

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

1709

A For the **2017** calendar year, or tax year beginning

10/01, 2017, and ending

09/30, 20 18

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
C Name of organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

570 DEVAL DRIVE, SUITE 101

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

20-1806718

E Telephone number

(334) 044-7480

2949323

THE ADDITIONAL ADDITIVES THROUGH A LIFE CYCLE COST ANALYSIS.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 137,222.JSA
7E1020 1 000

40059R3857

Form **990** (2017)

Part III **Statement of Program Service Accomplishments**

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

☒ **Y**

		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.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization receive a substantial amount of political campaign activity on behalf of any individual or organization?		

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

☒ **Yes** ☐ **No**

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐

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

(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (N/A if none)	(F) Estimated amount of other compensation from the
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,664,121.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,296,334.
3	Revenue less expenses Subtract line 2 from line 1	3	367,787.
4	Net assets or fund balance (must equal Part IX, column (A), line 25)	4	9,081,799

TO THESE SERVICES. 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 \$704 AND \$772 AS OF SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY.

ALL AMOUNTS OWED TO THE UNIVERSITY ARE SHOWN IN OTHER PAYABLES TO AUBURN UNIVERSITY ON THE STATEMENTS OF FINANCIAL POSITION. THE AMOUNTS DUE FROM THE UNIVERSITY TO THE FOUNDATION OF \$106,087 AND \$37,377 AT SEPTEMBER 30, 2018 AND 2017, 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 2018 AND 2017. WHEREBY THE DEPARTMENTS LEASED OFFICE SPACE

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

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

Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor 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 IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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- 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 _____

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

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.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to

	Yes	No

regularly elect or elect at least a majority of the organization's directors or trustees at all times during the

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. ☐

	(A) Beginning of year		(B) End of year
1 Cash - non-interest-bearing	548,469.	1	770,902.
2 Savings and temporary cash investments	0.	2	0.
3 Pledges and grants receivable, net	904,250.	3	1,263,821.
4 Accounts receivable, net	1,180,882.	4	1,328,496.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
6 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 organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
7 Notes and loans receivable, net	0.	7	0.

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

17	Accounts payable and accrued expenses	101,582.	17	295,371.
18	Grants payable	0.	18	0.
19	Deferred revenue	270,273.	19	577,195.
	ATCH 1	0.	20	0.

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

2017, THE FOUNDATION OWED THE UNIVERSITY \$18,856 AND \$0, RESPECTIVELY,

RELATED TO THE SUBCONTRACTS. THE UNIVERSITY PROVIDES CERTAIN OPERATING

SERVICES TO THE FOUNDATION. AS OF SEPTEMBER 30, 2018 AND 2017, THE

FOUNDATION OWED THE UNIVERSITY \$33,284 AND \$12,877, RESPECTIVELY. RELATED

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

FISCAL YEAR 2018 AND 2017, RESPECTIVELY. AS OF SEPTEMBER 30, 2018 AND

2017 THE REMAINING AMOUNTS OF THE CONTRIBUTIONS OF \$113,021 AND \$81,387

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

2017

Open to Public

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other _____

- a** ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

XIII

- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

Part VII Investments Other Securities

(A)		2				
(B)						
(C)						
(D)						
(E)						
Total						

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements 1 1,701,125.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 %

Part XIII . Supplemental Information *(continued)*

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting system in providing reliable financial information.

2. The second part of the document describes the various methods used to collect and analyze data, including interviews, surveys, and focus groups.

3. The third part of the document presents the results of the study, showing that the accounting system is a critical tool for managing financial resources and ensuring the long-term sustainability of the organization.

4. The fourth part of the document discusses the challenges faced by the organization in implementing the accounting system and the strategies used to overcome these challenges.

5. The fifth part of the document provides a conclusion and recommendations for future research and practice.

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(B) reported
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990

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

2017, RESPECTIVELY. THE DISCOUNT IS AMORTIZED USING THE EFFECTIVE INTEREST METHOD. AMORTIZATION OF THE DISCOUNT WAS \$6,865 AND \$6,146 DURING FISCAL YEAR 2018 AND 2017, RESPECTIVELY. ADDITIONALLY, IN AUGUST 2013 THE FOUNDATION SIGNED A LEASE WITH AUBURN UNIVERSITY TO LEASE LAND FOR THE EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE IN BLACKSBURG, VIRGINIA (VCOM). THE LEASE IS WORTH \$3,035,051 NET OF A DISCOUNT OF \$2,239,619.

Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

DISCOUNT OF \$756,344. THE OFFSETTING CONTRIBUTION RECEIVABLE IS AMORTIZED USING THE STRAIGHT-LINE METHOD OVER THE LIFE OF THE LEASE. AMORTIZATION RELATED TO THE LEASE WAS \$7,046 DURING FISCAL YEAR 2018. THE DISCOUNT IS AMORTIZED USING THE EFFECTIVE INTEREST METHOD. AMORTIZATION OF THE DISCOUNT WAS \$336 DURING FISCAL YEAR 2018.

PART III, LINE 3

THE CROHN'S DISEASE & COLITIS PROGRAM ENDED DURING THE YEAR.

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

☐ **7** **CONFLICTS OF INTEREST OR APPARENT CONFLICTS OF INTEREST OF DIRECTORS**
Did the organization provide a grant, loan, compensation, or other similar payment to a substantial

contributor

Name of the organization

AUBURN RESEARCH & TECHNOLOGY FOUNDATION

Employer identification number

20-1806718

GENERAL PUBLIC UPON REQUEST.

ATTACHMENT 1FORM 990, PART X - DEFERRED REVENUEDESCRIPTIONENDING
BOOK VALUE

DEFERRED REVENUE

577,195.

TOTALS

577,195.

2017

Open to Public
Inspection
Inspection number

16718

(f)
Direct controlling
entity

it had

(g)
Section 512(b)(13)
controlled
entity?

Yes	No
	X

Sl. No.	Year	Remarks
1	2017	
2	2018	
3	2019	
4	2020	
5	2021	
6	2022	
7	2023	
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by total assets

) ral or ing er?	(k) Percentage ownership	No																		

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.