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

OMB No. 1545-0687

			endar year 2014 or other tax year beginningOCT						
	ent of the Treasury Revenue Service		ormation about Form 990-T and its instructi not enter SSN numbers on this form as it may be			-		pen to Public Inspection (501(c)(3) Organizations (n for
	heck box if ddress changed	7 20	Name of organization (Check box if name ch					yer identification num	
	ot under section		AUBURN UNIVERSITY				(Employ	yees' trust, see instructio	ons.)
	1(C)(3)	Print	Number, street, and room or suite no. If a P.O. box,	see ins	tructions.			63-6000724	
	8(e) 220(e)	i Of						ted business activity co	odes
☐ 40		1,750	City or town, state or province, country, and ZIP or	foreign	postal code		(See in:	structions.)	
52	AUBURN UNIVERSITY, AL 36849						4512	211 531120)
C Book	value of all assets d of year	F Gr	oup exemption number (See instructions.	.) ▶					
	2,872,899,008	G C	neck organization type 🕨 📝 501(c) corp	oratio	on 🗌 501	(c) trust	401(a) t	rust 🔲 Other tr	rust
H De	scribe the orga	nizatio	n's primary unrelated business activity.	вос	OKSTORE; REI	NTALS			
			e corporation a subsidiary in an affiliated grou			iary controlled g	roup? .	. ▶ 🗌 Yes 🔽 I	No
If "	Yes," enter the r	name ai	nd identifying number of the parent corpora	tion. 🕨	<u> </u>				
			► AMY DOUGLAS, CONTROLLER		Te	elephone numb	er 🕨	334-844-5588	
Part	Unrelated	d Trad	e or Business Income		(A) Income	e (B) Ex	penses	(C) Net	
1a	Gross receipts	or sale	es <u>16,546,332</u>					IM 2 AGAIN DESIGNATION	
b	Less returns and a			1c	16,546,332		14.74		20, 2
2	Cost of goods	sold (S	Schedule A, line 7)	2	3,240,616		2544		
3	Gross profit. S	ubtrac	t line 2 from line 1c	3	13,305,716			13,305,716	
4a			ne (attach Schedule D)	4a					
b	Net gain (loss)	(Form	4797, Part II, line 17) (attach Form 4797)	4b				5 4	
С	•		n for trusts	4c					
5	Income (loss) fro	m partn	erships and S corporations (attach statement)	5	(292,123)	5		(292,123)	
6			ıle C)	6	418,536	24	3,784	174,752	
7	Unrelated deb	t-finand	ced income (Schedule E)	7					
8	Interest, annuities,	royalties,	and rents from controlled organizations (Schedule F)	8					
9	Investment incom-	e of a se	ction 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exer	npt act	ivity income (Schedule I)	10					
11	Advertising inc	come (S	Schedule J)	11	41,142			41,142	
12	Other income (See inst	tructions; attach schedule)	12					
13	Total. Combin			13	13,473,271		3,784	13,229,487	
Part			Taken Elsewhere (See instructions for				ept for c	ontributions,	
			be directly connected with the unrelate		siness incom	e.)			
14	•		cers, directors, and trustees (Schedule K)				. 14		
15	Salaries and w	•					. 1	,,	
16	Repairs and m	ainten	ance				. 16		
17	Bad debts .	٠.٠					. 17		
18	Interest (attach		,				. 18		
19									
20			ons (See instructions for limitation rules) .						
21			Form 4562)			782,588	22	- 1	
22 23	•		imed on Schedule A and elsewhere on re						
23 24			rred compensation plans						
25			ograms						
26			nses (Schedule I)						
27	•	-	osts (Schedule J)						
28			ach schedule)						
29			dd lines 14 through 28				_		
30			exable income before net operating loss de						
31			eduction (limited to the amount on line 30)						
32			axable income before specific deduction.						
33			Senerally \$1,000, but see line 33 instruction						
34			taxable income. Subtract line 33 from lin					1,000	
			ero or line 32					4 381,626	

Part	II Ta	ax Computation										
35		zations Taxable as Corp	oration	s See instru	ictions	for tax computa	tion C	ontrolled aro	ın			
00		ers (sections 1561 and 1563						ond gio	-P			
_							aleata (i	a that and an				
а		our share of the \$50,000, \$					CKEIS (I	n that order):	1000	7452x		
	(1) \$	(2)		1.50/ 1 /-	_	(3) (\$	<u></u>					
b		rganization's share of: (1) A					\$					
		itional 3% tax (not more the					\$, in	0.5		
C		tax on the amount on line							- h	35c	129,753	
36		Taxable at Trust Rat										
		ount on line 34 from: Ta								36		
37	_	ax. See instructions							▶	37		
38		tive minimum tax								38	0	
39		Add lines 37 and 38 to line	35c or 3	36, whicheve	r applie	<u>s</u>	<u> </u>	<u></u>		39	129,753	
Part		ax and Payments					,			En-Mullioner		
40a	_	tax credit (corporations attac				•	40a		3			
b		redits (see instructions) .					40b					
С	Genera	l business credit. Attach Fo	orm 380	0 (see instru	ctions)		40c					
d	Credit f	or prior year minimum tax	(attach	Form 8801 o	r 8827)		40d					
е	Total c	redits. Add lines 40a throu	gh 40d						L	40e		
41	Subtrac	ct line 40e from line 39 .							L	41	129,753	
42	Other ta	xes. Check if from:	255 🔲 F	orm 8611 🔲 F	orm 869	7 🗌 Form 8866 🔲	Other (a	ttach schedule) .	L	42		
43	Total ta	ax. Add lines 41 and 42 .								43	129,753	
44a	Payme	nts: A 2013 overpayment c	redited	to 2014 .			44a	10,456				
b	2014 es	stimated tax payments .					44b					
С	Tax de	oosited with Form 8868 .					44c	40,000				
d	Foreign	organizations: Tax paid or	withhe	ld at source	(see ins	tructions) .	44d		00000			
е	Backup	withholding (see instruction	ons) .				44e		S			
f	Credit f	or small employer health in	surance	e premiums	Attach	Form 8941) .	44f					
g		redits and payments:		rm 2439								
	☐ Form	1 4136	☐ Ot	her	-	Total ►	44g					
45	Total p	ayments. Add lines 44a th	rough 4	4g						45	50,456	
46	Estimat	ted tax penalty (see instruc	tions). C	Check if Form	n 2220 i	s attached		▶		46		
47	Tax du	e. If line 45 is less than the	total of	lines 43 and	1 46, en	ter amount owed	1		▶ [47	79,297	
48	Overpa	<mark>ayment.</mark> If line 45 is larger t	han the	total of lines	43 and	d 46, enter amou	nt over	paid . <i>.</i>	▶	48		
49	Enter the	amount of line 48 you want:	Credited	to 2015 estim	ated tax	: ▶		Refunded	▶	49		
Part	V S	tatements Regarding C	ertain	Activities	and Ot	ther Information	on (see	instructions)				
1	At any	time during the 2014 calen	dar yea	r, did the org	ganizatio	on have an intere	est in o	r a signature o	or oth	ner authori	ty Yes	No
	over a	financial account (bank, se	curities	, or other) in	a forei	gn country? If Y	ES, the	organization	may	have to fi	le	
	FinCEN	Form 114, Report of Fore	ign Bar	nk and Finan	icial Ac	counts. If YES, e	enter th	e name of the	e fore	eign count	ry 🔛	
	here >											✓
2	During t	he tax year, did the organizati	on recei	ve a distributio	on from,	or was it the grant	or of, or	transferor to, a	forei	gn trust? .		1
	If YES,	see instructions for other for	orms th	e organizatio	n may	have to file.						
3	Enter th	ne amount of tax-exempt in	terest r	eceived or a	ccrued	during the tax ye	ear 🕨	\$				i prilita P
Sche	dule A-	-Cost of Goods Sold.	nter m	ethod of in	ventor	y valuation ▶						
1	Invento	ry at beginning of year	1			6 Inventory a	t end o	fyear		6		
2	Purcha	ses	2	3,240,616		7 Cost of g	goods	sold. Subtra	act			
3	Cost of	labor	3			line 6 from	line 5.	Enter here a	nd			
4a	Additio	nal section 263A costs				in Part I, lin	e2 .			7 :	3,240,616	
	(attach	schedule)	4a			8 Do the rule	es of s	section 263A	(with		Tita	No
b	Other o	costs (attach schedule)	4b					d or acquired				
5		Add lines 1 through 4b	5	3,240,616		to the orga					and state years self-life	✓
	Under	penalties of perjury, I declare that I h	nave exam	ined this return, i	ncluding a	accompanying schedule	es and sta	atements, and to the	ne best	of my knowle	edge and bel	lief, it is
Sign	true, c	orrect, and complete. Declaration of p	reparer (o	ner than taxpaye	r) is based	on all information of w	nich prepa	arer has any knowle	eage.	May the IRS	discuss this	return
Here	1	J LUCLUSON	L.	18	19/1((VP, BUSIN	IESS &	FINANCE, & C	FO_	with the prep	arer shown	below
		ure of officer		Da	e / ·	Title				(see instructio	⊓s)≀ ∐Tes	Пио
Paid		Print/Type preparer's name		Preparer's	signature)		Date	Cho	ck 🗆 if	PTIN	
Prepa	arer									employed		
-		Firm's name ▶							Firm	's EIN ►		
Use (Unity	Firm's address ▶							1	ne no.		

Cohodula C. Dant lassass	· /Euoro D	I Desc		Dorses	al Duan	and i		and With Dool Draw	orty)
Schedule C - Rent Income (see instructions)	e (From Rea	Pro	perty and	rerson	ai Prop	erty L	_ea	isea with Real Prof	Jei tyj
1. Description of property									
(1) AUBURN ARENA	LIM OF FINE AS								
(2) JULE COLLINS SMITH MUSE (3) STUDENT CENTER	UNI OF FINE AF	<u> </u>							
(4) AG HERITAGE PARK PAVILIO									
(4) AG HERITAGE PARK PAVILIO	2. Rent receive	d or acc	crued				\neg		
(a) Fundamental and the state of the state o				d		Aba	\dashv	3(a) Deductions directly o	onnected with the income
(a) From personal property (if the per- for personal property is more than more than 50%)		perce) From real ar ntage of rent or if the rent	for personal	property e	exceeds			2(b) (attach schedule)
(1)	151,141						1		85,669
(2)	103,460						\top		10,214
(3)	138,697						\top		122,663
(4)	25,238								25,238
Total	418,536	Total					\top	(L) T. L. L. d. d. d. ak. ak.	
(c) Total income. Add totals of co			nter			•		(b) Total deductions. Enter here and on page 1	
here and on page 1, Part I, line 6,	column (A) .		•			418,53	- 1	Part I, line 6, column (B)	•
Schedule E-Unrelated De	ebt-Finance	d Inc	ome (see	instructio	ns)				
1. Description of del	bt-financed prope	rty			income fro			3. Deductions directly conn debt-finance	ed property
				1	property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)									
(2)									
(3)									
(4)									
4. Amount of average	5. Average			6	Column				8. Allocable deductions
acquisition debt on or allocable to debt-financed property (attach schedule)	debt-final	llocable nced pr sched	operty	4	divided column 5		7.	Gross income reportable (column 2 × column 6)	(column 6 × total of columns 3(a) and 3(b))
(1)			%						
(2)						%			
(3)						%			
(4)						%			
Totals						▶		ter here and on page 1, art I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deduct						<u></u>		<i></i> . >	
Schedule F-Interest, Ann	uities, Roya	ties,						nizations (see instruc	ctions)
			Exempt 0	Controlled	Organiz	zations			
Name of controlled organization	2. Employe identification nu		3. Net unrela (loss) (see in			of specifi nts made		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							-		
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations					-			
7. Taxable Income	8. Net unre (loss) (see				tal of spec ments ma			10. Part of column 9 that is included in the controlling organization's gross income	connected with income in
(1)					100-1	_			
(2)									
(3)									
(4)									
								Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part 1, line 8, column (B).
Totals							•		
							-		

Schedule G-Investment Incor	ne of a Section	501(c	1(7), (9),	or (17) Organi	zation (see ins	truction	s)	raye
1. Description of income	2. Amount of inco		3. dire	Deductions ctly connected ach schedule)	4. Set-asid	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			<u> </u>					
(2)								
(3)								
(4)						-		
	Enter here and on Part I, line 9, colur	page 1, nn (A).						re and on page 1, ne 9, column (B).
Totals ▶								
Schedule I-Exploited Exempt	Activity Incom	e, Oth	er Than	Advertising In	come (see ins	truction	s)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	di conne prod uni	xpenses irectly ected with uction of related ess 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	attrib	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising Incom	ne (see instructio	ns)		Middle Marries and American State of the Control of				
Part I Income From Period			Consoli	dated Basis				
		T		4. Advertising		T		7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct ising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership costs	costs (column 6 minus column 5, but not more than column 4).
(1)				Market Committee				1. 76 A
(2)								
(3)								
(4)								
						1		and the second s
Totals (carry to Part II, line (5)) Part II Income From Period	► dicals Reported	on a	Separat	te Basis (For ea	ach periodical	listed i	n Part II.	fill in columns
2 through 7 on a line-	by-line basis.)		-		-			
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Tiger Transit Advertising - McNutt	41,142							
(2)								
(3)								
(4)								
Totals from Part I	>							
	Enter here and on page 1, Part I, line 11, col. (A).	page	nere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	41,142				de de la companya de		建	
Schedule K—Compensation of	Officers, Direc	ctors,	and Tru	stees (see instru				
1. Name				2. Title	3. Percent of time devoted business			tion attributable to ed business
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Total. Enter here and on page 1, Part II,	line 14					•		

Part I, Line 1a, Gross receipts or sales

AU Aviation	1,727,311
AU Bookstore & Website	1,396,976
AUM Events & Conferences	194,615
Museum Gift Shop	41,440
Off Campus Communications	173,034
Pharmacy Health Services	5,869
Samford Hall Collection	10,440
Ag Ropes Course	12,884
AU Hotel & Dixon Conference Center	12,816,188
Plainsman Park Physical Therapy	73,500
Recreation & Wellness Center	88,150
Satellite Art Gallery	5,925
	16,546,332

Part I, Line 2, Cost of goods sold

AU Aviation	975,963
AU Bookstore & Website	898,914
Museum Gift Shop	21,076
Pharmacy Health Services	138
Samford Hall Collection	8,885
AU Hotel & Dixon Conference Center	1,335,640
	3,240,616

AUBURN UNIVERSITY EIN: 63-6000724 2014 FORM 990-T

FOR THE YEAR ENDED SEPTEMBER 30, 2015

Part I, Line 5, Income (loss) from partnerships and S corporations

Partnership Name	EIN	UBI
AG Realty Fund VIII, LP	27-2996434	19,074
Bay North Realty Fund VII, LP (2013 K-1)	20-5943631	(88,807)
Bay North Realty Fund VII, LP (2014 K-1)	20-5943631	(40,827)
Denham Commodity Partners Fund VI LP	45-2484628	(162,610)
Encap Energy Capital Fund IX, L.P.	80-0860738	(92,509)
Encap Flatrock Midstream Fund III, LP	63-6000724	(9,842)
Greenspring Global Partners V-B, LP	27-4255887	169
Lexington Capital Partners VI-A, LP	34-2047994	17,215
Landmark Equity Partners XV, LP	46-1153167	3,198
Natural Gas Partners VIII, LP	20-3701566	387,512
Natural Gas Partners IX, LP	26-0632609	11,872
NPG Natural Resources X., LP	45-4110691	(339,102)
Walton Street Real Estate Fund V, LP	20-3719884	2,534
	_	(292,123)
	_	

Part II, Line 15, Salaries and wages

AU Aviation	499,931
AU Bookstore & Website	107,099
AUM Events & Conferences	35,914
Museum Gift Shop	1,870
Off Campus Communications	34,321
Pharmacy Health Services	62
Ag Ropes Course	59,910
AU Hotel & Dixon Conference Center	5,175,281
Plainsman Park Physical Therapy	93,351
Recreation & Wellness Center	115,298
Satellite Art Gallery	7,275
	6,130,312

Part II, Line 16, Repairs and maintenance

AU Aviation	21,075
AU Bookstore & Website	184
AUM Events & Conferences	6,066
Museum Gift Shop	880
Off Campus Communications	2,041
Ag Ropes Course	1,738
AU Hotel & Dixon Conference Center	267,131
Plainsman Park Physical Therapy	1,520
Satellite Art Gallery	65
	300,700

Part II, Line 17, Bad debts

AU Bookstore & Website	64
AU Hotel & Dixon Conference Center	10,363
	10,427

Part II, Line 28, Other deductions

Part II, Line 28, Otner deductions													
						Pharmacy			AU Hotel	Plainsman	Recreation Satellite	Satellite	
		AU Bookstore	AU Bookstore AUM Events	Museum	Off Campus	Health	Samford Hall Ag Ropes	Ag Ropes	& Dixon	Park Physical	& Wellness	Art	
	AU Aviation	& Website	& Conferences		Gift Shop Communications	Services	Collection	Course	Conf Center	Therapy	Center	Gallery	Total
Accounting, Legal & Administrative	142,855	13,556	-	9,886	1,664	,	'	2,482	35,332	25,738	1,275	17,125	249,913
Bank Fees	29,341	36,542	2,075	•	•	•	1	1	323,218	107	•	•	391,283
Contract Services	•	•	•	•	•	•	•	•	89,882	•	•	•	89,882
Freight	4,001	4,832	•	24	•	•	•	•	•	•	•	,	8,857
Insurance	28,893	317	•	'	•	•	•	1,443	128,990	•	•	•	159,643
Marketing & Advertising	3,042	898'6	•	'	•	•	•	•	320,340	•	893	•	334,143
Membership Dues & Training	1,853	2,131	•	•	•	•	•	•	107,193	•	1	,	111,177
Other	29,381	12,233	19,276	(141)	1,024	,	•	•	3,388,134	6,341	1,886	2,178	3,460,312
Postage, Printing & Copying	2,377	102	958		1	1	•	•	26,546	•	34	•	30,017
Professional Services	1,338	446	•	'	•	•	•	1	94,083	•	20	•	95,917
Rental	1,720	1,919	'	,	•	'	1	1	35,862	•	31	16,668	56,200
Supplies	12,413	7,915	5,253	687	20	20	•	6,005	334,813	2,353	1,165	460	371,104
Telephone	6,232	4,226	1,904	'	265	'	•	•	5,423	•	•	1,533	19,915
Travel, Meals & Entertainment	962	276	911	925	1,010	•	•	1,834	33,995	170	3,257	130	43,470
Uniforms	1,846	•	•	•	•	•	•	•	23,552	•	•	•	25,398
Utilities	31,433	•	•	•	1,276	'	•	268	582,791	•	'	•	615,768
Eliminate losses on areas with no profit motive	,	,	,	'		'	•	(960'.	(248,041)	(26,080)		(35,739) (39,509)	(440,165)
	297.687	94.363	30.377	11,381	5,591	20		(48,764)	5,282,113	(21,371)	(27,148)	(1,415)	5,622,834

Schedule C, Line 3(a), Deductions directly connected with rental income

		Jule Collins		Ag Heritage	
	Auburn	Smith	Student	Park	
	Arena	Museum	Center	Pavilion	Total
Salaries & Wages	59,223	_	92,021	38,593	189,837
Repairs & Maintenance	2,982	-	208	5,180	8,370
Bad Debt Expense	-	-	-	-	-
Accounting, Legal & Administrative	-	-	-	-	-
Bank Fees	490	-	854	-	1,344
Contract Services	-	-	-	-	-
Freight	-	-	-	-	-
Insurance	3,369	-	-	-	3,369
Marketing & Advertising	-	-	-	-	-
Membership Dues & Training	-	-	-	-	-
Other	13,863	74	22,841	-	36,778
Postage, Printing & Copying	25	47	-	-	72
Professional Services	-	10,055	-	-	10,055
Rental	744	38	-	-	782
Supplies	3,558	-	6,739	-	10,297
Telephone	206	-	-	373	579
Travel, Meals & Entertainment	1,209	-	-	-	1,209
Uniforms	-	-	-	-	-
Utilities	-	-	-	2,331	2,331
Eliminate losses on areas with					
no profit motive		-		(21,239)	(21,239)
	85,669	10,214	122,663	25,238	243,784

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No. 1545-0172

63-6000724

Identifying number

2 3

4

8

9 10

11

12

Attachment Sequence No. 179

► Attach to your tax return. Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return AUBURN UNIVERSITY 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)

3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . .

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

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11

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 16 Other depreciation (including ACRS) 16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Se	Cti	on	1

17 MACRS deductions for assets placed in service in tax years beginning before 2014 777,846 18 If you are electing to group any assets placed in service during the tax year into one or more general

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 (g) Depreciation deduction placed in (business/investment use (e) Convention (f) Method period service only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property 27.5 yrs. S/L h Residential rental MM 27.5 yrs. property MM S/L i Nonresidential real ММ S/L 39 yrs. property ММ S/L

Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40 yrs. ММ S/L **c** 40-year

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 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

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

4,742

782,588

21

22

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

		For any ve olumns (a)											lease	expens	se, con	nplete o i	n ly 24a,	
	Section A	- Depreci	ation and	Other In	formati	ion (Ca	ution:	See th	e instr	ructio	ons for	limits	for pas	ssenge	r autor	nobiles.)		
24a	Do you have ev					_										☑ Yes		
	(a) e of property (list rehicles first)	(b) Date placed in service	(c) Business/ investment u percentage	se Cost or o	d) other basis		(e) for depre ness/inves use only)	stment	(f) Recov perio	very	(g Meth Conve	od/		(h) preciation eduction	n E	(i) lected sec cost		
25	Special dep	reciation a	llowance	for qualifie	ed liste	d prop	erty pla	ced in	n servi	ce c	during	Γ			98			
	the tax year	and used	more than	n 50% in a	qualifie	ed busii	ness us	e (see	instru	ctio	ns) .	25						
26	Property use	ed more tha	an 50% in	a qualifie	d busin	ess use	e:											
2013	Ford F150	01/29/13	100	%	27,83	31 27,83	31		5		S/L - H	Υ		2	2,439			
2015	Chevy Tahoe	04/24/15	100 9		30,36	30,36	61		5		S/L - H	Υ		2	,279	79		
	Ford E-150	02/18/10	100			18,68	39		5		S/L - H	Υ	<u> </u>		24			
_27	Property use	ed 50% or	less in a c	qualified bu	usiness	use:									moun	_	Conference and Confer	
				%							S/L -						op in di	
				%							S/L -							
			1	%							S/L -	T ==	<u> </u>					
	Add amount			-	-					-		_28	L	4	,742			
_29	Add amount	s in colum	n (i), line 2									<u> </u>	<i>.</i>	• 1	29			
	plete this secti our employees,			oy a sole pr	oprietor	r, partne		er "mo	re tha	n 5%	owner						/ehicles	
30	30 Total business/investment miles driven during the year (do not include commuting miles) .				(a) (b) Vehicle 1 Vehicle 2		v			(d) (e) nicle 4 Vehicle 5								
	31 Total commuting miles driven during the year 32 Total other personal (noncommuting)																	
miles driven																		
34	Was the ve				Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	
35	Was the veh than 5% own		•	•														
36	Is another veh	icle availabl	le for perso	onal use?									 					
more	wer these que e than 5% ow	stions to d ners or rela	letermine ated pers	ons (see in	et an ex estruction	ception ons).	to com	npletin	g Sect	tion	B for v	ehicle	s used	by em	ployee			
37	Do you mair your employ		ten policy	statemer	nt that p	orohibit:	s all per	rsonal	use o	of vel	hicles, 	includ	ding co	mmutir 	ng, by 	Yes	No	
38	Do you mair employees?																	
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners																		
41	Do you meet	the requir	ements c	oncernina	qualifie	ed autor	nobile d	demor	stratio	on us	se? (Se	e ins	truction	s.) .		-		
	Note: If you			•							,			,		Salah Salah		
Pa	rt VI Amor							,				•						
	(s Descriptio	a) n of costs		(b) Date amortiza begins	ation	Amo	(c) rtizable ar	mount		(d) Code section		1	(e) Amortization period or Amortization		Amorti	(f) ortization for this year		
42	Amortization	of costs th	hat begins	s during yo	our 2014	4 tax ye	ar (see	instru	ctions):								

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

Form 4562, Line 22, Total depreciation

AU Aviation	12,916
AU Bookstore & Website	42
Off Campus Communications	2,717
Jule Collins Smith Museum of Fine Art	21,253
AU Hotel & Dixon Conference Center	745,660
	782,588

Form 4626

Department of the Treasury Internal Revenue Service

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

2014

Name			Employer	identificatio	n number
AUBUI	RN UNIVERSITY			63-6000	724
	Note: See the instructions to find out if the corporation is a small corporation ex	kempt	from the		
	alternative minimum tax (AMT) under section 55(e).				
1	Taxable income or (loss) before net operating loss deduction			1	382,626
•	Advistor and anafavances				
2	Adjustments and preferences:			2a	0.005
a	Depreciation of post-1986 property			2b	8,085
b	Amortization of certified pollution control facilities			2c	
C	Amortization of circulation expenditures (personal holding companies only)			2d	
d				2e	(24.246)
e	Adjusted gain or loss			2f	(21,346)
f	· ·			2g	
g	Merchant marine capital construction funds			2g	
h :	Tax shelter farm activities (personal service corporations only)			2i	
i :	Passive activities (closely held corporations and personal service corporations only)			2j	
ı,	Loss limitations			2k	
k	Depletion			21	
' 	Tax-exempt interest income from specified private activity bonds			2m	
m	Intangible drilling costs			2n	0
n	Other adjustments and preferences			20	
о 3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2			3	369,365
3	rie-adjustifient alternative minimum taxable income (Aivin). Combine lines i tillough a	.0			309,303
4	Adjusted current earnings (ACE) adjustment:				
a	ACE from line 10 of the ACE worksheet in the instructions	1			
_	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a				
b	negative amount (see instructions)				
С	Multiply line 4b by 75% (.75). Enter the result as a positive amount				
	malapy into to 2, ye /c (// c), into the result at a pecific all results at a pecific at a pecif	<u> </u>			
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				
	(even if line 4b is positive)				
е	ACE adjustment.			7	
·	If line 4b is zero or more, enter the amount from line 4c	1		4e	
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	ınt }		"	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any A			5	369,365
6	Alternative tax net operating loss deduction (see instructions)			6	
•	, manifestation (and manifestation)				
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation	held :	a residual		
•	interest in a REMIC, see instructions			7	369,365
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0)- on lii	ne 8c):	5022 mg	
а	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				
b	Multiply line 8a by 25% (.25))			
С	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a completing t	ontroll	ed group,		
	see instructions). If zero or less, enter -0-			8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0			9	369,365
10	Multiply line 9 by 20% (.20)			10	73,873
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)			11	
12	Tentative minimum tax. Subtract line 11 from line 10			12	73,873
13	Regular tax liability before applying all credits except the foreign tax credit			13	129,753
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Er	iter he	re and on		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax	return		14	0

AUBURN UNIVERSITY

EIN: 63-6000724

2014 FORM 990-T (FORM 4626)

FOR THE YEAR ENDED SEPTEMBER 30, 2015

Form 4626, Line 2, Adjustments and preferences

Partnership Name	EIN	Line 2a Depreciation of post-1986 property	Line 2e Adjusted gain or loss	Line 2n Intangible drilling costs**
Bay North Realty Fund VII, LP (2013 K-1)	20-5943631	686		
Bay North Realty Fund VII, LP (2014 K-1)	20-5943631	(1,264)		
Denham Commodity Partners Fund VI LP	45-2484628	1,117	(2)	7,061
Greenspring Global Partners V-B, LP	27-4255887	3		
Natural Gas Partners VIII, LP	20-3701566	3,433	(17,867)	(20,141)
Natural Gas Partners IX, LP	26-0632609	1,153	(2,368)	(22,003)
NPG Natural Resources X., LP	45-4110691	2,957	(1,109)	14,677
		8,085	(21,346)	(20,406)

^{**}IDC preference calculation resulted in a negative number. Therefore, zero was entered on form 4626.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Auburn University 126 Ingram Hall Auburn University, AL 36849 63-6000724

The taxpayer is hereby making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Reg. Sec. 1.263(a)-3(n) Election to Capitalize Repair and Maintenance Costs

Auburn University 126 Ingram Hall Auburn University, AL 36849 63-6000724

The taxpayer is hereby making the election to capitalize repair and maintenance costs under Reg. Sec. 1.263(a)-3(n).

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	TIEVENDO COLVICO		isu detional to at www	· ·	L		···	
• If yo	u are filing for an Automatic 3-Month Exter u are filing for an Additional (Not Automati	c) 3-Month Exten	sion, complete onl	y Part II (on page 2 of	this f	orm).		
Do no	ot complete Part II unless you have already	been granted an	automatic 3-month	extension on a previou	siy ili	ea Forn	1 8868.	
a corp 8868 1 Return	ronic filing (e-file). You can electronically file coration required to file Form 990-T), or an a to request an extension of time to file any in for Transfers Associated With Certain F ctions). For more details on the electronic fill	additional (not auto of the forms listed Personal Benefit C	omatic) 3-month ext of in Part I or Part II Contracts, which me	ension of time. You ca with the exception of ust be sent to the IR	n eled Form S in	tronica 8870, paper	illy file Form Information format (see	
Part	Automatic 3-Month Extension of	f Time. Only sub	omit original (no co	pies needed).				
A cor	poration required to file Form 990-T and only	requesting an a	utomatic 6-month	extension-check this				
All oth	ner corporations (including 1120-C filers), pa	ntnerships, REMIC	S, and trusts must t	use Form 7004 to requ	øst a	n exten	sion of time	
	Income tax returns.							
				Enter filer's identifying				
Туре	or Name of exempt organization or other file	er, see instructions.		Employer identification	numb	x (EIN) ()r	
print	Auburn University				00072	4		
File by t	Number, street, and room or suite no. If a	a P.O. box, see instru	uctions.	Social security number	(SSN)			
due date	e for 1550 East Glenn Ave.							
filling you return. S		ode. For a foreign a	ddress, see instruction	S.				
instruct	lons. Auburn University, Al 36849							
Enter	the Return code for the return that this appli	cation is for (file a	separate application	for each return) .			. 07	
Appli	ication	Return	Application				Return	
is Fo	or	Code	ls For				Code	
Form	990 or Form 990-EZ	01	Form 990-T (corpo	oration)			07	
Form	1 990-BL	02	Form 1041-A			08		
Form	4720 (Individual)	03	Form 4720 (other t	han individual)			09	
Form	1990-PF	04	Form 5227				10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form	990-T (trust other than above)	06	Form 8870				12	
Tele • If the	e organization does not have an office or pla is is for a Group Return, enter the organization	Face of business in toon's four digit Gro	ax No. ▶ the United States, c up Exemption Numb	oer (GEN)		If th		
for the	whole group, check this box	. If it is for par	t of the group, check	k this box	▶ [and a	ttach	
a list v	with the names and EINs of all members the							
1	I request an automatic 3-month (6 months		•					
	until August, 15, 20, 16, to file to for the organization's return for:	he exempt organiz	zation return for the	organization named at	oove.	The ext	tension is	
	► ☐ calendar year 20 or							
2	► ☑ tax year beginning Octobe If the tax year entered in line 1 is for less the Change in accounting period	r 1, , 20 nan 12 months, ch	14, and ending eck reason: ☐ Initia	September 30, al return		, 20	15	
3a	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
ь	nonrefundable credits. See instructions. If this application is for Forms 990-PF,	000-T 4700 6- 4	SOGO enter any raf	undable credite and	3a	Ψ	50,000	
	estimated tax payments made. Include any	prior year overpa	lyment allowed as a	credit.	3b	\$	(10,000)	
	Balance due. Subtract line 3b from line 3a EFTPS (Electronic Federal Tax Payment Sy	/stem). See instruc	ctions.		3c		40,000	
Cautio	on. If you are going to make an electronic funds w	ithdrawal (direct deb	oit) with this Form 8868	, see Form 8453-EO and	Form	8879-E0) for payment	



Department of Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	September 30, 2015
Notice date	March 14, 2016
Employer ID number	63-6000724
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

194443.643331.269014.30931 1 AT 0.416 370 լգլլաննան գրդանություն անդագահան անձագահան անձագահան անձագահան անձագահ

AUBURN UNIVERSITY % PAYROLL & EMPLOYEE BENEFITS 1550 E GLENN AVE AUBURN AL 36830-5743

194443

Extension should have been to August 15, 2016 on a 990-T, not a 990. See subsequent letter.

Important information about your September 30, 2015 Form 990

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, 2015 Form 990. Your new due date is May 15, 2016.

What you need to do

File your September 30, 2015 Form 990 by May 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

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.

MAR -7 20%
PEB



OGDEN UT 84201-0038

In reply refer to: 0438081548 May 31, 2016 LTR 333C 0 63-6000724 201509 34

00013312

BODC: TE

AUBURN UNIVERSITY
% PAYROLL & EMPLOYEE BENEFITS
1550 E GLENN AVE
AUBURN AL 36830-5743



066604

Taxpayer Identification Number: 63-6000724 Tax Period(s): Sep. 30, 2015

Form: 8868

Dear Taxpayer:

Thank you for the inquiry of May 19, 2016.

We considered your request for an extension of time to file your Form 990T for the tax period Sep. 30, 2015.

We have approved your application and have extended the time to Aug. 15, 2016.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone	Number	()	Hours
-----------	--------	---	---	-------

We apologize for any inconvenience we may have caused you.

JUN - 1 2016

0438081548 May 31, 2016 LTR 333C 0 63-6000724 201509 34 00013313

AUBURN UNIVERSITY % PAYROLL & EMPLOYEE BENEFITS 1550 E GLENN AVE AUBURN AL 36830-5743

Thank you for your cooperation.

Sincerely yours,

Ginni L. Redfern

Program Manager, AM OPS 1

Enclosure(s):

Copy of this letter