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SCANNED

990.

Return of Organization Exempt From Income Tax

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

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

2016
Open to Public

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning 10/01/2016 and ending 09/30/2017 Check if applicable C Name of organization USA Research and Technology Corpor D Employer identification number Doing business as Address change 02-0617779 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 307 University Blvd., N Initial return AD 170 (251) 414-8297 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Mobile, AL 36688-0002 G Gross receipts \$3,362,966. F Name and address of principal officer G. Scott Weldon Application pending H(a) Is this a group return for subordinates? Yes X No 307 University Blvd., N. Ste. AD 170 Mobile H(b) Are all subordinates included? 501(c)(If "No " attach a list (see instructions) **X** 501(c)(3))**∢** (insert no) 4947(a)(1) or Tax-exempt status J Website ▶ H(c) Group exemption number K Form of organization X Corporation Trust Association Year of formation 2002 M State of legal domicile AL Part I Summary 1 Briefly describe the organization's mission or most significant activities Further the educational and scientific research missions of the Activities & Governance University of South Alabama. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets RECEIVED 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part V 4 JUL 3 1 2018 5 0 5 Total number of individuals employed in calendar year 2016 (Part V, III 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. OGDEN. UT 7b b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 3,259,703 3,191,130. 1,389. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,637. 104,620. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 103,250 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,364,342 3,297,387. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,075. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,446,384 3,389,436. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,446,384 3,390,511. -82,042 Revenue less expenses Subtract line 18 from line 12 -93,124. **Beginning of Current Year** End of Year <u> 26,680,776.</u> 24,386,872. 20 Total assets (Part X, line 16) 25,856,706 23,656,026. 21 Total liabilities (Part X, line 26) is Se 824,070 730,846. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check I If Paid self-employed Preparer Firm's name Firm's EIN Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

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

Firm's address

Form 990 (2016)

No

Yes

Phone no

	990 (2016) USA Research and Technology Corporation	02-0617779 Page 2
Par	till 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 primary mission is the further the educational and s	scientific
	research missions of the University of South Alabama by	
	enhance the learning, training, and overall academic exp	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	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?	🗌 Yes 🗓 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	-
	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	
	(Code) (Expenses \$3,364,808. including grants of \$ 1,075.) (Revenue \$	2 101 120
4a	(Code) (Expenses \$3,364,808. including grants of \$1,075.) (Revenue \$ See Schedule II	3,191,130.
	see schedule II	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		,
4c	(Code) (Expenses \$) (Revenue \$))
		······································
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	2 264 202
	Total program service expenses	3,364,808.
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			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		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? 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		х
1	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	}	,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
14a	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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

		_	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	<u> </u>	L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the)	l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25 4	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is this organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior	230		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1)	1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV .	28b		X
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			l
	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,			
	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	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		17	
25.0		34	X	
35 a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	X	
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	-	X
-	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	36		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1 1		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
_	19° Note. All Form 990 filers are required to complete Schedule O	38	x	
UYA				(2016)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V			Ц.
	5 . 4	\vdash	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable [1a] 1 [2b] 10 10 10 10 10 10 10 10	1	l	.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the engagingtion comply with backup withholding rules for reportable payments to yenders and	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		х	
	reportable gaming (gambling) winnings to prize winners?	1c	^	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	120		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
7 U	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			.]
	(FBAR)			.
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	$\neg \neg$	
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		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? .	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ļ	. }
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	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? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g		7g 7h		
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 100		
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	┝╩┤		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1	i	1
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	\ \	Ì	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			- 1
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O]
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	\vdash		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	<u>x</u> _
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
UYA		Form	330	(2016)

02-0617779 Page 6 Form 990 (2016) USA Research and Technology Corporation Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI \mathbf{x} Section A. Governing Body and Management No Yes 1 a 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 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a 10 a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11 a 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 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 > (251) 414-8297

Robert K. Davis 307 University Blvd., N. Ste. AD 170 Mobile, AL 36688-0

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orm 990 (2016) USA	Research	and	Technology	Corporation

UYA

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Form 990 (2016)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definintion 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 any related organization compensated any current officer, director, or trustee

Check this box if fleither the organization i	T ally rela	lea oi	yaı			COIII	ben	Saleu ariy curi	ent officer, direc	or, or trustee
***	(D)			(C	•					
(A)	(B)	١	Position		(D)	(E)	(F)			
Name and Title	Average hours per	(do not check more than one						Reportable	Reportable	Estimated
	week (list any	i	box, unless person is both an					compensation from	compensation from related	amount of other
	hours for	officer and a director/trustee)				the	organizations	compensation		
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	를 를	Former	organization	(W-2/1099-MISC)	from the
	organizations	rect	ᇤ	ğ	em	loye	ը	(W-2/1099-MISC)		organization
	below dotted line)	[전 #	nal		Boy	# S				and related
	11116)	uste	캶	1	ê	n pe				organizations
		õ	tee			Highest compensated employee				
	ļ				<u> </u>	<u>a</u>				
(4) ·· ¬ ¬ ' ¬ ' ¬						}				
(1) Harry Brislin	20.00								06 746	44 000
Key employee	20.00	-			X	 			86,716.	14,830.
(2) Lynne U Chronister	01.00								007 004	40 445
Vice President	39.00	<u> </u>	-	X	<u> </u>				237,984.	40,115.
(3) John W Smith	00.00			1		\			254 242	40 44-
Former director/office	40.00				<u> </u>		X		356,903.	43,417.
(4) Tony G Waldrop	01.00					1				
Director/President	39.00	X		X	L-				579,037.	92,722.
(5) G. Scott Weldon	01.00									
Director/VP/Secty/Trea	39.00	X		X					266,005.	44,087.
(6) Kenneth O Simon	01.00									
Director	00.00	X		L						
(7) Joseph J Adamo	01.00				ļ					l
<u> Director</u>	00.00	Х				<u></u>				
(8) Donald L Langham	01.00					.				
Director	00.00	X								
(9) Danny K Patterson	01.00									
Director	00.00	X		İ						
(10) Cheryl Williams	01.00									
Director	00.00	X			l _					
(11)										
]]					
(12)										
(13)										
(4.4)	 		_	_	<u> </u>		<u> </u>			
(14)	 									
			Ь	Щ_		L	L	L		

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization▶

	Check if Schedule O contain	ins a response or no	te to any line in this		(8:		<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 1a	Federated campaigns	1a					
and Other Similar Amounts	Membership dues	1t			1		
E c	Fundraising events	10		1	ļ .		
<u>e</u> d	Related organizations	10		1			
Ē e	Government grants (contribu	utions) 1e		_	1		
g f	All other contributions, gifts,	grants,					
ξĺ	and similar amounts not incl	<u> </u>		_			
ē a		ded in lines 1a-1f \$.]]		
<u>n</u>	Total. Add lines 1a-1f		P - 1 0 - 1 -				
	D		Business Code	2 101 120	2 101 120		
	Rental Income		531120	3,191,130.	3,191,130.		
b					 		
C				 	 		
d			 	 	 		
, e f		Venille		 	 		
g		veride		3,191,130.	1		
3	Investment income (includin	na dividends interes		5,151,150.			
•	and other similar amounts)	.9	·"	1,637.	Į.		1,637
4	Income from investment of t	ax-exempt bond pro	ceeds -				7
5	Royalties		>				
	-,	(ı) Real	(II) Personal				
6a	Gross rents	167,619]			
ь	Less rental expenses	65,579]		
С	Rental income or (loss)	102,040					
d	Net rental income or (loss)			102,040.			102,040.
7a	Gross amount from sales of	(i) Secunties	(II) Other	1			
	assets other than inventory			1			
b	Less cost or other basis						1
-	and sales expenses	ļ	<u> </u>	4			
	Gain or (loss)	L		<u> </u>			
d	Net gain or (loss)		. •	ļ	-		
8a	Gross income from fundrais	sing	ł				
	events (not including \$	(may 4 a)			1		
	of contributions reported on	•					
	See Part IV, line 18 Less direct expenses		3	1	1		
- 1	 Net income or (loss) from full 		-	 	- -		
	Gross income from gaming	_					
"	See Part IV, line 19						
h	Less direct expenses			7			1
- 1	: Net income or (loss) from g		•				1
- 1	Gross sales of inventory, les	_			1		
	returns and allowances		al				
b	Less cost of goods sold		0]			<u> </u>
	Net income or (loss) from s		•				
110	Miscellaneous Reven Vending Commi		Business Code	2,580.	 		2,580.
b				2,300.	 		2,380.
					 		
d					†		
	Total. Add lines 11a-11d	•	<u> </u>	2,580.			<u> </u>
12	Total revenue. See instruc	ctions	. •	3,297,387.			106,257.
YA							Form 990 (201

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, Program service Management and and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1,075. 1,075 and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons 6 (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 233,737. 233,737 a Management **b** Legal 10,275 10,275 C Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,104,480. 1,104,480 20 Interest 21 Payments to affiliates 22 960,585. 959,989 596 Depreciation, depletion, and amortization 31,658. 31,658. 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1,048,701. 1,033,869 14,832 a See Schedule I e All other expenses 3,390,511. 3,364,808. Total functional expenses. Add lines 1 through 24e 25,703 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			12
			(A)		(B)
			Beginning of year	L	End of year
- -		Cash — non-interest-bearing	500,533.	1	353,058
:	2	Savings and temporary cash investments	126,592.	2	
;	3	Pledges and grants receivable, net		3	<u> </u>
1		Accounts receivable, net	34,335.	4_	20,483
- '	5	Loans and other receivables from current and former officers, directors, trustees, key employees,	· · · · · · · · · · · · · · · · · · ·		
		and highest compensated employees Complete Part II of Schedule L	<u> </u>	5	
'	6	Loans and other receivables from other disqualified persons (as defined under			
ì		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'			
ທ		beneficiary organizations (see instructions)			
<u>ğ</u>]		Complete Part II of Schedule L		6	
Assets		Notes and loans receivable, net		7	1,000
1		Inventories for sale or use	1 610	8	5 500
		Prepaid expenses and deferred charges	1,610.	9	5,799
1	0 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 31,922,846.	00 565 046		01 600 045
١.		Less accumulated depreciation [10b] 10,233,801.	22,567,316.		21,689,045
- 1	1	Investments — publicly traded securities		11	
- 1	2	Investments — other securities See Part IV, line 11	<u> </u>	12	
- 1	3	Investments — program-related See Part IV, line 11	20 054	13	CF 402
	4	Intangible assets Other coasts. See Part IV. Inc. 11	29,854. 3,420,536.	14	65,482 2,252,005
		Other assets See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line 34)	26,680,776.		24,386,872
-	7	Accounts payable and accrued expenses .	162,183.	17	157,821
	8	Grants payable	102,103.	18	131,621
	9	Deferred revenue .	390,442.	19	432,689
,	20	Tax-exempt bond liabilities .	320, 112.	20	432,003
e la	.u !1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≨ا≣	22	Loans and other payables to current and former officers, directors, trustees, key employees,			
Liabilities	_	highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
2 ∖ ت	23	Secured mortgages and notes payable to unrelated third parties	21,315,992.	_	20,253,639
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
1	-	not included on lines 17-24) Complete Part X of Schedule D	3,988,089.	25	2,811,877
2	26	Total liabilities. Add lines 17 through 25	25,856,706.	_	23,656,026
S		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27			
Balances		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets		27	
ന്റ് 2	28	Temporarily restricted net assets		28	
밀밀	29	Permanently restricted net assets		29	
בַּ		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		lines 30 through 34.			
<u>ي</u> ع	30	Capital stock or trust principal, or current funds	824,070.	30	730,846
Se 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund	33	Total net assets or fund balances	824,070.	33	730,846
Ž]3	34_	Total liabilities and net assets/fund balances	26,680,776.	34	24,386,872

Form 99	O(2016) USA Research and Technology Corporation		02-06	1777	9 Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	3,29	7,3	<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,39	0,5	11.
3	Revenue less expenses Subtract line 2 from line 1	3		9	3,1	<u> 24.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82	4,0	70.
5	Net unrealized gains (losses) on investments .	5				
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1	00.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	_	73	0,8	46.
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 🔀 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	separate			
	basis, consolidated basis, or both		·			
	Separate basis					
t				2b	X	ļ,
		te basis	s, consolidated			
	basis, or both					
	Separate basis Consolidated basis X Both consolidated and separate basis					
c	- ·					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	•					
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				[
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
				3a		x
t	•					<u> </u>
-				3b		

UYA

Form **990** (2016)

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

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

Department of the Treasury Internal Revenue Service

Employer identification number

					20 21						
USA Research and Techn					02-0617779						
Part I Reason for Public Charity Status (All organizations must complete this part) See instructions											
he organization is not a private foundation because it is (For lines 1 through 12, check only one box)											
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
<u></u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 A medical research organization	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	ne benefit of a co	ollege or university ow	ned or o	perated b	y a governmental u	nit described in					
section 170(b)(1)(A)(iv). (Cor	nplete Part II)										
6 A federal, state, or local govern	nment or govern	mental unit described	l ın secti	on 170(b)(1)(A)(v).						
7 An organization that normally	receives a subst	antial part of its supp	ort from a	a governn	nental unit or from t	he general public					
described in section 170(b)(1)(A)(vi). (Compl	ete Part II)		•							
8 A community trust described in			Part II)								
9 An agricultural research organ				oerated in	conjunction with a	land-grant college					
or university or a non-land gra					-	•					
university	33.	(000 11104 1001	·····		,,,	, and contage of					
	receives (1) mo	re than 33 1/3% of its	support	from cont	tributions members	hin fees, and gross					
An organization that normally receipts from activities related support from gross investment	to its exempt ful	nctions-subject to cer	tain exce	ptions, a	nd (2) no more than	33 1/3% of its					
support from gross investmen	t income and un	related business taxal	ble incom	ie (less s	ection 511 tax) from	businesses					
acquired by the organization a 11 An organization organized and											
						out the numbers					
12 X An organization organized and one or more publicly supported											
the box in lines 12a through 12											
•		• • • • • • • • • • • • • • • • • • • •	-		•						
a X Type I A supporting organization (•		` ' ' '	. , , , ,					
the supported organization(s	•	·	ct a majo	ority of the	e directors or trustee	es of the supporting					
organization You must con	=										
b Type II A supporting organi											
control or management of th			e same p	ersons tr	nat control or manag	ge the supported					
organization(s) You must c	•										
c Type III functionally integra						ly integrated with,					
its supported organization(s)	•										
d Type III non-functionally in			-		• •	_ ::					
that is not functionally integr						l an attentiveness					
requirement (see instructions	•										
e Check this box if the organiz						II, Type III					
functionally integrated, or Ty	pe III non-functi	onally integrated supp	orting or	ganızatıo	n						
f Enter the number of supported of	organizations					1					
g Provide the following information	n about the supp	orted organization(s)									
(i) Name of supportedorganization	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v)Amount of monetary	(vi) Amount of					
		(described on lines 1-10		ur governing ment?	support (see	other support (see					
		above (see instructions))	docu	ment	instructions)	instructions)					
			Yes	No							
(A) University of South Alabam	63-0477348	7	х								
(A)											
											
(B)	1		ĺ								
						 					
(C)											
(D)											
(E)]]]]	'						
<u></u>											

	e A (Form 990 or 990-EZ) 2016 USA Resea	rch and	Technolo	gy Corpo	ration	02-061	7779 Page 2
Part							
	(Complete only if you checked the						alify under
	Part III If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)*	
	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		Ì				i
	membership fees received (Do not				1		
	include any "unusual grants")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		l	[
	furnished by a governmental unit to the						
	organization without charge				<u> </u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		1				1
	each person (other than a		Ì				
	governmental unit or publicly			1/			
	supported organization) included on		ر ا	ľ		Į	
	line 1 that exceeds 2% of the amount		/				
	shown on line 11, column (f)					L	
6	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>		
Section	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015_	(e) 2016	(f) Total
7	Amounts from line 4		1	<u></u> .			
8	Gross income from interest, dividends,		.//	ļ			
	payments received on securities loans,	/					
	rents, royalties and income from similar	/					
	sources	<i>f</i>		_			l
9	Net income from unrelated business		}				
	activities, whether or not the business						
	is regularly carried on			_			
10	Other income Do not include gain or	1					
	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					12	
13	First five years. If the Form 990/s for th	e organization	's first, second	l, third, fourth,	or fifth tax year	r as a section	501(c)(3)
	organization, check this box and stop he	re				_	▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2016 (line	6, column (f) o	divided by line	11, column (f))	14	%
15	Public support percentage from 2015 Scl	hedule A, Part	II, line 14			15	%
16 a	33 1/3 % support test-2016. If the organ	iization did not	check the box	on line 13, ar	nd line 14 is 33	1/3 % or more	, check this
	box and stop here. The organization qua	alifies as a pub	licly supported	dorganization			▶ □
b	33 1/3 % support test-2015. If the organ	nization did no	t check a box o	on line 13 or 10	6a, and line 15	is 33 1/3 % or	more,
	check this box and stop here. The organ	iization qualifie	es as a publicly	supported or	ganization	•	▶ □
17a	10%-facts-and-circumstances test-20	•			-	, or 16b, and li	ine 14 is
· · u	10% or more, and if the organization me	_					
	Part VI how the organization meets the "f						
	organization			J	,	,, ·	▶ □
b	10%-facts-and-circumstances test-20	15. If the orga	nization did no	ot check a box	on line 13 16:	a.16b.or17a	
J	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in						
	supported organization				g		
18	Private foundation. If the organization of	lid not check a	box on line 13	3. 16a 16b 17	a or 17h che	ck this how and	i see
	instructions			.,,, 11	_,, 0,10		▶ □
UYA	/	-			Sc	hedule A (Form 99	0 or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

	in the organization rans to quality	under the te	Sala Hated Del	ow, picase co	inpicte i ait	<u>'' </u>	
	on A. Public Support	r				 _	<u>/</u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 /	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
0	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	ļ					
2	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u>L</u>				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					1	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	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)	/				1	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less			-			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line/10b, whether	1	1				
	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>				
13	Total support. (Add lines 9, 10c, 11,]]		
	and 12)				<u></u>		
14	First five years. If the Form 990 is for the	e organization	's first, second	, third, fourth,	or fifth tax yea	r as a section 5	01(c)(3)
	organization, check this box and stop he	re					▶ □
<u>Secti</u>	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line	, ,	-		(f))	15	%
16	Public support percentage from 2015			15		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016				lumn (f))	17	%
18	Investment income percentage from 20					18	%
19a	/33 1/3 % support test-2016. If the organ						
/_	line 17 is not more than 331/3 %, check this					_	_
/b	33 1/3 % support test-2015. If the organi						
/	line 18 is not more than 331/3 %, check this		_		es as a publicly	supported orga	nızatıon▶ 🔲
20	Drivate foundation If the organization d	ud not chock o	i nov on line 44	100 0c 10L	anack this have	ORG COC INCL.	411 PA

Part IV Sup

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	on 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	X	
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		X
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
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	ı		
	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		1	
	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
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
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		ļ	
	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		X
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		X
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	<u> </u>	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			L
45	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	<u> </u>	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		<u> </u>
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h	 -	

	e A (Form \$90 or 990-EZ) 2016 USA Research and Technology Corporation 02-06	<u> 177</u>	79 F	age 5			
Part l	V Supporting Organizations (continued)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?		162	INO			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)						
	below, the governing body of a supported organization?	11a		X			
	A family member of a person described in (a) above?	11b		X			
	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		X			
Section	on 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 appoint or elect at least a majority of the organization's directors or trustees at all times during the						
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or						
	controlled the organization's activities If the organization had more than one supported organization,						
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X				
2	Did the organization operate for the benefit of any supported organization other than the supported						
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part						
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			لـــِــا			
Casti	supervised, or controlled the supporting organization	2		<u>x</u>			
Section	on C. Type II Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO			
•	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)	1					
Secti	on D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1_					
2	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)						
3	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	3_					
	on E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	ctions	s)			
a	The organization satisfied the Activities Test Complete line 2 below						
b	The organization is the parent of each of its supported organizations. Complete: line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	′000 #	otruo	tional			
С	The organization supported a governmental entity Describe in Part vi now you supported a government entity (See II	istruc	uons)			
2	Activities Test Answer (a) and (b) below.		Yes	No			
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						
h	·	_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			1			
	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? Provide details in Part VI.	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) 2016 USA Research and Technology C			2-0617779 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete s	
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	<u> </u>	
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		- 1.5
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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		1 -
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	-1		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		1
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 instructions)	ly-ın	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)()
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instr			
3	Excess distributions carryover, if any, to 2016			
а				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f_	Total of lines 3a through e		·	
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a_	Applied to underdistributions of prior years			
<u> </u>	Applied to 2016 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2017 Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Evenes from 2016			

Schedule A (F	orm'990 or 990-EZ) 2016 USA Research and Technology Corporation 02-0617779 Page 8
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.)
Part I	Col vi
Through	n tenants of the Technology and Research Park, opportunities for
	Col vi
faculty	y and students exist for work and scientific collaboration.
_	

SCHEDULE'C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

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

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

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

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

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

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

ıax)	(see separate instructions), the						
Name	Section 501(c)(4), (5), or (6) org	anizations Complete Part III		Employ	or identi	fication number	
	•			' '			
		echnology Corpora			0617		
_		organization is exempt u				organization.	
1	Provide a description of the orga definition of "political campaign a	anization's direct and indirect political activities")	l campaign activities in f	Part IV (see instruction	ns for		
2	Political campaign activity expen	ditures (see instructions)			> 9	\$	0.
3	Volunteer hours for political cam	paign activities (see instructions)					0
Pa	rt I-B Complete if the	organization is exempt u	nder section 501	(c)(3).			
1	Enter the amount of any excise t	tax incurred by the organization unde	er section 4955		> 5	\$	0.
2	Enter the amount of any excise t	tax incurred by organization manager	rs under section 4955	•	▶ 9	6	0.
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 f	or this year?			Yes	No
4a	Was a correction made?					Yes	☐ No
b	If "Yes," describe in Part IV						
Рa	rt I-C Complete if the	organization is exempt u	nder section 501	(c), except secti	on 50	1(c)(3).	
1	Enter the amount directly expend	ded by the filing organization for sect	tion 527 exempt function	n activities .	> :	\$	0.
2	Enter the amount of the filing org	ganization's funds contributed to othe	er organizations for sect	tion 527 exempt			
	function activities				▶ \$.	0.
3	Total exempt function expenditu	res Add lines 1 and 2 Enter here ar	nd on Form 1120-POL I	ine 17b	▶ \$	§	0.
4	Did the filing organization file Fo	orm 1120-POL for this year?				Yes Yes	☐ No
5	Enter the names, addresses and	d employer identification number (EII	N) of all section 527 pol-	itical organizations to v	vhich the	e filing organization	made
	payments For each organization	n listed, enter the amount paid from t	he filing organization's f	funds. Also enter the a	mount o	f political contribution	วกร
	received that were promptly and	directly delivered to a separate politic	cal organization, such a	is a separate segregat	ed fund	or a political action	
	committee (PAC) If additional s	pace is needed, provide information	ın Part IV				
	Ì					(e) Amount of po	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	contributions rec	
				filing organiza	ation's	delivered to a s	
				funds If none, e	enter -0-	political organizati	on If none,
						enter -0	
(1)							
(2)							
					_		
(3)							
						<u> </u>	
(4)							
(5)							
(6)							
		· — — —		1			

	le C (Form 990 or 990-EZ) 2016 USA Research	arch and	Technology	Corporat	<u>ion </u>	17779 Page 2
ent	section 501(h)).					
A Ch	neck If the filing organization belongs to	an affiliated group	(and list in Part IV ea	ach affiliated group i	nember's name, address	, EIN, expenses,
	and share of excess lobbying expe	nditures)				
B Ct	neck 🕨 🔲 if the filing organization checked b	ox A and "limited co	ontrol" provisions app	oly		
	Limits on Lobb	ying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass root	s lobbying)			
b	Total lobbying expenditures to influence a legis	ative body (direct le	obbying)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures				 	
е	Total exempt purpose expenditures (add lines	•				
f	Lobbying nontaxable amount Enter the amount	from the following	table in both column	S		
1	(1) A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	If the amount on line 1e, column (a) or (b) is	+	nontaxable amount	IS:		
	Not over \$500,000	20% of the amo	15% of the excess ov			
	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000		10% of the excess ov			
	Over \$1,500,000 but not over \$1,500,000		5% of the excess ove			
	Over \$17,000,000	\$1,000,000	D/0 OF THE EXCESS OVE	1 \$1,500,000		
	Grassroots nontaxable amount (enter 25% of In					
g	Subtract line 1g from line 1a If zero or less, en	,				
	Subtract line 1f from line 1c If zero or less, ent					
i	If there is an amount other than zero on either i		the organization file	Form 4720	L	
,	reporting section 4911 tax for this year?		- wie organization mo			∏Yes ∏No
		-Year Averaging	Period Under section	on 501(h)		
	(Some organizations that made a			` '	the five columns below	
	, -		uctions for lines 2a	•		
	Lobby	ing Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount					
	(150% of line 2a, column (e))				<u>'</u>	
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots celling amount			L		
	(150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					
	. Stassions lobbying experiences					
UYA					Schedule C (Form	990 or 990-EZ) 2016

Schedu	e C (Form' 990 or 990-EZ) 2016 USA Research and Technology Corporation II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			6177 15768		Page 3
		{a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	-	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes? .		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4	8,0	00.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total Add lines 1c through 1i .			4	8,0	00.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	لجبا				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (b)) Pari	ill-A,	line	3, is
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses					
	for which the section 527(f) tax was paid).					
а	Current year .		2a			
b	Carryover from last year .	ĺ	2b			
С	Total	ŀ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the					
	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next years.	ear?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Provide	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A,	lines 1	and 2 (see inst	ruction	ıs),
and Pa	irt II-B, line 1 Also, complete this part for any additional information					
P2-	B, Ln 1 A contracted lobbyist interacts with legislator	rs ar	nd t	neır	staf	£ f
	members regarding pending legislation before the Ale	abama	Leg.	ıslat	ıre.	
	The lobbyist provides information to legislators as	requ	este	i as	ıt	
	pertains to various issues of interest to the	Unive	ersı	ty of	Soı	ıth
	Alabama, the supported organization. The lobb	yıst	als	o ass	ısts	s on
	setting up meetings with legislators for university	staf	f to	disc	ıss	

Schedule C (Form 990 or 990-EZ) 2016

UYA

Part IV	Supplemental Information (continued)	02-0617779 Page 4
	pending legislation.	

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" to 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	Research and Technology Corp		02-0617779
Part	Organizations Maintaining Donor Adv Complete if the organization answered "		nas or Accounts.
		(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	L	<u> </u>
5	Did the organization inform all donors and donor advisors in	•	
	property, subject to the organization's exclusive legal control		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor		
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring impe	
	private benefit?		Yes No
Part		Vacl on Farm 000, Dart N/ line 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e	=	istorically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	ilified conservation contribution in the form of	
	of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic s	` '	2c
d	Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic structur	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	
	organization during the tax year ▶		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of vic	
_	and enforcement of the conservation easements it holds?	· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation easements during the year
_	<u> </u>	Providence of the second	
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during the year
_) \$		N () () ()
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(r	· · · · · · · · · · · · · · · · · · ·
_	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conserve	· ·	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	e organization's accounting for
Dord	conservation easements	s of Art Historical Transuras a	- Other Similar Assets
Part	Organizations Maintaining Collection Complete if the organization answered		r Other Similar Assets.
			
1a	If the organization elected, as permitted under SFAS 116 (
	historical treasures, or other similar assets held for public of		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
þ	If the organization elected, as permitted under SFAS 116 (•
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce or public service, provide the following
	amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$. ▶\$
	(ii) Assets included in Form 990, Part X	•	
2	If the organization received or held works of art, historical to		gain, provide the following amounts
	required to be reported under SFAS 116 (ASC 958) relating	g to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

	le D (Form 990) 2016 USA Resear							0617779	Page 2
	Organizations Maintaining								inuea)
3	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) Public exhibition		a l	l can d	or exchange p	rograme			
a b	Scholarly research		ام	Other		nograins			
c	Preservation for future generations		e 1						
4	Provide a description of the organization's co	ollections and explain	how they for	urther the d	organization's	exempt i	ourpose in Part X	(III	
•			,		J		,		
5	During the year, did the organization solicit of	r receive donations o	f art, histor	ical treasur	res, or other s	ımılar as	sets to be sold to	raise funds	
	rather than to be maintained as part of the or	ganization's collection	n?				_	Yes	No_
Part				_					
	Complete if the organization	answered "Yes"	on Form	1 990, Pa	art IV, line	9, or re	eported an ai	mount on Fo	rm
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for con	tributions o	r other assets	s not incl	ude d	<u> </u>	—
	on Form 990, Part X?							∐ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table	9					
						-	An	nount	
С.	Beginning balance			-		1c	 		
a	Additions during the year					1d	 		
e	Distributions during the year			-		1e			
f	Ending balance Did the organization include an amount on F	orm 000 Part V line	21 for one		todial aggoria		 	□ Van	No
2a b	If "Yes," explain the arrangement in Part XIII					•		∐ Yes	∐ No
Part		Check here in the ex	pianationi	ias occii pi	Ovided IIII al	(VIII			
· art	Complete if the organization	answered "Yes"	on Form	1 990. Pa	art IV. line	10			
		(a) Current year		or year	(c) Two year		(d) Three years be	ack (e) Four yea	ars back
1a	Beginning of year balance		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		(-,,		<u>(u,</u>	1,7	
b	Contributions		†						
c	Net investment earnings, gains, and								
_	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs				ļ	ļ		ļ	
f	Administrative expenses .								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, c	olumn (a))	held as				
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment ▶%)							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that ar	e held and	administered	for the			
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(li)	
b	If "Yes" on 3a(ii), are the related organization	·						3b	
4	Describe in Part XIII the intended uses of the		vment func	ls					
Par	Land, Buildings, and Equip		an F	- 000 -		44- 0		N Daniel V III	. 10
	Complete if the organization								
	Description of property	(a) Cost or oth (investm			other basis her)		ccumulated preciation	(d) Book val	ue
	1	(mvesti)				ue	processor		200
1a	Land				3,290.		254 575		<u>290.</u>
b	Buildings	ļ			0,142.		254,575.	21,015,	
C	Leasehold improvements	-			4,558.		758,823.	<u>395,</u>	
d	Equipment	 		21	4,856.		220,403.	54,	<u>453.</u>
e Total	Other Add lines 1a through 1e (Column (d) must ed	qual Form 000 Part	X column	 B me 10:				21 600	OAF
Total.	Add times to throught te (Column tu) must et	quai i Oiiii 330, Fait /	t, coluinii (ا النا النا النا النا النا النا النا ال	- /			21,689,	

Part VII	Investments — Other Securities. Complete if the organization answer		000 Part IV line 1	1h Soo Form 90	0 Part V June 12
	(a) Description of security or category (including name of security)	sied res on rollins	(b) Book value	(c) Method	of valuation -year market value
(1) Financial	derivatives .				
(2) Closely-h	neld equity interests	_			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)	(h) must sound Form 000. Bod V. and (B) in	- 1015			
	mn (b) must equal Form 990, Part X, col (B) line Investments — Program Related				
Part VIII	Complete if the organization answer		000 Bort IV line 1	10 Soo Form 00	Dart V line 12
	(a) Description of investment	ered Tes On Form			
	(a) Description of Investment		(b) Book value	• •	of valuation -year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) lin	ne 13) ▶			
Part IX					
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line 1	1d See Form 99	0, Part X, line 15
		Description			(b) Book value
(1) Defe	rred Cash Outflows				2,252,005.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			- <u> </u>		
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) lin	ne 15)		▶	2,252,005.
Part X					
	Complete if the organization answer line 25	ered "Yes" on Form	990, Part IV, line 1	1e or 11f See Fo	orm 990, Part X,
<u>1</u>	(a) Description of liability	(b) Book value			
	al income taxes				
	erest Rate Swap	2,252,00			
(3) Lon	g-Term Payable to USA	<u> </u>	2.		
<u>(4)</u>					
(5)					
(6)			_		
(7)					
(8)		_ 			
(9)			<u>_</u>		
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) lin	e 25)▶ 2,811,87	7.]		

Part		tatements With	Revenue per		<u>0617779 </u>
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line	e 12a	 .	2 261 001
1	Total revenue, gains, and other support per audited financial statements			 1 	3,361,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
a	Net unrealized gains (losses) on investments	2a		1	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c	64,504.	{ }	
d	Other (Describe in Part XIII) Add lines 2a through 2d	2d	64,504.		64 504
e	Subtract line 2e from line 1	•		2e 3	64,504. 3,297,387.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		3	3,231,301.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a] [
a b	Other (Describe in Part XIII)	4b		1	
C	Add lines 4a and 4b	[4b]		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	1		5	3,297,387.
Part			h Expenses ne		
I art	Complete if the organization answered "Yes" to Form 9			JI 1101	uiii.
1	Total expenses and losses per audited financial statements	200,1 0.11 0,1 111		1	3,455,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			 	<u> </u>
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses .	2c	100.	1 1	
d	Other (Describe in Part XIII)	2d	65,579.	1	
e	Add lines 2a through 2d			2e	65,679.
3	Subtract line 2e from line 1		•	3	3,389,436.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	•		_3,303,130.
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		1 1	
b	Other (Describe in Part XIII)	4b	1,075.	1	
c	Add lines 4a and 4b	[-70]	<u> </u>	4c	1,075.
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1			5	3,390,511.
	XIII Supplemental Information.	<u> </u>			
P12 Net con	, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the solid part of	cluded in			
	, Ln 2d				
	enses of investment rental property				
	, Ln 2d				
Rev	enue equal to expenses of investment r	ental pro	perty minu	s d	onation exp
					
					
					

Scriedule D (FURIT 990) 2010	USA Resea	arch and	Technology	Corporation	02-0617779	raye 5
Part XIII	Supplemen	tal Informatio	n (continued)		Corporation		
	_						
							
							
							
							
							
							
							
							
							

Schedule D (Form 990) 2016

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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2016
Open to Public Inspection

Name of the organization

Employer identification number

USA Research and Technology Corporation 02-0617779 **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 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2016 USA Research and Technology Corporation

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 900. Part VIII. Section A line 13 and instructions (B)(i)-(iii) for each listed individual must equal the total amount of Form 900. Part VIII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ach list	ed individual must equa	al the total amount of Fo	orm 990, Part VII, Sectio	n A, line 1a, applicable	column (D) and (E) am	ounts for that individua	•
		(B) Breakdown	Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(III) Other	other deferred	benefits		ın column (B) reported
			compensation	reportable	compensation			as deferred on prior Form 990
Lynne U Chronister	=							
1Vice President	(ii)	233,418.		4,566.	28,406.	11,709.	278,099.	
John W Smith	≘							
2 Former director/office	€	354,093.		2,810.	31,708.	11,709.	400,320.	
Tony G Waldrop	Ξ							
3Director/President	E	480,662.		98,375.	81,892.	10,830.	671,759.	
G. Scott Weldon	ε							
4 Director/VP/Secty/Trea	€	264,102.		1,903.	32,378.	11,709.	310,092.	
	ε							
5	€							
	ε							
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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.

Department of the Treasury Internal Revenue Service

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

2016
Open to Public Inspection

Name of the organization	Employer identification number
USA Research and Technology Corporation	02-0617779
	
	
	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Corporation

and Technology

USA Research

2016

OMB No 1545-0047

Open to Public Inspection

02-0617779

Direct controlling

End-of-year assets **e** (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) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Part 1 ල **4** 3 Ð 3 9

Section 512(b)(13) controlled entity? Š × × × × × × 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 <u>6</u> Yes Iniv of South Alaba Inversity of South Jniversity of South of South Alaba Inversity of South of South Alaba Direct controlling entity Public charity status (if section 501(c)(3)) <u>e</u> 12a-1 12a-1 12a-1 <u>ဖ</u> (d) Exempt Code section 501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)Legal domicile (state or foreign country) Ä 58-1729901self-insurance AL 63-0970071Self-Insurance AL Z 46-5357903Research Support AL 82-1388539Medical care AL care AL 63-1035650Booster Club Primary activity 63-0477348Education 47-1450279Medical (6) Gulf Coast Regional Care Organization () University of South Alabama Professional Liability Program (5) University of South Alabama Foundation for Research and Commerciali (7) University of South Alabama Health Care Authority (2) University of South Alabama General Liability Program (3) University of South Alabama Name, address, and EIN of related organization (4) USA Jaguar Athletic Fund CSAB 216 Mobile, AL 36688 AL 36688 307 University Blvd Ste AD 170 Mobile, AL 36688 307 University Blvd Ste AD170 Mobile, AL 36688 Administration Bldg Ste AD170 Mobile, AL 36688 Mobile, AL 36688 Mobile, AL 36688 CSAB 216 Mobile, Part II

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

Schedule R (Form 990) 2016

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02-0617779 Page 2

Schedule R (Form 990) 2016 USA Research and Technology Corporation

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

(l) (k) General or Percentage	ownership		0000.0	0.000.0	0.000.0	0.0000	0.000	0.0000	0.000
(I) seneral or	managing partner?	Yes No							
	amount in box 20 of Schedule K-1 (Form 1065)	Y							
(h) proportionate	allocations?	Yes No							
(g) (h) Share of end-of- Disproportionate	year assets	λ							
(f) Share of total	ıncome								
(e) Predominant	income (related, unrelated, excluded from	sections 512-514)							
(d) Direct controlling	entity								
(c) Legal	domicile (state or foreign	country)							
(a) (b) (c) (d) (e) (f) (d) (e) (f) (d) ddress, and EiN of Predominant Share of total							1		
(a) Name, address, and EIN of	related organization		(1)	(2)	(3)	(4)	(5)	(9)	(7)

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

	י בומנכם כו למו וולמוסו	וובמוסוום ווסמוכת מס מ ססו ססו מוחום וויסו מתווום וויס ומע		200	5				
(a)	(a)	(2)	9	(e)	€	(6)	ε	€	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (Ccorp, Scorp, ortrust)	Share of total income	of r assets	Percentage ownership	Section 512(b)(13) controlled entity?	13)
								Yes	٤
(1)NovALtech, LLC 307 University Blvd, Ste AD170 Hobil 36-4701990 Pacilitate Tech Transfer AL	Facilitate Tech Transfer		USA Research and TC COFP	C Corp	-100.		201.100.00 X	×	
(2)							0000.0	_	
(3)							0.000]
(4)							0.000		
(5)							0.000.0		
(9)							0.000.0		
(2)							0.000		

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 USA Research and Technology Corporation

or 36
4, 35b,
line 34,
art IV,
990, P
on Form
"Yes" (
e G
rganization answei
0
Complete if the
ganizations.
Related Or
With
Fransactions
art V

					Н	1
Note: Complete line 1 if any entity is listed in Parts III, or IV of this schedule	negation between a reason as	totions listed in Dark	C/VI-II 3	<u>}</u>	Yes	ဍ
Recent of (i) interest (ii) annuities (iii) rovalities or (iv) rent from a controlled entity			-	4		×
				10		×
				10		×
				1g		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				11	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				1;	×	· [
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 2	×	
 Sharing of paid employees with related organization(s) 			,	10,	×	
				-		
p Reimbursement paid to related organization(s) for expenses				\dashv	×	1
q Reimbursement paid by related organization(s) for expenses				19		×
				,		
r Other transfer of cash or property to related organization(s)			•	<u>-</u> 4		×
	mplete this line inclin	dong covered relation	orthe and transaction	threeh	ا والح	4
- 1	וויסומנים נוווים ווווים, ווויסומ	ding covered relation	אוושפוום וושפרווסו		200	1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount in	nvolved	-
(1) –				!		I
- (2)						
						1
. (3) –	_					
(4) –						l
- (2)						
- (9)						
UYA			Schedule	Schedule R (Form 990) 2016	990) 2	2016

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

of gross revenue, that was not a related organization, deem instructions regarding exclusion for the contract of the contract	gailleathui St	SE IIISU DOUGIS	regaining exclus			altificionings	(4)	(9)	3	. 3
(a)	2	(2)		(e)	15 70	(B)	,,,,		00000	(11)
Name, address, and EIN of entity	Primary activity	(state or foreign	Income (related	Section 501(c)(3)	Share of total income	end-of-year	usproportionate allocations?	amount in box 20	managing	ownership
		(knipo)	from tax under	organizations?				(Form 1065)		
			(1) 310 61101000	Yes No			Yes No		Yes No	
(1)										0000
(2)										
										0.000
(3)										
(4)										
										0.000
(5)				_						0000.0
(9)										
157										0.000
										0000.0
(8)										
										0.000
(6)										0.000.0
(10)										
(11)										0000
				i						0.000.0
(12)	 									0000
(13)										
(14)										0.000.
										0.000.0
(15)								-		0000
(16)										
										0.000
۸ ۲								Si .	Schedule R (Form 990) 2016	rm 990) 2016

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions	
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		_
		—
		_
		_