PRIVATE ORGANIZATIONS, AND GOVERNMENT AGENCIES AND BY OBTAINING
CONTRACTS WITH SUCH INDIVIDUALS OR ENTITIES FOR THE PERFORMANCE OF
SPONSORED RESEARCH, DEVELOPMENT, OR OTHER PROGRAMS IN THE VARIOUS
UNIVERSITY SCHOOLS, DEPARTMENTS, AND OTHER UNITS WITHIN THE AU
ENTERPRISE. (SEE CONTINUATION OF MISSION STATEMENT FURTHER BACK)
FORM 990, PART VI, SECTION A, LINE 6:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF AUGUSTA UNIVERSITY
RESEARCH INSTITUTE IS EMPOWERED BY THE BYLAWS OF THE CORPORATION TO
EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE
AFFAIRS OF THE ORGANIZATION EXCEPT FOR AMENDMENTS TO THE ARTICLES OF
INCORPORATION AND THE BYLAWS, WHICH MUST BE CONSIDERED BY THE BOARD.
ALL OF THE BUSINESS AND AFFAIRS OF THE CORPORATION ARE REPORTED TO THE
BOARD OF DIRECTORS NAMED OR ELECTED PURSUANT TO THE ARTICLES OF
INCORPORATION. EACH VOTING DIRECTOR MAY VOTE ON ANY QUESTION BEFORE THE
BOARD. THE BOARD OF DIRECTORS SHALL CONSIST OF NINE (9) VOTING MEMBERS
SELECTED AS FOLLOWS:
(A) THE PRESIDENT OF AUGUSTA UNIVERSITY SHALL SERVE AS CHAIR OF THE BOARD
AND IS AN EX OFFICIO VOTING MEMBER;

⁽B) THE UNIVERSITY'S SENIOR VICE-PRESIDENT FOR RESEARCH SHALL SERVE AS THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC.	Employer identification number 58-1418202
VICE CHAIR, AND IS AN EX OFFICIO VOTING MEMBER;	
(C) THE UNIVERSITY'S EXECUTIVE VICE PRESIDENT FOR ACADEMI PROVOST, EX OFFICIO, VOTING;	IC AFFAIRS AND
(D) THE UNIVERSITY'S ASSOCIATE VICE PRESIDENT FOR RESEARCE	
NON-VOTING MEMBER AND IS A MEMBER OF ALL COMMITTEES, STANI	DING OR OTHERWISE;
(E) THE UNIVERSITY'S PRESIDENT SELECTS THREE ADDITIONAL VOFFICIO WITH EVIDENCE OF A STRONG COMMITMENT TO RESEARCH;	VOTING MEMBERS EX
(F) THE UNIVERSITY FACULTY SENATE SELECTS THREE (3) ADDITED THE MEMBERS TWO (2) OF WHICH ARE INVOLVED IN RESEARCH. THE SEMEMBERS CANNOT BE FROM THE SAME COLLEGE.	FIONAL VOTING
THE OFFICERS OF THE RESEARCH INSTITUTE CONSIST OF A CHAIR VICE CHAIR, AN EXECUTIVE DIRECTOR, A SECRETARY AND A TREASMAY ELECT AT ITS DISCRETION ONE OR MORE ASSISTANT SECRETAR	SURER. THE BOARD
TREASURERS. ONE PERSON MAY BE ELECTED TO HOLD TWO OFFICES	S, EXCEPT THAT THE
FORM 990, PART VI, SECTION A, LINE 7A: SEE LINE 6 EXPLANATION	
FORM 990, PART VI, SECTION A, LINE 7B: SEE LINE 6 EXPLANATION	

POLICY FOR GEORGIA REGENTS UNIVERSITY, GEORGIA REGENTS HEALTH SYSTEM,

Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15

INSTITUTE FOR HIS/HER REASONABLE EXPENSES ACTUALLY AND NECESSARILY INCURRED

DIRECTORS. ALL ARE COMPENSATED BY AUGUSTA UNIVERSITY, COMPENSATION FOR THE

Schedule O (Form 990 or 990-EZ) (2015)

BY HIM/HER IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES AS EXECUTIVE

532212 09-02-15

Sahahida O (Farra 200 ay 200 F7) (2015)	Dono 6
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC.	Employer identification number 58-1418202
BOARD MEMBERS IS CONSISTENT WITH PREVAILING WAGES FOR THE	RESPONSIBILITIES,
AND DUE DELIBERATION IS UNDERTAKEN AS PART OF THE REQUIRE	EMENTS OF THE
UNIVERSITY SYSTEM OF GEORGIA.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PAGE 12, PART XII, LINE 2C	
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC.'S (AURI) FINA	ANCIAL AND
AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF	THE AUDIT AND
FOR SELECTION OF INDEPENDENT ACCOUNTANTS. APPOINTED BY THE	HE BOARD OF
DIRECTORS, THE FINANCE AND AUDIT COMMITTEE CONSISTS OF TH	HE VICE CHAIR
OF THE BOARD, THE TREASURER OF THE BOARD, AND ONE OTHER M	MEMBERS OF THE
BOARD, ONE OF WHOM IS DESIGNATED BY THE BOARD TO SERVE AS	CHAIR FOR A
THREE-YEAR TERM. ADDITIONALLY, THE EXECUTIVE DIRECTOR OF	AUGUSTA
UNIVERSITY RESEARCH INSTITUTE SERVES AS EX OFFICIO, NON-V	OTING MEMBERS
OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWS A	AND MAKES
RECOMMENDATIONS TO THE BOARD ON ANY AND ALL MATTERS RELAT	PED TO THE
FISCAL AFFAIRS OF THE CORPORATION.	
MEETINGS OF THE FINANCE AND AUDIT COMMITTEE ARE HELD UPON	THE CALL OF
THE CHAIR OF THE BOARD, THE CHAIR OF THE FINANCE COMMITTE	EE, OR UPON

CALL OF ANY THREE (3) VOTING MEMBERS OF THE FINANCE COMMITTEE UPON NO

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization AUGUSTA UNIVERSITY RESEARCH INSTITUTE,	Page 2 Employer identification number
INC.	58-1418202
LESS THAN THREE (3) DAYS WRITTEN NOTICE. A MAJORITY OF THE	VOTING
MEMBERS OF THE COMMITTEE CONSTITUES A QUORUM. MINUTES OF	THE MEETINGS
OF THE FINANCE COMMITTEE ARE KEPT AND ARE REPORTED TO THE	EXECUTIVE
COMMITTEE OF AURI AND TO ITS BOARD OF DIRECTORS AT THEIR N	EXT
RESPECTIVE MEETINGS.	
FORM 990, PAGE 2	
MISSION STATEMENT -CONTINUED:	
IN A MEMORANDUM OF UNDERSTANDING ("MOU") DATED APRIL 1, 19	81, THE BOARD
OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA AUTHORIZED	THE INSTITUTE
TO SERVE AS THE OFFICIAL GRANTEE FOR ALL CONTRACTS, GRANTS	, AND GIFTS
FOR THE CONDUCT OF SPONSORED RESEARCH AT THE UNIVERSITY.	THE MOU ALSO
ASSIGNED ALL INTELLECTUAL PROPERTY DEVELOPED THROUGH THE R	ESEARCH
PROGRAMS OR BY THE UNIVERSITY PERSONNEL TO THE INSTITUTE.	IN ADDITION,
THE INSTITUTE IS THE ADMINISTRATIVE ORGANIZATION FOR EMPLO	YEE-RELATED
DISCOVERIES, INNOVATIONS, INVENTIONS, PATENTS, AND COPYRIG	HTS. THE
ONGOING OBJECTIVE OF THE INSTITUTE IS TO PROVIDE SERVICES	TO THE
UNIVERSITY AND, THROUGH THOSE SERVICES, TO ENHANCE THE UNI	VERSITY'S
PROGRAMS AND GOALS AS A RESEARCH INSTITUTION.	
FORM 990, PAGE 3, LINE 14, 15, AND 16:	
FOREIGN ACTIVITY:	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF CERVICUSCO AND ITS RELATIONSHIP TO AUGUSTA	UNIVERSITY
AND AUGUSTA UNIVERSITY RESEARCH INSITUTE, INC.:	

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization AUGUSTA UNIVERSITY RESEARCH INSTITUTE. Employer identification number 58-1418202 INC. CERVICUSCO EXISTS AS A LEGAL NON-PROFIT ASSOCIATION IN CUSCO, PERU. THE ASSOCIATION IS MADE UP OF NATURAL AND LEGAL REPRESENTATIVES WHO HAVE FREELY ASSOCIATED THEMSELVES WITH THE INSTITUTE. THE GOAL OF CERVICUSCO IS TO IMPROVE THE HEALTH AND THE QUALITY OF LIFE OF PERUVIAN WOMEN THROUGH IMPLEMENTING A SYSTEM OF PRIMARY AND SECONDARY PREVENTION OF CERVICAL CANCER USING SERVICES DEDICATED TO THE PRECOCIOUS DETECTION, DIAGNOSIS AND TREATMENT OF PRE-CANCEROUS INJURIES OF THE GENITAL FEMININE TRACT IN ORDER TO DIMINISH THE MORBID-MORTALITY PRODUCED BY THIS ILLNESS ESPECIALLY IN THE INDIGENOUS POPULATION WHICH HAS LOW RESOURCES FOR MEDICAL CARE. THROUGH AGREEMENTS WITH CERVICUSCO, AUGUSTA UNIVERSITY RESEARCH INSITUTE, INC. (AURI) AND AUGUSTA UNIVERSITY (AU) ADVANCE THE MISSION OF IMPROVING HEALTH AND REDUCING THE BURDEN OF ILLNESS IN SOCIETY BY DISCOVERING, DISSEMINATING, AND APPLYING KNOWLEDGE OF HUMAN HEALTH AND DISEASE. SPECIFICALLY, AURI AND AU HAVE SUPPORTED THE CLINICAL RESEARCH OPERATIONS OF CERVICUSCO, INCLUDING THE ESTABLISHMENT OF A CLINICAL RESEARCH AND EDUCATION CENTER IN CUSCO, PERU. THIS CENTER ACCOMMODATES EDUCATIONAL AND PATIENT HEALTHCARE OPPORTUNITIES, INCLUDING NIH AND INDUSTRY-FUNDED CLINICAL TRIALS, EXTENDED COLLABORATIVE RESEARCH CURRENTLY CONDUCTED AT VARIOUS HEALTH SCIENCES EDUCATION INSTITUTIONS IN PERU, EXPANSION OF THE GRU GYNECOLOGIC NEOPLASIA TISSUE BANK, PROVISION OF CLINICAL SERVICES FOR AN UNDERSERVED POPULATION, AND DEVELOPMENT OF EDUCATIONAL PROGRAMS. THERE WERE NO FINANCIAL ACTIVITIES FOR THE CURRENT FISCAL YEAR. MEMBERS OF THE CERVICUSCO BOARD OF DIRECTORS INCLUDE THE FIVE OFFICERS OF THE AURI EXECUTIVE COMMITTEE. BOARD MEETINGS ARE ATTENDED EITHER IN

PERSON BY AURI OFFICERS OR BY SATELLITE TRANSMISSION AND INCLUDE A

Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15

Name of the			AUGU INC.	ISTA	UNIV	/ERSI	ΤŸ	RESE	ARCH	INS	TITU	TE,		Emplo 5	yer ider 8-14:	tificatio	page : on number 2
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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▼ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047

Open to Public Inspection 2015

AUGUSTA UNIVERSITY RESEARCH INSTITUTE,

Name of the organization

58-1418202

Employer identification number

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2015 Š × entity Direct controlling Yes 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 Direct controlling End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) N/A Total income Exempt Code section 115(1) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) GEORGIA EDUCATION AND RESEARCH INSTITUTION OF HIGHER Primary activity Primary activity or Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity AUGUSTA UNIVERSITY - 58-6002053 AUGUSTA, GA 30912 1120 15TH STREET Part Part

532161 09-08-15 LHA

AUGUSTA UNIVERSITY R. Schedule R (Form 990) 2015 INC.

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

Page 2

58-1418202

Percentage of ownership Schedule R (Form 990) 2015 Yes No Section 512(b)(13) controlled entity? 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 3 Percentage ownership General or F managing partner? Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>်</u> (d) | Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 Part IV

58-1418202 Page 3

Schedule R (Form 990) 2015 INC.

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

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

Schedule R (Form 990) 2015 1m ပ္ £ 무 2 5 4 7 <u>e</u> 현 ٥ ş 58,937,555. AUDITED FINANCIAL STATEMENT 633,000. AUDITED FINANCIAL STATEMENT Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:1V? (c) Amount involved (b) Transaction type (a-s) ф Д Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) AUGUSTA UNIVERSITY (2) AUGUSTA UNIVERSITY 532 163 09-08-15 <u>e</u> গ্র ₫ 9

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AUGUSTA UNIVERSITY RESEARCH INSTITUTE, Schedule R (Form 990) 2015 INC.

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	structions regarding exclus	sion for certain inve	stment partnerships							
(a)	(p)	(2)	(p)	(e)		(6)	(H)	Θ	9	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income prelated, unrelated,	6 partners sec 501(c)(3)	Share of	Share of	Dispropor tionate	Code V-UBI amount in box 20	General or managing	Percentage
\$5 5		country)	excluded from tax under sections 512-514)	Yes No	_	assets	Ves No	Allocations of Schedule K-1 partner Oviversing Yes No (Form 1065) Yes No	Yes No	dine significant
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Schedule R (Form 990) 2015

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Prov	ide additional inform	nation for responses to	auestions on Sche	edule R (see instruc	tions)		
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