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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

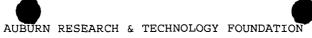
A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 20 16 D Employer identification number C Name of organization AUBURN RESEARCH & TECHNOLOGY FOUNDATION 20-1806718 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 570 DEVALL DRIVE, SUITE 101 (334) 844-7480 City or town, state or province, country, and ZIP or foreign postal code AUBURN, AL 36832 Amended return G Gross receipts \$ 1,755,999. Application pending F Name and address of principal officer LARRY FILLMER, EXEC DIRECTOR H(a) Is this a group return for Yes X 570 DEVALL DRIVE, SUITE 101 AUBURN, AL 36832 H(b) Are all subordinates included? X 501(c)(3) 501(c) (if "No," attach a list (see instructions)) (insert no) 4947(a)(1) or 527 Website ► N/A H(c) Group exemption number Form of organization X Corporation L Year of formation 2004 M State of legal domicile ALTrust Association Summary Part I Briefly describe the organization's mission or most significant activities ORGANIZED TO HELP DEVELOP AND OPERATE THE AUBURN RESEARCH PARK AND TO ASSIST WITH THE ATTRACTION & Governance DEVELOPMENT, AND COMMERCIALIZATION OF TECHNOLOGY. If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 6. Number of independent voting members of the governing body (Part VI, line 1b) 0. 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 . . . 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) Ο. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 20,855. 1,145. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 1,581,416. 1,754,854. 11 1,755,999. 1,602,271. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). . 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 151,891. 255,926. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,382,129. 1,845,599. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-2 e) 1,534,020. Total expenses Add lines 13-17 (must equal Part IX, colu 2,101,525. 19 Revenue less expenses Subtract line 18 from line 12. 68,251. -345,526. Beginning of Current Year End of Year 11,008,747. 10,707,234. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 1,478,783. 1,523,028. 21 9,529,964. 9,184,206. Net assets or fund balances Subtract line 21 from line 20 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 preparer (other than officer) is based on all information of which preparer has any knowledge 8-10-17 au Sign Signature of office Here LARRY FILLMER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's expriature Date Check Paid 08/09/2017 TRAVIS L PATTON self-employed P00369623 Preparer Firm's EIN ▶ 13 - 4008324 ▶PRICEWATERHOUSECOOPERS LLP Use Only 2054144000 Firm's address ▶569 BROOKWOOD VILLAGE, SUITE 851 BIRMINGHAM, AL 35203 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form **990** (2015)

X Yes



_	1 990 (2015) 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
1	Briefly describe the organization's mission THE AUBURN RESEARCH AND TECHNOLOGY FOUNDATION IS AN INDEPENDENT
	ALABAMA NONPROFIT CORPORATION ORGANIZED ON AUGUST 24, 2004 TO DEVELOP
	AND OPERATE THE AUBURN RESEARCH PARK AND TO ASSIST AUBURN UNIVERSITY
	WITH THE ATTRACTION, DEVELOPMENT AND COMMERCIALIZATION OF TECHNOLOGY.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
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, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	VA EMOTIONAL SUPPORT DOG PROGRAM: CONTRACT WITH THE DEPARTMENT OF
	VETERANS AFFAIRS TO TRAIN DOGS TO LIVE WITH AND SUPPORT VETERANS
	WITH POST-TRAUMATIC STRESS DISORDER. AUBURN RESEARCH AND
	TECHNOLOGY FOUNDATION SUBCONTRACTS THE TRAINING OF THE DOGS TO
	I-K9 WHO USES A PROPRIETARY TRAINING METHOD PATENTED BY AUBURN
	UNIVERSITY.
	CINCINNATI CHILDREN'S HOSPITAL GRANT: A GRANT FROM THE CROHN'S & COLITIS FOUNDATION OF AMERICA WHICH WAS AWARDED TO CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, THEN SUBAWARDED TO AUBURN RESEARCH AND TECHNOLOGY FOUNDATION, THEN SUBAWARDED TO AUBURN UNIVERSITY. THE PURPOSE OF THE AWARD IS FOR DEVELOPMENT OF THE SELF-MANAGEMENT TRANSITION ENHANCEMENT PROGRAM (STEP), WHICH IS AN INTERVENTION TRAINING PROGRAM FOR PERSONS SUFFERING FROM CROHN'S DISEASE OR COLITIS.
4c	(Code) (Expenses \$44,172_ including grants of \$) (Revenue \$1,558)
	CERTIFICATION FOR AQUACULTURE PROFESSIONALS PROGRAM: A WEB-BASED
	TRAINING AND CERTIFICATION PROGRAM FOR AQUACULTURE PROFESSIONALS
	THAT ALLOWS THEM TO EXCEL IN THEIR JOBS AND GAIN A DEEPER
	UNDERSTANDING OF THE ENVIRONMENT, FOOD SAFETY, ANIMAL WELFARE,
	ANIMAL HEALTH, AND SOCIAL RESPONSIBILITY.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)



Pari	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3,
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	- -		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Ì	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Ì	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		i '	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	* 3		13
	VII, VIII, IX, or X as applicable	k ^	3	· +
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		,	
_	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		х
^	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
·	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	110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
75—	Did the organization report on Part-IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	-4-8-		-v
16	_for_any_foreign_organization? <i>-lf.="Yes,=complete=Schedule=F=Parts-II-and-IV</i>	15		_X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_ X

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		l
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			i
	domestic government on Part IX, column (A), line 1? 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 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	•	24c		ĺ
_	to defease any tax-exempt bonds?	24d		
d		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		1
	If "Yes," complete Schedule L, Part I	25b		
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			7,
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			l
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, Part 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part-V, line-1	34	x_	
35a_	-Did-the-organization-have-a-controlled-entity-within-the-meaning-of-section-512(b)(13)?	3.5a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity 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? 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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 	<u> </u>
38	· · · · · · · · · · · · · · · · · · ·	38		x
	19? Note. All Form 990 filers are required to complete Schedule O		990	



Par				Γ
	Check if Schedule O contains a response or note to any line in this Part V	``	Yes	المار
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable.	F	105	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	. 1	& 1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 12	₹ *	* e
C	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, .		11
24	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.		Ş.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	113	4	áŽ:
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	2		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	. 1	3	
	(FBAR)	l:		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.5		
	gifts were not tax deductible?	6b	; , , ,	
7	Organizations that may receive deductible contributions under section 170(c).	1 3 3). (3 Mar. (3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	X	X
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	required to file Form 8282?	7c		х
а	If "Yes," indicate the number of Forms 8282 filed during the year	7.89.	. 19	
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	9 / 6 m m = -	A.	
_	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.		200	_:: 45
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	3, 2, 2, 3		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter		4	
	Gross income from members or shareholders		- 24	
—	-Gross-income-from-other-sources-(Do-not-net-amounts-due-or-paid-to-other-sources		.31	17
	against amounts due or received from them)	420		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	628.3	¥4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	×	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	130	. 3,	14
L	•			. %
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**		
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) AUBURN RESEARCH & TECHNOLOGY FOUNDATION 20-1806718 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions 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 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. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... x 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Яa х 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. Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Νo Yes 10a b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Х 13 Х 14 14 Did the organization have a written document retention and destruction policy?........... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 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 16a Х 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-safequard-the-Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_AL, 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) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 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 AUBURN UNIVERSITY FINANCIAL REPORTING 321 INGRAM HALL AUBURN, AL 36849 (334)844-4623 20

JSA 5E1042 1 000

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII.........

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 nor	T Telated	Torga	11126			npen	Sale	any current onic	l		
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both y officer and a director/truste					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	1 12 =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)JOHN D. WEETE EXECUTIVE DIRECTOR	40.00	x		x				150,000.	900.	o	
(2)JAMES H. SANFORD	1.00			1			_	150,000.	500.		
CHAIRMAN	†	х		х				0.	0.	0	
(3)ROBERT W. DUMAS	1.00										
BOARD MEMBER	†	х						ο.	0.	0	
(4)BILL HAM, JR. SECRETARY, BOARD MEMBER	1.00	х		х				0.	0.	0	
(5)BILL HARDGRAVE	1.00										
BOARD MEMBER	T	х						0.	420,545.	40,862	
_(6)JOHN M. MASON PRESIDENT, BOARD MEMBER	1.00	х		х				0.	298,318.	40,028	
	1.00	Х						0.	0.	0	
(8)DAVID R. THRASHER BOARD MEMBER	1.00	х						0.	0.	0	
(9)JOHN ROCOVICH, JR.	1.00										
BOARD MEMBER		X_						0	0	0.	
(10) CHRISTOPHER ROBERTS BOARD MEMBER	1.00	х						0.	330,573.	49,190	
(11)VINI NATHAN BOARD MEMBER	1.00	х						0.	260,443.	40,613	
(12)LARRY FILLMER EXECUTIVE DIRECTOR, BOARD MEMB	40.00	х		х				0.	225,270.	34,375	
(13)T. PHILLIP DUNLAP ASSISTANT DIRECTOR	40.00			х				70,467.	0.	0	
(14)											

Form 990 (2015)

JSA 5E1041 1 000

TIDN	DECEMBOIL		TECHNOLOGY	ECHNIDATION
SURN	RESEARCH	òε	TECHNOLOGY	FOUNDATION

Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	olqr	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (c	ontinued)	Page
	(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not cl unles	Pos heck ss pe	C) intion more rson lirect	e than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	ble on from	(F) Estimate amount other compensa	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from th organizat and relat organizati	tion ted
		<u> </u>											
			-										
			_										
			-										
b Sub-to	tal		<u> </u>	L		l			220,467.	1,536,	049.	205,	06
c Total 1	rom continuation sheets to Part VII, Sadd lines 1b and 1c)	Section A .							220,467.	1,536,	0.	205,	06
Total r	number of individuals (including but not able compensation from the organization	limited to t	hose						eceived more than	\$100,000	of		
	ne organization list any former offi yee on line 1a? <i>If "Yes," complete Sched</i>											Yes	
organı	ny individual listed on line 1a, is the zation and related organizations grad	eater than	\$15	50,0	003) If	"Yes	5, "	complete Schedu	ile J for	such	4 X	. >
for ser	ny person listed on line 1a receive or vices rendered to the organization? If ")											5	
	. Independent-Contractors ete-this-table-for-your-five-highest-con	nnensated i	nden	ande	ent.	con	tracto	re f	that received more	e than \$100	000 0	f	_
compe	ensation from the organization Report	compensati	on fo	r the	ca	lend	dar ye	ar e	ending with or wit	hin the orga	nizatio	n's tax	
	(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) ompensation	n
TTACE	MENT 1									- · <u>-</u> · · · · · · · · · · · · · · · · · · ·			
								$oxed{E}$					
	number of independent contractors (han \$100,000 in compensation from the				nıte	d to	thos	se I	isted above) who	received			
MOTE 1	man \$ 100,000 in compensation nom ti	ie organiza	1011						·		18275	Form 99 (<u>)</u> (2
	10059R 3857		V	15	-7.	.18						P	AGE

Form 9	90 (20	AUBURN RESEA	RCH & TECHI	NOLOGY FOUND	ATION	20-18067	18 Page 9
Part		Statement of Revenue					
اللتجيد		Check if Schedule O contains a respons	e or note to any	Ine in this Part V	/III	<u></u>	
		· ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	b c d e f	Federated campaigns		, , , , , , , , , , , , , , , , , , ,	**************************************		
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	C. Link a stime sten	Andre Mr		
<u> </u>	<u>g</u> 3	Total Add lines 2a-2f	ds, interest,		Y		1,145
	4 5	and other similar amounts)	proceeds	1,145 0 6,194			6,194
	6a b c d	Cross rents		1,066,034			1,066,034
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(II) Other	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		Gross income from gaming activities See Part IV, line 19					
***	10a	Net-income or (loss) from gaming activities Gross—sales—of—inventory, less returns and allowances a Less cost of goods sold					
	С	Net income or (loss) from sales of inventory. Miscellaneous Revenue	Business Code	7. 23. 14.		4.4.4	i saliay.

e Total. Add lines 11a-11d Total revenue. See instructions JSA 5E1051 1 000

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

nts and other assistance to domestic organizations domestic governments. See Part IV, line 21	0. 0. 0.			
domestic governments See Part IV, line 21	0.			
nts and other assistance to foreign anizations, foreign governments, and foreign viduals See Part IV, lines 15 and 16	0.			
nts and other assistance to foreign anizations, foreign governments, and foreign viduals See Part IV, lines 15 and 16	0.			
nts and other assistance to foreign anizations, foreign governments, and foreign viduals See Part IV, lines 15 and 16				
anizations, foreign governments, and foreign viduals See Part IV, lines 15 and 16			1	
viduals See Part IV, lines 15 and 16		1		
nefits paid to or for members	0.	1		
mpensation of current officers, directors,		-		
	255,926.	51,553.	204,373.	
anamadian mat included about to discussified				
npensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and				
	0.			
sons described in section 4958(c)(3)(B)				
		Ì	j	
`` \ ` \ ` \ \ \ \ \ \ \ \ \ \ \ \ \ \				
er employee benefits				
roll taxes	0.			
es for services (non-employees)	20 555		20 555	
nagement				
al				
counting			39,951.	
bbying				
fessional fundraising services See Part IV, line 17.	0.			
estment management fees	1,360.	1,186.	174.	
er (If line 11g amount exceeds 10% of line 25, column		i		
mount, list line 11g expenses on Schedule O)	61,287.	13,000.	48,287.	
-	8,030.		8,030.	
	44,014.		44,014.	
	3,069.	84.	2,985.	
	0.			
Г	169,700.		169,700.	
	10,187.		10,187.	
				
	0 -			
<u> </u>	0.			
			34.185	
			37,103.	
			380 479	
				
1	12,122.		14,724,	
·				
·				
	. 47 100		47 100	
				
~				
~				
other expenses <u>ATCH</u> 2	490,186.	471,327.	18,859.	
al functional expenses Add lines 1 through 24e	2,101,525.	537,150.	1,564,375.	
nt costs. Complete this line only if the enization reported in column (B) joint costs in a combined educational campaign and				
·				
	rer salaries and wages rision plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) rer employee benefits roll taxes res for services (non-employees) regement real resulting resional fundraising services See Part IV, line 17, restment management fees rer (if line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule O). reftising and promotion rece expenses remation technology realities rements of travel or entertainment expenses any federal, state, or local public officials references, conventions, and meetings rest rements to affiliates receiation, depletion, and amortization receiation, depletion, and amortization receiation, depletion, and amortization receiation, depletion, and amortization rest receiation, depletion, and amortization rest rest receiation, depletion, and amortization receiation, depletion, and amortization receiation, depletion, and amortization receiation depletion expenses in line 24e lifurance receive (List miscellaneous expenses in line 24e lifurance receive (List miscellaneous expenses on Schedule O) receiation And Taxes real	er salaries and wages alson plan accruals and contributions (include ton 401(k) and 403(b) employer contributions) are employee benefits aroll taxes as for services (non-employees) agement al counting desional fundraising services See Part IV, line 17 actiment management fees are (if line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule O). ce expenses army federal, state, or local public officials and federals, state, or local public officials are expenses ltemize expenses not covered were (List miscellaneous expenses in line 24e if 24e expenses and LaNDSCAPING are expenses ltemize expenses on Schedule O) are expenses ltemize expenses not covered were (List miscellaneous expenses in line 24e if 24e amount, list line 124e expenses on Schedule O) are expenses ltemize expenses not covered were (List miscellaneous expenses in line 24e if 24e amount, list line 24e expenses on Schedule O) are expenses ltemize expenses not covered were (List miscellaneous expenses in line 24e if 24e amount, list line 24e expenses on Schedule O) are AND TAXES BRATING AGREEMENT EXPENSE AND TAXES BRATING AGREEMENT EXPENSE AND TAXES BRATING AND LANDSCAPING BRATING AND LANDSCAPING AND LANDSCAPING BRATING AND LANDSCAPI	Part Part	er salaries and wages 0. sison plan accruals and contributions (include toon 401(k) and 403(b) employer contributions) 0. er employee benefits 0. roll taxes 0. s for services (non-employees) nagement 89,683. 89,6

5E1052 1 000

20-1806718

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this P	art X		
	One of the confedence of containing a reappoint of the containing and	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	939,613.	1	708,623
2	Savings and temporary cash investments	0.		
_	Pledges and grants receivable, net	1,015,948.	3	951,661
4	Accounts receivable, net	788,789.	4	986,948
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
		0.	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		
_ ا	organizations (see instructions) Complete Part II of Schedule L	0.		-
7 8	Notes and loans receivable, net		7	
7	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment cost or			
1	other basis Complete Part VI of Schedule D 10a 10,228,429.	0 040 046	11	2 224 524
1	Less accumulated depreciation	8,242,346.		8,034,69
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	22,051.	 	25,30
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,008,747.		10,707,23
17	Accounts payable and accrued expenses	134,590.	 	103,43
18	Grants payable	201,375.	•	250 02
19	Deferred revenue			259,02
20	Tax-exempt bond liabilities	0.		
21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	
22	Loans and other payables to current and former officers, directors,			
<u> </u>	trustees, key employees, highest compensated employees, and			
<u> </u>	disqualified persons Complete Part II of Schedule L	0.	+	
23	Secured mortgages and notes payable to unrelated third parties	841,305.		002 50
24	Unsecured notes and loans payable to unrelated third parties	841,305.	24	803,52
25	Other liabilities (including federal income tax, payables to related third]	
1	parties, and other liabilities not included on lines 17-24) Complete Part X	301,513.	0.5	257 04
	of Schedule D	1,478,783.	 	357,04 1,523,02
26		1,470,703.	26	1,323,02
ဂ္ဂ	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	Unrestricted net assets	8,513,975.	27	8,232,50
28	Temporarily restricted net assets	1,015,989.	28	951,70
29	Permanently restricted net assets	0.	29	
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
32	Retained earnings, endowment, accumulated income, or other funds		1 1	
30 31 32 33	Total net assets or fund balances	9,529,964.	33	9,184,20



Form 9	90 (2015)		Pa	ge 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI			Щ
1	Total revenue (must equal Part VIII, column (A), line 12)		755,	
2	Total expenses (must equal Part IX, column (A), line 25)		101,	
3	Revenue less expenses Subtract line 2 from line 1		345,	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		529,	964.
5	Net unrealized gains (losses) on investments			<u> </u>
6	Donated services and use of facilities			232.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1		
	33, column (B))	9,	184,	206.
Part	XII Financial Statements and Reporting			,
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </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	חוה [ĺ
	Schedule O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	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			1
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 of			
	separate basis, consolidated basis, or both			1
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight		
	of the audit, review, or compilation of its financial statements and selection of an independent account	1 -	X	
	If the organization changed either its oversight process or selection process during the tax year, expla			
	Schedule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

2015

Department of the Treasury Internal Revenue Service

► 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 Inspection

OMB No 1545-0047

Nan	e of	the organization				· · · · · · · · · · · · · · · · · · ·	Employer idea	ntification number		
AUI	BURN	RESEARCH & TECHNOL	OGY FOUNDATION	ONN			20	-1806718		
Pa	rt l	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	irt) See instruction:	3.		
The	orga	anization is not a private four	ndation because it	is (For lines 1 through	jh 11, ch	eck only	one box)			
1		A church, convention of chu	irches, or associal	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3		A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	hospital's name, city, and state									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7		An organization that norma						om the general public		
		described in section 170(b)	=			J		•		
8		A community trust describe			Part II)					
9	П	An organization that norma				ort from	contributions, memb	ership fees, and gross		
		receipts from activities rela								
		support from gross invest								
		acquired by the organization						,		
10		An organization organized a								
11	Х	An organization organized a	•	•	-			rry out the purposes of		
•	ш	one or more publicly suppo								
		the box in lines 11a through								
а	Г	Type I A supporting orga		· ·						
a	ــــا	the supported organizatio	•	•	-		- · · · · ·			
		organization You must co	• •	- •	ilect a iii	ajointy o	r the directors of that	stees of the supporting		
b	Г	Type II A supporting orga			nnection	with its	supported organizat	ion(s) by having		
	L_	control or management o	·					_		
		organization(s) You must		=	the sam	c persor	is that control of ma	nage the supported		
С	Г	Type III functionally integ			ited in co	annectio	n with and functions	ally integrated with		
·	L	its supported organization						iny integrated with,		
d	Г	Type III non-functionally						rted organization(s)		
u	<u> </u>	that is not functionally inte								
		requirement (see instructi	-	•				id an attentiveness		
е		Check this box if the orga						II Type III		
·	L.	functionally integrated, or						п, турс п		
f	Fn	ter the number of supported		ionally integrated sup	porting	nyamzai		ī		
		ovide the following information	-	orted organization(s)						
<u>9</u>		ame of supported organization	(ii) EIN	(III) Type of organization	fiv) is the	organization	(v) Amount of monetary	(VI) Amount of		
	(1)	anie of supported organization	(11) = 11	(described on lines 1-9	listed in yo		support (see	other support (see		
				above (see instructions))	docui	ment?	instructions)	instructions)		
	<u>ነ</u> ተጥ 2	ACHMENT 1			Yes	No				
										
(A)										
										
(B)										
		······································								
(C)	(C)									
(D)										
(E)						[
(<u>-</u> /					ļ	ļ				
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Tot	al			1	1					

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

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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) Part II

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u> </u>						
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		-			 	 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
_6	Public support. Subtract line 5 from line 4					<u> </u>		
	tion B. Total Support		T	T	1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7 8	Amounts from line 4							
	payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on					-		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s					12		
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	ition's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section		
Sec	tion C. Computation of Public Sup	port Percenta	age			, , , , , , , , , , , , , , , , , , , 		
14	Public support percentage for 2015 (li	ne 6, column (f) divided by line	e 11, column (f))	14	%	
15	Public support percentage from 2014	Schedule A, P	art II, line 14			15	%	
16a	33 1/3 % support test - 2015. If the c							
	this box and stop here. The organization qualifies as a publicly supported organization							
b								
	check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	-10% or more, and it the organization Part-VI-how-the-organization-meets							
	organization						▶ □	
h	10%-facts-and-circumstances test -							
D	15 is 10% or more, and if the org							
	Explain in Part VI how the organizat	on meets the	"facts-and-circu	mstances" test	The organizati	on qualifies as	a publicly	
	supported organization						▶ 🗀	
18	Private foundation. If the organization						ee	
-	instructions						L	
								

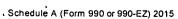
AUBURN RESEARCH & TECHNOLOGY FOUNDATION

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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(1,111111111111111111111111111111111111	(2, 22)	_,		, , ,	· · · · · · · · · · · · · · · · · · ·
•	received (Do not include any "unusual grants")						
2							
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	L					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ď	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)	<u></u>	<u> </u>	L			<u> </u>
<u>Sec</u>	tion B. Total Support			7	T	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)			<u> </u>	<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First_five_years. If the Form 990 is	for the organiza	ntion's first, seco	ond,_third,_fourth	,_or_fifth_tax_y	ear as a section	501(c)(3)
	organization, check this box and stop here	<u></u>	<u></u>	<u></u>		<u> </u>	<u></u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8	, column (f) dıvıd	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2014 Scho	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2015 (li	ne 10c, column ((f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%_
19 a	331/3% support tests - 2015. If the or					re than 331/3%,	and line
	17 is not more than 331/3%, check th	iis box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	ization ►
b	331/3% support tests - 2014. If the organization						
	line 18 is not more than 331/3%, check	this box and s	top here. The or	rganization qualifi	es as a publicly	supported organ	ization ►
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this b	ox and see inst	ructions ►





Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 of 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.)

Sect	ion A. All Supporting Organizations			
			Yes	No
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	1_	х	
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)	2		x
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		х
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	3b		
С	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	3c		
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	4a		х
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	4b		
С	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	4c		
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)	5a		x
	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6	-	Х
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)	7		х
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)	8		х
—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))? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	1		v
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	 	X
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		х
C 40 a	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.	9c		х
тоа	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	10a		Х,
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.)	405		

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AUBURN RESEARCH & TECHNOLOGY FOUNDATION 20-1806718 Schedule A (Form 990 or 990-EZ) 2015 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) Х below, the governing body of a supported organization? 11a Х b A family member of a person described in (a) above? 11b c 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 Х Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing documents in effect on the date of notification, to the extent not previously Х provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) X 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Х Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) C Yes No Activities Test Answer (a) and (b) below

<i>د</i> .	Activities Test Answer (a) and (b) below.	l I	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how-the-organization-was-responsive-to-those-supported-organizations,-and-how-the-organization-determined 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 activities but for the organization's involvement	2b	-
3	Parent of Supported Organizations Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 ns	
Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		Ţ
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		_	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v-integr	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)



FOUNDATION

Schedule A (Form 990 or 990-EZ) 2015 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 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 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Section E - Distribution Allocations (see instructions) Distributable Excess Distributions Pre-2015 Amount for 2015 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 b С d From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount 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 3 and 4c Breakdown of line 7 Excess from 2013.... Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE A, PART IV, SECTION D, LINE 2, 3 & SECTION E, LINE 1C ALTHOUGH THE FOUNDATION IS SEPARATE AND INDEPENDENT FROM THE UNIVERSITY, ITS MISSION IS TO FACILITATE THE ACQUISITION, CONSTRUCTION AND EQUIPPING OF A TECHNOLOGY AND RESEARCH PARK ON THE UNIVERSITY'S CAMPUS IN ORDER TO CREATE NEW ACADEMIC AND ENTREPRENEURIAL OPPORTUNITIES FOR THE UNIVERSITY'S FACULTY AND STUDENTS. CONSIDERATION RECEIVED BY THE UNIVERSITY FROM THE FOUNDATION INCLUDES THE TRADITIONAL BENEFITS ENJOYED BY A UNIVERSITY FROM AN AFFILIATED RESEARCH PARK, INCLUDING BUT NOT LIMITED TO, INCREASED EXPOSURE FOR DEVELOPMENT AND COMMERCIALIZATION OF THE UNIVERSITY'S INTELLECTUAL PROPERTY AND TECHNOLOGIES, INCREASED RESEARCH OPPORTUNITIES FOR THE UNIVERSITY'S STUDENTS AND PROFESSORS, AND HEIGHTENED EXPOSURE WITHIN THE COMMERCIAL WORLD OF THE TECHNOLOGICAL CAMPUS OFFERINGS. THE VICE PRESIDENT FOR RESEARCH AND ECONOMIC DEVELOPMENT OF THE UNIVERSITY SERVES AS THE PRESIDENT OF THE FOUNDATION AND IS A MEMBER OF THE FOUNDATION BOARD WITH FULL VOTING POWERS. CONTRIBUTED SERVICES IN THE AMOUNT OF APPROXIMATELY \$18,000 AND \$17,000 WERE RECOGNIZED BY THE FOUNDATION DURING FISCAL YEAR 2016 AND 2015. RESPECTIVELY, RELATED TO SERVICES PROVIDED BY THE VICE PRESIDENT FOR RESEARCH AND ECONOMIC DEVELOPMENT SERVING AS THE PRESIDENT OF THE FOUNDATION. THE FOUNDATION HAS A CONSULTING AGREEMENT WITH A UNIVERSITY TEMPORARY EMPLOYEE TO SERVE AS THE EXECUTIVE DIRECTOR OF THE FOUNDATION. ADDITIONALLY, THE FOUNDATION'S ACCOUNTING RECORDS ARE MAINTAINED AS A

THE FOUNDATION'S BOARD OF DIRECTORS INCLUDES MEMBERS WHO ARE ALSO MEMBERS
OF THE VCOM BOARD OF DIRECTORS, UNIVERSITY BOARD OF TRUSTEES AS WELL AS
OTHER UNIVERSITY EMPLOYEES. A BANKING RELATIONSHIP EXISTS BETWEEN THE

SUBSYSTEM WITHIN THE UNIVERSITY'S ACCOUNTING SYSTEM.



Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

FOUNDATION AND A FINANCIAL INSTITUTION WHOSE PRESIDENT/CEO IS A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS WHO IS ALSO A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES.

THE FOUNDATION AND THE UNIVERSITY ENTERED INTO AN OPERATING AGREEMENT (THE AGREEMENT), WHICH GOVERNS THE GENERAL AND ADMINISTRATIVE AND DEVELOPMENT FINANCIAL RELATIONSHIPS BETWEEN THESE TWO ENTITIES. IN SUMMARY, THE AGREEMENT STATES THAT IN RETURN FOR CERTAIN SERVICES AND FACILITIES THAT ARE WITHIN THE CAPABILITY AND CONTROL OF THE UNIVERSITY, THE FOUNDATION WILL REIMBURSE THE UNIVERSITY FOR THE COST OF SUCH SERVICES AND FACILITIES. THE FOUNDATION MAKES AN ANNUAL DETERMINATION OF ITS ALLOCABLE SHARE OF THESE COSTS AND RECORDS THE TRANSACTION. AS DISCUSSED BELOW, UNPAID AMOUNTS AT SEPTEMBER 30 ARE INCLUDED IN (OTHER PAYABLE TO AUBURN UNIVERSITY) ON THE STATEMENTS OF FINANCIAL POSITION.

THE FOUNDATION AND THE UNIVERSITY REVIEW THE AGREEMENT ANNUALLY AND PROVIDE AN ESTIMATE OF THE MAXIMUM CONSIDERATION TO BE PAID FOR THE UPCOMING YEAR FOR APPROVAL BY THE RESPECTIVE BOARDS. THE ACTUAL REIMBURSEMENT IS DETERMINED BASED ON THE ACTUAL COSTS INCURRED. IN ACCORDANCE WITH THE AGREEMENT FOR FISCAL YEAR 2016 AND 2015, PERSONNEL COSTS INCURRED BY THE UNIVERSITY AND CHARGED TO THE FOUNDATION WERE \$323,170 AND \$78,389, RESPECTIVELY, OF THESE AMOUNTS \$146,549 AND

\$65,063, RESPECTIVELY WAS PAYABLE AT SEPTEMBER 30., 2016 AND 2015. THE FOUNDATION ENTERED INTO AN AGREEMENT WITH THE UNIVERSITY TO MARKET THE UNIVERSITY'S CERTIFICATION FOR AQUACULTURE PROFESSIONALS (CAP)

PROGRAM. AS OF SEPTEMBER 30, 2016 AND 2015, THE FOUNDATION OWED THE UNIVERSITY \$57,929 AND \$6,000, RESPECTIVELY, RELATED TO THIS AGREEMENT.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

THE FOUNDATION ENTERED INTO SUBCONTRACTS WITH THE UNIVERSITY TO PROVIDE SERVICES TO FULFIL THE FOUNDATION'S SPONSORED PROJECT AGREEMENTS. AS OF SEPTEMBER 30, 2016 AND 2015, THE FOUNDATION OWED THE UNIVERSITY \$19,675 AND \$58,593, RESPECTIVELY, RELATED TO THE SUBCONTRACTS. THE FOUNDATION AND THE UNIVERSITY ENTER INTO LICENSING AGREEMENTS FOR CERTAIN INTELLECTUAL PROPERTY. UNDER THE LICENSING AGREEMENTS, THE FOUNDATION OWED THE UNIVERSITY \$40,416 AND \$90,149 AT SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY. THE UNIVERSITY PROVIDES CERTAIN OPERATING SERVICES TO THE FOUNDATION. AS OF SEPTEMBER 30, 2016 AND 2015, THE FOUNDATION OWED THE UNIVERSITY \$10,169 AND \$5,293, RESPECTIVELY, RELATED TO THESE SERVICES. ALL AMOUNTS OWED TO THE UNIVERSITY ARE SHOWN IN (OTHER PAYABLES TO AUBURN UNIVERSITY) ON THE STATEMENTS OF FINANCIAL POSITION.

ADDITIONALLY, THE FOUNDATION SHARES MISCELLANEOUS COSTS RELATED TO OFFICE EXPENSES AND EQUIPMENT LEASES WITH A UNIVERSITY DEPARTMENT. PAYABLES TO THE UNIVERSITY FOR THESE EXPENSES WERE \$13,623 AND \$607 AS OF SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

THE AMOUNTS DUE FROM THE UNIVERSITY TO THE FOUNDATION OF \$3,361 AND \$16,000 AT SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY, RELATED TO OPERATING TRANSACTIONS BETWEEN THE UNIVERSITY AND THE FOUNDATION. THIS AMOUNT IS INCLUDED IN (ACCOUNTS RECEIVABLE) ON THE STATEMENTS OF

FINANCIAL POSITION.

THE FOUNDATION HELD LEASE AGREEMENTS WITH THREE UNIVERSITY DEPARTMENTS IN FISCAL YEAR 2016 AND 2015, WHEREBY THE DEPARTMENTS LEASED OFFICE SPACE FROM THE FOUNDATION. AS LEASING TENANTS, THE UNIVERSITY DEPARTMENTS REMIT

20-1806718

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

A MONTHLY RENTAL FEE TO THE FOUNDATION IN ACCORDANCE WITH THEIR LEASE AGREEMENTS. THE UNIVERSITY PAID APPROXIMATELY \$140,000 AND \$138,000 IN LEASE COSTS DURING FISCAL YEAR ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

THE FOUNDATION ENTERED INTO A CONTRACT WITH THE UNIVERSITY DURING FISCAL YEAR 2011 TO DEVELOP AND MANAGE A FULL SERVICE BUSINESS INCUBATOR. REVENUES OF \$154,443 AND \$134,755 RELATED TO THIS CONTRACT WERE RECOGNIZED DURING FISCAL YEAR 2016 AND 2015, RESPECTIVELY. AS OF SEPTEMBER 30, 2016 AND 2015, THE REMAINING AMOUNTS OF THE CONTRIBUTIONS OF \$81,464 AND \$85,906 ARE SHOWN IN (DEFERRED REVENUE) ON THE STATEMENTS OF FINANCIAL POSITION AND WILL BE RECOGNIZED WHEN THE EXPENDITURES ARE INCURRED.

	_
(VI) OTHER	
SUPPORT AMOUNT	
0	

TOTAL AMOUNT OF SUPPORT

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Name of the organization Employer iden

OMB No 1545-0047

2015

Open to Public Inspection

Employer Identification number

AUBURN RESEARCH & TECHNOLOGY FOUNDATION 20-1806718 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. —If-the-organization-elected—as-permitted-under-SFAS-416-(ASC-958)—not-to-report-in-its-revenue-statement-and-balance-sheet-works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule D (Form 990) 2015



JBURN	RESEARCH	&	TECHNOLOGY	FOUNDATION

_	dule D (Form 990) 2015								Page Z
Pai	t III Organizations Maintaini								<u> </u>
3	Using the organization's acquisition		other reco	rds, check	any of t	the follow	ving that are a sigi	nificant us	e of its
	collection items (check all that app	ly)	,	_					
а	Public exhibition		d	_ Loan c	r exchan	ge progra	ms		
b	Scholarly research		e L	_i Other ִ					
C	Preservation for future gene								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
	XIII								
5	During the year, did the organization	on solicit or receive	donations of	of art, histo	orical trea	sures, or	other similar		
_	assets to be sold to raise funds rati		ained as pa	irt of the c	rganizati	on's colle	ction?	Yes	No
Pai	t IV Escrow and Custodial A								_
	Complete if the organizat	ion answered "Ye	s" on Form	n 990, Pa	irt IV, line	e 9, or re	ported an amoun	t on Form	1
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?						 [Yes	No No
b	If "Yes," explain the arrangement i								
							Amount		
С	Beginning balance				1	С			
d	Additions during the year			. 	🛅	d			
е	Distributions during the year				1	e			
f	Ending balance								
2a	Did the organization include an am						account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	has been	provided	on Part XIII	 	
	tV Endowment Funds.			- · · · · · · · · · · · · · · · · · · ·					
	Complete if the organizat	ion answered "Ye	s" on Forn	n 990, Pa	art IV, line	e 10			
		(a) Current year	(b) Prio	or year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ears back
1 a	Beginning of year balance								
b	Contributions						-		
	Net investment earnings, gains,				 .				
·	and losses								
	Grants or scholarships								
	Other expenditures for facilities								
e	and programs								
	. •								
	Administrative expenses End of year balance								
g	Provide the estimated percentage)	\				\	
2 a	Board designated or quasi-endown		end balanc	e (iine 19,	column (a	i)) neid as	•		
	Permanent endowment >		_^~						
~	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, a		100%						
3 3	Are there endowment funds not in	•		tion that	ara hald s	and admir	nistered for the		
Ja	organization by	the possession of the	ie organiza	ation that i	are new a	and admin	instered for the	Y	es No
	(i) unrelated organizations							3a(i)	110
	(ii) related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the relate							3b	\dashv
_	Describe in Part XIII the intended in	_	•				• • • • • • • • • • • • • • • • • • • •	30	
4	t VI Land, Buildings, and Equ		tion's endo	wment tun	ius				
Fall	Complete if the organiza	tion answered "Ye	s" on For	n 990, P	art IV, Iın	e 11a S	See Form 990, Par	t X, line 1	10.
	Description of property	(a) Cost or	other basis	(b) Cost o	r other basis	(c) Ac	cumulated (d) Book value)
12	land		tment)	(01	ther)	depi	reciation		
	Land			0.0	00 604	1 -	12 471	7 005	7 222
b	Buildings		····	9,8	09,694	1,9	12,471.	1,891	,223.
C	Leasehold improvements				10 225	 	01 262	125	7 477
d	Equipment			4	18,735	· 2	81,262.	137	7,473.
<u>e</u>	Other		000 =	Ļ _		<u> </u>		0.00	
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fort	n 990, Part	X, column	(B), line	10c)	. , , , ▶	8,034	,696.

Schedule D (Form 990) 2015

,			
Schedule	D (Form	ganı	2015

BURN	RESEARCH	&	TECHNOLOGY	FOUNDATION

Schedule D (Fo	orm 990) 2015			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b See Form 99	0, Part X, line 12
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
(1) Financia	I derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
<u>(D)</u>				
(E)		<u></u>		
<u>(F)</u>				
(G)				
<u>(H)</u>				
	(b) must equal Form 990, Part X, col (B) line 12)			
	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990	0, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
_(1)				
_(2)				
_(3)				
_(4)				
_(5)				
_(6)				
_(7)				
_(9)				
	(b) must equal Form 990, Part X, col (B) line 13)	<u></u>		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d See Form 99	0, Part X, line 15
	(a) De	scription		(b) Book value
_(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
				
(8)				
(9)	(h) (B) (B) (B)	45)		
	mn (b) must equal Form 990, Part X, col (B) I	ne 15)	<u> </u>	<u> </u>
	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Fo	orm 990, Part X,
1	(a) Description of liability	(b) Book valu	ie , a series de la companya del companya de la companya del companya de la compa	
(1) Federa	al_income taxes			
(2) INTER	EST PAYABLE	33,4	401.	
(3) PAYAB	LE TO AUBURN UNIVERSITY	288,3	361.	

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INTEREST PAYABLE	33,401.	
(3) PAYABLE TO AUBURN UNIVERSITY	288,361.	
(4) DEPOSITS	35,285.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	357,047.	

^{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. JSA 5E1270 1 000 4 0 0 5 9 R 3 8 5 7



1,773,87 17,87 1,755,99
1,755,99
1,755,99
2,119,63
18,11
2,101,52
2,101,52
_

JSA 5E1271 1 000 Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2015

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

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer Identification number 20-1806718

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	3		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	33	%	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		37	3
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	i.		
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		K 1 43
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1.II		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			ı
	1a?	2		
3	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		1	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			3 A1
	Independent compensation consultant Compensation survey or study		, %	
	Form 990 of other organizations Approval by the board or compensation committee	4	2 3	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		7	
4	organization or a related organization		4	
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		*	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Tr.	, °\$ J
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
	compensation contingent on the revenues of		ia	23
a	The organization?	5a		$\frac{x}{x}$
b	Any related organization?	5b	-	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		3.	
٠	compensation contingent on the net earnings of			
а	The organization?	6a	1 Sector	X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_ 488	l.a	
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
_8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to_the_initial_contract_exception_described_in_Regulations_section_53.4958-4(a)(3)?—If—"Yes,"—describe—			
	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			7
	Regulations section 53 4958-6(c)?	9		ı

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Individual

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note: The sum of columns (B)(1)-[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

	-	C M to amphacat		2000 MISS CONTRACT				
LAST LAST AND		O IMPONABLIC (C)		oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Inte		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable	compensation	Silipino	(a)-(i)(a)	in column (B) reported as deferred on prior
				compensation				Form 990
JOHN D. WEETE	Ξ	150,000.	0	0.			150,000.	
EXECUTIVE DIRECTOR	(E)	. 006	0.	.0				
BILL HARDGRAVE	(i)	0.	0	0.				
2BOARD MEMBER	Ξ	420,545.	0	0	33,024.	7,838.	461,407.	
JOHN M. MASON	Ξ	0.	.0	0				
3PRESIDENT, BOARD MEMBER	(ii)	298,318.	0	0.	32,883.	7,145.	338,346.	
CHRISTOPHER ROBERTS	Θ	.0	0	0				
4BOARD MEMBER	Ξ	330,573.	0	0	41,352.	7,838.	379,763.	
VINI NATHAN	(0)	0	.0	0.				
5BOARD MEMBER	(j)	260,443.	.0	0	32,775.	7,838.	301,056.	
LARRY FILLMER	€	0.	0.	0				
EXECUTIVE DIRECTOR, BOARD MEMB	Ξ	225,270.	0.	0	27,230.	7,145.	259,645.	1
	Ξ							
7	Ξ							
	€							
8	(ii)							
	€							
6	(ii)							
	(9)							
10	(E)							
	Ξ							
11	Ξ							
	€							
12	Ξ							
	<u> </u>							
13	Ξ							
	Ξ							
14	Ξ							
	<u>e</u>							
15	(E)							
	ε							
16	Ξ							
							Scheu	Schedule J (Form 990) 2015

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PAGE 30

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Schedule J (Form 990) 2015

PAGE 31

V 15-7.18

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2015
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

PART III PROGRAM SERVICE ACCOMPLISHMENTS

THE AUBURN RESEARCH AND TECHNOLOGY FOUNDATION IS AN INDEPENDENT ALABAMA NONPROFIT CORPORATION ORGANIZED TO DEVELOP AND OPERATE THE AUBURN RESEARCH PARK AND TO ASSIST AUBURN UNIVERSITY WITH THE ATTRACTION. DEVELOPMENT, AND COMMERCIALIZATION OF TECHNOLOGY. THE FOUNDATION'S ACTIVITIES ARE GOVERNED BY ITS OWN BOARD OF DIRECTORS. THE FIRST MAJOR PROJECT OF THE FOUNDATION WAS THE ESTABLISHMENT OF THE RESEARCH PARK. THE RESEARCH PARK IS THE RESULT OF A PARTNERSHIP AGREEMENT BETWEEN THE STATE OF ALABAMA THROUGH THE GOVERNOR'S OFFICE, AUBURN UNIVERSITY, THE CITY OF AUBURN, AND THE CITY OF AUBURN INDUSTRIAL DEVELOPMENT BOARD. THE VISION FOR THE PARK IS TO ESTABLISH AN ENTREPRENEURIAL ATMOSPHERE IN A BUSINESS AND RESEARCH ENVIRONMENT WHICH FOSTERS CREATIVITY AND INNOVATION, AND EMBRACES COLLABORATION, PARTNERSHIPS, AND NETWORKING THAT LEADS TO ECONOMIC DIVERSIFICATION AND ENHANCED ECONOMIC VITALITY OF THE UNIVERSITY AND THE LOCAL COMMUNITY, STATE AND REGION. THE CITY OF AUBURN CONTRIBUTED \$5,000,000 IN-KIND INFRASTRUCTURE IMPROVEMENTS TO THE UNIVERSITY AS IMPROVEMENTS TO THE LAND WHERE THE AUBURN RESEARCH PARK IS LOCATED. THE BUILDING WAS COMPLETED ON OCTOBER 31, 2010. THE FOUNDATION CONTINUES TO LEASE SPACE TO BUSINESSES INVOLVED IN PROJECTS PROMOTING THE UNIVERSITY'S

RESEARCH MISSION. IN OCTOBER OF 2010, THE FOUNDATION SIGNED A LEASE WITH AUBURN UNIVERSITY FOR USE OF BUILDING 570. THE LEASE IS WORTH \$302,878, NET OF A DISCOUNT OF \$251,740. THE FOUNDATION WILL PAY \$1 ANNUALLY TO AUBURN UNIVERSITY UNDER THE LEASE - NO OTHER CONSIDERATION WILL BE GIVEN.

AMORTIZATION RELATED TO THE LEASE WAS \$21,243 AND \$22,214 DURING FISCAL

Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

YEAR 2016 AND 2015, RESPECTIVELY. THE DISCOUNT IS AMORTIZED USING THE EFFECTIVE INTEREST METHOD. AMORTIZATION OF THE DISCOUNT WAS \$5,391 AND \$4,809 DURING FISCAL YEAR 2016 AND 2015, RESPECTIVELY. ADDITIONALLY, IN AUGUST 2013 THE FOUNDATION SIGNED A LEASE WITH AUBURN UNIVERSITY TO LEASE LAND FOR THE EDWARD VIA COLLEGE OF OSTEPATHIC MEDICINE IN BLACKSBURG, VIRGINIA (VCOM). THE LEASE IS WORTH \$3,035,051, NET OF A DISCOUNT OF \$2,239,619. THE FOUNDATION PAYS \$1 ANNUALLY TO AUBURN UNIVERSITY UNDER THE LEASE - NO OTHER CONSIDERATION WILL BE GIVEN. \$42,812 OF THE LEASE WAS AMORTIZED DURING FISCAL YEAR 2016 AND 2015. THE DISCOUNT IS AMORTIZED USING THE EFFECTIVE INTEREST METHOD. AMORTIZATION OF THE DISCOUNT WAS \$7,591 AND \$5,829 DURING FISCAL YEAR 2016 AND 2015, RESPECTIVELY

PART VI, SECTION A, LINE 8B

THE FOUNDATION DID NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, SECTION B, LINE 11B

INFORMATION IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO SUBMISSION.

PART VI, SECTION B, LINE 12C

ALL CONFLICTS OF INTEREST OR APPARENT CONFLICTS OF INTEREST OF DIRECTORS

ARE TO BE DISCLOSED TO THE CHAIRPERSON OF THE BOARD AND THE EXECUTIVE

_DIRECTOR.___CONFLICTS_OR_APPARENT_CONFLICTS=OF-ALL=OTHERS=ACTING=FOR=OR=ON=

BEHALF OF THE ARTF ARE TO BE DISCLOSED TO THE EXECUTIVE DIRECTOR.

VIOLATIONS OF THE POLICY, INCLUDING FAILURE TO DISCLOSE CONFLICTS, MAY

RESULT IN TERMINATION OF THE CONFLICTED PERSON.

Schedule O (Form 990 or 990-EZ) 2015	
Name of the organization	Employer identification number
AUBURN RESEARCH & TECHNOLOGY FOUNDATION	20-1806718
PART VI, SECTION L, LINE 19	
AUBURN RESEARCH AND TECHNOLOGY FOUNDATION	ON MAKES ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANC	IAL STATEMENTS AVAILABLE TO THE
GENERAL PUBLIC UPON REQUEST.	
	ATTACHMENT 1
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTORS
NAME AND ADDRESS	DESCRIPTION OF SERVICES COMPENSATION
JOHN WEETE	SERVES AS DIRECTOR 150,000.
570 DEVALL DRIVE, SUITE 101	
AUBURN, AL 36832	
	ATTACHMENT 2

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 2	
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER EXPENSES	490,186.	471,327.	18,859.	
TOTALS	490,186.	471,327.	18,859.	

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

20-1806718

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2015

OMB No 1545-0047

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

► Attach to Form 990.

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Part I

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(2)

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SCHEDULE R (Form 990)

Employer Identification number

(f) Direct controlling

20-1806718

(e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address and EIN (if applicable) of disregarded entity

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 Part II

מום סוום המשונים	סוום כן וווסום ובומובת ומל-בעבוווף! טושמווול מווווון ווום ומל אפמו	ne lax year						
(a) Name, address, and EIN of related organization) of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
							Yes	S.
(1) AUBURN UNIVERSITY	63-6000724							
AUBURN UNIVERSITY	AUBURN, AL 36849	PUBLIC UNIV.	AL	115		N/A		×
(2)								
(3)								
(4)								
(5)								
(6)								
					-			
(7)								
For Paperwork Reduction Act Notice see the Instructions for Form 990.	ee the Instructions for Form 990.					Schedule R (Form 990) 2015	(Form 99	0) 2015

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36

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(h) (l)
Percentage Section
ownership controlled Page 2 Schedule R (Form 990) 2015 Yes (k) Percentage ownership (J) General or managing Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 partner? (g) Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) (i) Code V-UBI (f) Share of total income (h) Dispraportorete elboartore? Yes (g) Share of end-of-year assets (C copp. S corp. or trust) (f) Share of total income (d)
Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign i(a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Schedule R (Form 990) 2015 JSA 5E1308 1 000 Part IV Part III E 3 (2) 3 € 9 8 Ξ 2 **3** (5) 9 9 (3)

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TECHNOLOGY
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20-1806718

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

Page 3

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 ٥ Method of determining amount involved Yes 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds PAGE 37 흔 Ξ 4 9 **1**e 4 = 9 1p 19 Exchange of assets with related organization(s). FMV FMV FMV FMV323,170. 12,639. 312,443 1,091,883 Receipt of (i) interest, (ii) annutles, (iii) royalties, or (iv) rent from a controlled entity................ Purchase of assets from related organization(s)......... During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) ш 0 O Ь Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule V 15-7.18 Other transfer of cash or property from related organization(s). Name of related organization b Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s). Dividends from related organization(s). AUBURN UNIVERSITY AUBURN UNIVERSITY AUBURN UNIVERSITY AUBURN UNIVERSITY 40059R 3857 JSA 5E1309 1 000 ε 3 ව ₹ Ð 9 ୭

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Schedule R (Form 990) 2015

Page 4

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 Part VI

(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
				Yes No) 	Yes No		Yes No	
(1)										
						1				
(2)										
	,								_	
(3)										
(4)					-					
(5)					-					
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(12)	_									
(13)							-			
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(15)							-			
(16)					_					
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20-1806718

Schedule R (Form 990) 2015

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).