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AUBURN UNIVERSITY % PAYROLL & EMPLOYEE BENEFITS 212 INGRAM HALL AUBURN AL 36849-0001

Notice	CP211A
Tax period	September 30, 2014
Notice date	February 23, 2015
Employer ID number	63-6000724
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Dana 1 of 1	

Page 1 of 1



227584

Important information about your September 30, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2014 Form 990T. Your new due date is August 15, 2015.

What you need to do

File your September 30, 2014 Form 990T by August 15, 2015.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2014 or other tax year beginning 10/1 , 2014, and ending 9/30 Department of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Check box if address changed Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.) **Auburn University** B Exempt under section Print ✓ 501(**C**)(**3**) Number, street, and room or suite no. If a P.O. box, see instructions. 6360000724 408(e) 220(e) E Unrelated business activity codes 212 Ingram Hall - Financial Reporting Type (See instructions.) 530(a) 408A City or town, state or province, country, and ZIP or foreign postal code 529(a) Auburn University, Al 36849-5161 Attached C Book value of all assets at end of year Group exemption number (See instructions.) ▶ 1,550,144,298 G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust Other trust Describe the organization's primary unrelated business activity. > During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . > 🗌 Yes 📝 No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ Telephone number ▶ Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 3,712,533 **b** Less returns and allowances c Balance ▶ 1c 3,712,533 2 Cost of goods sold (Schedule A, line 7) . 2 2,167,555 Gross profit. Subtract line 2 from line 1c . . . 3 3 1,544,978 1,544,978 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c С Income (loss) from partnerships and S corporations (attach statement) 5 5 (210.551)(210.551)6 6 368,335 194,247 174,088 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 13,620 13,620 Other income (See instructions; attach schedule) 12 12 13 Total. Combine lines 3 through 12 13 1,716,382 194,247 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 705,667 16 Repairs and maintenance 16 34,538 17 17 120 Interest (attach schedule) 18 18 19 19 20 Charitable contributions (See instructions for limitation rules) . . . 21 21 Less depreciation claimed on Schedule A and elsewhere on return 🐰 🔞 22 22b 46,381 23 23 24 Contributions to deferred compensation plans 24 25 25 26 26 27 Excess readership costs (Schedule J) 27 28 28 609,195 29 **Total deductions.** Add lines 14 through 28 29 1,395,901 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 126,234 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . 32 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 34

Part i	II Ta	x Computation											
35		zations Taxable as Corpo						ion. C	ontrolled grou	р			
	membe	rs (sections 1561 and 1563	3) check l	nere 🕨 🗌	See	instru	ctions and:			1.05			
а	Enter yo	our share of the \$50,000, \$	25,000, a	ınd \$9,925,	000 t	axable	income brac	kets (i	n that order):				
	(1) \$	(2)				(3)				M. S.			
b		rganization's share of: (1) A						\$		1000			
		itional 3% tax (not more the		•				\$		121113			
		tax on the amount on line										32,091	
36		Taxable at Trust Rat					•						
		ount on line 34 from: Ta					•	•		- 00			
37		ax. See instructions								37			
38		rive minimum tax								38	1	7,453	
39		Add lines 37 and 38 to line	35c or 36	, whicheve	r app	lies .	2 70 00 74V			39	:	39,544	
Part I		ax and Payments	la E 4	140		C	4440\	140-1		-			
40a		tax credit (corporations attac						40a		- 1	1		
b		redits (see instructions) .						40b 40c		1210			
G G		business credit. Attach Fo		•		,		40c		- 200			
d e		or prior year minimum tax (redits. Add lines 40a throu								400	4		
41		et line 40e from line 39 .								40e	+	20.544	_
42		kes. Check if from: Form 4							ttach schodulo)	42		39,544	
43		ax. Add lines 41 and 42.						Other (a	ttacii scriedule) .	43	_	39,544	_
44a		nts: A 2013 overpayment c						44a	50,000	10		33,344	
b	-	stimated tax payments .						44b	30,000	240			
C		posited with Form 8868 .						44c		5777			
d		organizations: Tax paid or						44d		3.3			
е	_	withholding (see instruction					•	44e		- 1			
f		or small employer health ir						44f					
g		redits and payments:		n 2439									
	☐ Form	1 4136	☐ Oth	er ====			Total ▶	44g		5.78		- 1	
45	Total p	ayments. Add lines 44a th	rough 44	g		.			. # # # # 10	45		50,000	
46		ed tax penalty (see instruc								☐ 46			
47	Tax du	e. If line 45 is less than the	total of I	nes 43 and	l 46, e	enter a	mount owed		. 10 10 10	47			
48	Overpa	yment. If line 45 is larger t	han the t	otal of lines	3 43 a	nd 46,	enter amoun	it over	paid 🚚 🚚	48		10,456	
49		amount of line 48 you want:					10,4		Refunded	▶ 49			
Part	V S	tatements Regarding C	ertain A	Activities	and (Other	Informatio	n (see	instructions)				
1		time during the 2014 calen										Yes	No
		financial account (bank, se										Ballon	
		Form 114, Report of Fore	eign Banl	and Finar	ncial A	Accou	nts. If YES, er	nter th	e name of the	foreign	country		
_	here ►	************											√
2		he tax year, did the organizati					_	or of, or	transferor to, a	foreign 1	rust? :		1
•		see instructions for other for						0.020					
Sobor		ne amount of tax-exempt in - Cost of Goods Sold. I						ar 🕨	a				
-					venu	-			f	6			
1	Purcha	ry at beginning of year	2	1,331,238		6			fyear	6	_		
2 3		ses	3			7	_		sold. Subtra Enter here ar	1000			
3 4а		nal section 263A costs	3							7	1.2	24 220	
70		schedule)	4a			8						31,238 Yes	No
b		osts (attach schedule)	4b			0			ection 263A (d or acquired			100	140
5		Add lines 1 through 4b	5	1,331,238	_		to the organ					1000	1
		penalties of perjury, I declare that I I			includin	a accom						e and bel	ief, it is
Sign		orrect, and complete. Declaration of	reparer (oth	er than taxpaye	r) is bas	ed on al	information of wh	ich prepa	arer has any knowle	dge.	the IRS disc		$\overline{}$
Here	1 1 1	1 Microl 1	nu	1/18	1131	15	VP Finance	& CF()	with	the prepare	rshown	below
		ure of officer		Da	le /		Title			(see	instructions)	? ∐Yes ∣	□No
Paid		Print/Type preparer's name		Preparer's	signat	ure			Date	Check	i, F	PTIN	
	2505				_					Check self-emp			
Prepa		Firm's name ▶								Firm's El			
Use (וחכ	-:											

Schedule C—Rent Income (see instructions)	e (From Real Pro	perty and	d Person	al Property L	eased With Real Pro	perty)
1. Description of property						
(1) Jule Collins Smith Museum						
(2) Student Center						
(3) AU Arena						
(4)						
X.4	2. Rent received or ac	crued				
(a) From personal property (if the pero for personal property is more than more than 50%)	10% but not perce	entage of rent	for personal	property (if the property exceeds profit or income)		connected with the income 2(b) (attach schedule)
(1)	48,745					10,819
(2)	185,930					101,750
(3)	133,660					81,678
(4)	100,000					01,070
Total	368,335 Total					
(c) Total income. Add totals of co					(b) Total deductions. Enter here and on page	1
here and on page 1, Part I, line 6,				368,33		
Schedule E-Unrelated De			instructio		of tartifilition, columnity	154/247
Contradict Children D.	CDL I MUNOCU MC	onic (acc			3. Deductions directly con	nected with or allocable to
1. Description of del	bt-financed property		allocable	income from or to debt-financed property		(b) Other deductions (attach schedule)
(1)			+		(antaon bono dano)	(attaon concasto)
(2)			-			
(3)			-			
(4) 4. Amount of average	5. Average adjust	nd hasis	-			
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocabl debt-financed p (attach sched	e to roperty	4	Column divided column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Totals	ti ons included in colu	mn 8			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Schedule F-Interest, Ann	uities Royalties		20 14 20 24	- AT - AT - AT - AT	rganizations (see instru	ictions)
delibration interest, Aim	unico, nojanico,			Organizations		iotionaj
Name of controlled organization	2. Employer identification number	3. Net unrel	lated income instructions)		ied 5. Part of column 4 that i	connected with income
(1)						
(2)						
(3)						
(4)		-			_	
Nonexempt Controlled Organia	zations					
Tronexempt controlled ergani.	1					T
7. Taxable Income	8. Net unrelated in (loss) (see instruc			tal of specified ments made	Part of column 9 that included in the controlling organization's gross incontrolling organization.	g connected with income in
(1)						
(2)						
(3)						
(4)	T					
					Add columns 5 and 10. Enter here and on page 1 Part I, line 8, column (A)	, Enter here and on page 1,

Schedule G-Investment Inco	me of a Section	501(c)			zation (see instr	uctions	s)	
1. Description of income	2. Amount of inco	me	direc	Deductions otly connected ach schedule)	4. Set-asides (attach schedul		and s	otal deductions set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and on p Part I, line 9, colur	nn (A).					Part I, I	ere and on page 1, ine 9, column (B).
Schedule I—Exploited Exemp	t Activity Income	e, Othe	er Than	Advertising In	come (see instr	uctions	3)	
Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with action of elated as income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, , col. (B)					Enter here and on page 1, Part II, line 26.
Totals							0/001822	
Schedule J-Advertising Inco								
Part I Income From Perio	dicals Reported	on a	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income		Direct sin g costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Tiger Transit-McNutt	13,620							
(2)	,,,,,,,							
(3)								
(4)								
<u> </u>								
Totals (carry to Part II, line (5))	13.620							
Part II Income From Perio 2 through 7 on a line	dicals Reported	on a	Separat	te Basis (For ea	ach periodical li	sted ir	n Part II	, fill in columns
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	D			Jake Brown		11/23	XIII (0
Table Death War 4 5	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27,
Schedule K—Compensation	of Officers Direct	tore '	and Tru	stees (see instri	uctions)	-7 -18		
1. Name	or Officers, Direc	1015, 8		2. Title	3. Percent of time devoted to business	4.0		ation attributable to ed business
(1)					9/	6		
(2)								
19400					9/			
(3)					9/			
(4)	L line 14	L	-		9/			
Total. Enter here and on page 1, Part II	I, line 14	9_9_9	× 7 2					

AUBURN UNIVERSITY EIN: 63-6000724 Form 990-T (2014) Schedule Attachment Page 1

Activity Codes	451211	485000	517000	624310	446110	Col. 453220	541800
Box E Unrelated Business	Bookstore	Aviation	Off Campus Communication	Rehabilitation Center	Parmaceutical Care Center	Museum Gift Shop & Samford Hall Col.	Advertising

Part I, line 1a, b and c

Total	\$3,712,533	60	\$3,712,533
Samford Hall Collection	\$29,877	•0	\$29,877
AUM Events & Conferences	\$340,551	•6	\$340,551
Museum Gift Shop	\$31,859	MC.	\$31,859
Pharmaceutical Care Center	\$26,473	·	\$26,473
Off Campus Communication	\$114,987		\$114,987
Aviation	\$2,042,381	*	\$2,042,381
Bookstore and Website	\$1,126,405		\$1,126,405
	Gross receipts or sales	Less returns and allowances	Balance

Part I, line 2

	Total	\$2,167,555	
Samford Hall	Collection	\$21,449	
AUM Events	& Conferences		
Museum	Gift Shop		
Pharmaceutical	Care Center	\$18,363	
Off Campus	Communication		
	Aviation	\$1,175,899	
	Bookstore	\$937,806	
Schedule A-Cost Of Goods Sold		2. Purchases/Cost Of Goods Sold	

Part 1, line 5

UBIT	(19,453)	236,325	4,678	(97,434)	(734)	6,163	12,888	(93,234)	(231,001)	(65)	2,318	(31,002)
Ш И	20-3701566	26-0632609	34-2047994	20-5943631	20-3719884	98-0631695	27-2996434	45-2484628	45-4110691	27-4255887	46-1153167	80-0860738
	Natural Gas Partners VIII, LP	Natural Gas Partners IX, LP	Lexington Capital Partners VI-A, LP	BayNorth Realty Fund VII, LP	Walton Street Real Estate Fund V,LP	Oaktree Opportunities Fund VIII LP	AG Realty Fund	Denham Commodity Partners Fund VI LP 45-2484628	NPG Natural Resources X., LP	Greenspring Global Partners V-B, LP	Landmark Equity Partners XV, LP.	Encap Energy Capital Fund IX, LP. Total

AUBURN UNIVERSITY EIN: 63-6000724 Form 990-T (2014) Schedule Attachment Page 2

Part II, line 15

	Bookstore	Aviation	Off Campus Communication	Pharmaceutical Care Center	Museum Gift Shop	AUM Events & Conferences	Samford Hall Collection	Total
Salaries And Wages	\$104,436	\$535,215	\$6,185	\$25	\$316	\$59,490		\$705,667
Part II, line 16								
	Bookstore	Aviation	Off Campus Communication	Pharmaceutical Care Center	Museum Gift Shop	AUM Events & Conferences	Samford Hall Collection	Total
Repairs And Maintenance	\$260	\$19,761	\$1,964		\$4,397	\$8,156	i i	\$34,538
Part II, line 17								
	Bookstore	Aviation	Off Campus Communication	Pharmaceutical Care Center	Museum Giff Shop	AUM Events & Conferences	Samford Hall Collection	Total
Bad Debt	\$120		•			3	*	\$120
Part II, line 28								
			Off Campus	Pharmaceutical	Museum	AUM Events	Samford Hall	
	Bookstore	Aviation	Communication	Care Center	Gift Shop	& Conferences	Collection	Total
Accounting, Legal, & Admin.	\$15,265	\$90,012	\$1,651		\$12,398	\$18,759		\$138,085
Bank Fees	30,053	31,200				3,820		65,073
Freight	6,541	2,713			120			9,374
Insurance	373	30,310				108		30,791
Marketing & Advertising	13,567	3,373				1,800	5,640	24,380
Membership Dues & Training	215	1,842			66	584		2,740
Other	31,347	27,267	15,223		4,381	167,526		245,744
Postage, Printing & Copying	206	1,424			31	4,131		5,792
Professional Services	1,458	742			712	36		2,948
Rental	15	1,958				628		2,601
Supplies	11,400	12,123	7	80	238	7,624		31,400
Telephone	4,367	8,871	470			321		14,029
Travel & Entertainment	311	1,132			244	4		1,701
Uniforms		1,468						1,468
Utilities		31,668	1,401					33,069
Total	\$115,118	\$246,103	\$18,752	\$8	\$18,223	\$205,351	5,640	\$609,195

Department of the Treasury

Internal Revenue Service

Name

Alternative Minimum Tax—Corporations

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

Employer identification number **Auburn University** 6360000724 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). 1 1 132,602 2 Adjustments and preferences: 2a 22,441 2b c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) 2e (2,473)f Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i į. 2i 2k I 21 2_m 2n (115,304)3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20. 3 37,266 Adjusted current earnings (ACE) adjustment: ACE from line 10 of the ACE worksheet in the instructions 4a b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 4b **c** Multiply line 4b by 75% (.75). Enter the result as a positive amount 4c d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c 4e -0- If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT ... 5 37,266 6 -0-7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 7 37,266 **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- 8b Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, 8c 9 9 37,266 10 10 7,453 11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) 11 -0-12 12 7,453 13 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 7,453

AMT Schedule 4626 2014 990-T

		<u>20-3701566</u>	26-0632609	45-4110691	<u>Total</u>
Line 1	Taxable income before NOL				132,602
Line 2a	Depr Post 1986 Property	12,548	6,712	3,181	22,441
Line 2e	Adj Gain or Loss	(75)	(2,389)	(9)	(2,473)
Line 2n	Intangible Drilling Costs	(36,757)	10,567	(89,114)	(115,304)
		(24,284)	14,890	(85,942)	(95,336)
Line 7	Alternative minimum taxable incon	ne			37,266

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No. 179

Identifying number 451211, 485000, 517000, 624310, 446110, 453220, 541800 **Auburn University** 6360000724 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 46,291 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 90 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 46,381 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? ✓ Yes No 24b If "Yes," is the evidence written? ✓ Yes No (b) (f) (q) Business/ Basis for depreciation (d) Type of property (list | Date placed Recovery Method/ Depreciation Elected section 179 Cost or other basis investment use (business/investment vehicles first) in service period deduction Convention cost percentage use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 25 26 Property used more than 50% in a qualified business use: See Attached % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 90 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (e) Vehicle 1 Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 3 30 Total business/investment miles driven during the year (do not include commuting miles) . 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? . . 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . **39** Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) (b) (a) (d) Amortization Date amortization Description of costs Amortizable amount Code section period or Amortization for this year begins percentage 42 Amortization of costs that begins during your 2014 tax year (see instructions):

43 Amortization of costs that began before your 2014 tax year

44 Total. Add amounts in column (f). See the instructions for where to report.

43

44

990 T (14) Form 4562

Activity	Type	Percentage Original Unrelated Basis	Original Basis	Original Depreciation	Type Of Property	Date Placed in Service	Date Placed in Business Use Service Percentage	Basis	Recovery Period	Recovery Method Depreciation Period Convention	Recovery Method Depreciation Period Convention Deduction
Bookstore Aviation Off Campus Communications JCS Museum	Line 17 Line 17 Line 17 Line 17	0.024 0.76 1.00 0.096		4,167 16,711 2,717 320,563						1.11	12,700 2,717 30,774 46,291
Bookstore	Listed	0.024		3,738	2010 Ford Cargo Van E-150 2/18/2010	2/18/2010	100	0	D	5 SL-MM	06
									Check Figure	e	46,381

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12,70	100	2,717	30,773
JI 11	SL-MM	313 1 1	
	449	0	0
	100		
	2/18/2010		
	2010 Ford Cargo Van		
16,711	3,738 4,167	2,717	320,563
	18,689		
0.76	0.024	1.00	0.096
Line 17	Listed Line 17	Line 17	Line 17
Aviation	Bookstore Bookstore	Off Campus Communication	JCS Museum
	Line 17 0.76	Line 17 0.76 16,711 Listed 0.024 18,689 3,738 2010 Ford Cargo Van 2/18/2010 100 449 5 SL-MM Line 17 0.024 4,167	Listed 0.024 18,689 3,738 2010 Ford Cargo Van 2/18/2010 100 449 5 SL-MM Line 17 0.024 4,167 0.024 4,167 0.024 1.00 2,717

46,381

AUBURN UNIVERSITY

EIN: 63-6000724

Form 4562 Schedule Attachment

2014

Part V, Line 26

а	b	С	d	е	f	g
	Date	Business				
	Placed in	Use		Recovery	Method	Depreciation
Type Of Property	Service	Percentage	Basis	Period	Convention	Deduction
2010 Ford Cargo Van	2/18/2010	100	3,738	5 S/L MM		90
20101 old Galgo Vall	2/10/2010	100	3,730	3	3/L IVIIVI	90
					24	90