Form 990-T

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

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning OCT 1. , 2015, and ending SEPT. 30, 20 16 2015 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). A Check box if address changed D Employer identification number B Exempt under section AUBURN UNIVERSITY (Employees' trust, see instructions.) **Print** ☑ 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. or 63-6000724 408(e) 220(e) 126 INGRAM HALL Type E Unrelated business activity codes 530(a) ☐ 408A City or town, state or province, country, and ZIP or foreign postal code (See instructions.) 529(a) **AUBURN UNIVERSITY, AL 36849** 451211 C Book value of all assets at end of year 531120 F Group exemption number (See instructions.) ▶ 2,936,166,128 G Check organization type ► ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ► BOOKSTORE; RENTALS 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 ▶ AMY DOUGLAS, CONTROLLER Telephone number ▶ 334-844-3604 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 17,451,145 **b** Less returns and allowances Balance ▶ 1c 17,451,145 2 Cost of goods sold (Schedule A, line 7) . 2 3,188,469 3 Gross profit. Subtract line 2 from line 1c. 3 14,262,676 14,262,676 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b C 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 (220, 279)(220, 279)6 6 1,129,105 721,126 407,979 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 11 31.626 31,626 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 13 13 15,203,128 721,126 14,482,002 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 6,578,246 16 Repairs and maintenance 16 331,143 17 17 5,369 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) . 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return . . . 22a 22b 774,863 23 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 6,192,487 29 Total deductions. Add lines 14 through 28 29 13,882,108 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 599,894 31 Net operating loss deduction (limited to the amount on line 30) 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . 32 599,894 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 34 598,894

Part		ax Computation										
35	Organ	izations Taxable as Corp	orations	. See instru	ctions for	tax computa	tion C	controlled arou	ın l			1
	membe	ers (sections 1561 and 156	3) check	here ► 🗀	See instr	uctions and:		ontrolled grou				
а	Enter y	our share of the \$50,000, S	\$25.000. a	and \$9 925 (nn taxahi	e income bra	akata (i	in that ardarl				
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b	Enter o	organization's share of: (1)	Additiona	15% tax (no	t more tha	n \$11 750)	\$					
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36	Trusts	Taxable at Trust Ra	tes. See	instruction	ns for ta	 ex computati	ion Ir	ocome tax o) 33C	20	03,624	
	the am	ount on line 34 from: 🔲 Ta	ax rate sc	hedule or [7 Schedu	e D (Form 10	41)		36			
37	Proxy :	tax. See instructions					, .		37			
38	Alterna	tive minimum tax					• •		38		0	-
39	lotal.	Add lines 37 and 38 to line	35c or 36	, whichever	applies		•		39	20	03,624	
Part	V T	ax and Payments					• •	· · · ·	00		J3,024	L
40a	Foreign	tax credit (corporations atta	ch Form 1	118; trusts at	tach Form	1116) .	40a		30,175			<u> </u>
b	Other of	redits (see instructions) .					40b					
С	Genera	ıl business credit. Attach F	orm 3800	(see instruc	tions).		40c					
d	Credit 1	for prior year minimum tax	(attach Fo	orm 8801 or	8827).		40d					
е	Total o	redits. Add lines 40a throu	igh 40d						40e			
41	Subtra	ct line 40e from line 39 .							41	20	3,624	
42	Other ta	xes. Check if from: Form 4	255 🔲 Foi	m 8611 🔲 Fo	rm 8697 🔲	Form 8866	Other (at	tach schedule) .	42		,0,0 <u>L</u> 1	
43	i otai t	ax. Add lines 41 and 42.							43	20	3,624	
44a	Payme	nts: A 2014 overpayment c	redited to	2015 .			44a				,	
b	2015 e	stimated tax payments .					44b					
C	Tax de	oosited with Form 8868 .					44c	190,000				
d	Foreigr	organizations: Tax paid or	withheld	at source (s	ee instruc	tions) .	44d					
e	Backup	withholding (see instruction	ons) .				44e					
f	Credit 1	or small employer health ir	surance	premiums (A	ttach For	n 8941) .	44f					
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45 46 47 48 49 Part 1 2 3 Sched 1 2 3 4a b 5 Sign Here	Total p Estimat Tax du Overpa Enter the V Si At any over a FinCEN here I During t If YES, Enter th dule A- Invento Purcha Cost of Additio (attach Other c Total. A	ayments. Add lines 44a the ded tax penalty (see instructed tax penalty (see instructions) (see instructions) (see instructions) (see instructions for other for amount of tax-exempt in a mount of tax-exempt in a section 263A costs schedule) (see instructions) (add lines 1 through 4b penalties of perjury, I declare that I in the complete of penalties of perjury, I declare that I in the complete of penalties of perjury, I declare that I in the complete of penalties of penaltie	U Other rough 44, tions). Che total of li han the to certain A dar year, ecurities, ceign Bank on receive orms the other terest recenter me 1 2 3 4a 4b 5	g	2220 is at 46, enter a 43 and 46 ted tax Ind Other Inization has foreign of ial Accounting from, or way have crued during entory variety varie	Information ave an interest country? If YE ints. If YES, er ints it the granto at Cost of grant in Part I, line Do the rules property proto the organipanying schedules information of white VP, BUSINE	n (see st in or is, the nter the or of, or is in end of oods: line 5. 2 . s of see oduced ization's and statich preparets & F	Refunded instructions) a signature or organization rename of the transferor to, a five sold. Subtract Enter here and ection 263A (or acquired for expense, and to the rer has any knowled FINANCE, & CFO	46 47 48 49 49 49 Tother au may have foreign coreign trus foreign trus	thority to file ountry st? . 3,18 ect to apply cnowledge e IRS discue preparer tructions)?	3,624 Yes 8,469 Yes and beli ses this shown	No Vef, it is return below
45 46 47 48 49 Part 1 2 3 Sched 1 2 3 4a b 5 Sign Here	Total p Estimat Tax du Overpa Enter the S At any over a FinCEN here During t If YES, Enter th dule A- Invento Purcha Cost of Additio (attach Other c Total. A Signat	ayments. Add lines 44a the ded tax penalty (see instructe. If line 45 is less than the ayment. If line 45 is larger the amount of line 48 you want: tatements Regarding Countries are account (bank, see I Form 114, Report of Fore the tax year, did the organization see instructions for other fine amount of tax-exempt in Cost of Goods Sold. If ye at beginning of year sees	U Other rough 44, tions). Che total of li han the to certain A dar year, ecurities, ceign Bank on receive orms the other terest recenter me 1 2 3 4a 4b 5	g	2220 is at 46, enter a 43 and 46 ted tax Ind Other Inization has foreign of ial Accounting from, or way have crued during entory variety varie	Information ave an interest country? If YE ints. If YES, er ints it the granto at Cost of grant in Part I, line Do the rules property proto the organipanying schedules information of white VP, BUSINE	n (see st in or is, the nter the or of, or is in end of oods: line 5. 2 . s of see oduced ization's and statich preparets & F	Refunded instructions) a signature or organization rename of the transferor to, a five sold. Subtract Enter here and ection 263A (or acquired for expense, and to the rer has any knowleds of the transferor.	46 47 48 49 49 49 Tother au may have foreign c foreign trus foreign tru	thority to file ountry st? . 3,18 ect to apply cnowledge a IRS discue preparer tructions)?	3,624 Yes 8,469 Yes and beli ses this shown	No Vef, it is return below
45 46 47 48 49 Part 1 2 3 Sched 1 2 3 4a b 5 Sign Here	Total p Estimat Tax du Overpa Enter the V Si At any over a FinCEN here During t If YES, Enter tr dule A- Invento Cost of Additio (attach Other c Total. A Signat	ayments. Add lines 44a the ded tax penalty (see instructe. If line 45 is less than the ayment. If line 45 is larger the amount of line 48 you want: tatements Regarding Countries are account (bank, see I Form 114, Report of Fore the tax year, did the organization see instructions for other fine amount of tax-exempt in Cost of Goods Sold. If ye at beginning of year sees	U Other rough 44, tions). Che total of li han the to certain A dar year, ecurities, ceign Bank on receive orms the other terest recenter me 1 2 3 4a 4b 5	g	2220 is at 46, enter a 43 and 46 ted tax Ind Other Inization has foreign of ial Accounting from, or way have crued during entory variety varie	Information ave an interest country? If YE ints. If YES, er ints it the granto at Cost of grant in Part I, line Do the rules property proto the organipanying schedules information of white VP, BUSINE	n (see st in or is, the nter the or of, or is in end of oods: line 5. 2 . s of see oduced ization's and statich preparets & F	Refunded instructions) a signature or organization rename of the transferor to, a five sold. Subtract Enter here and the extra control of the extra control	46 47 48 49 49 49 Tother au may have foreign coreign trus foreign trus	thority to file ountry st? . 3,18 ect to apply cnowledge e IRS discue preparer tructions)? if ed	3,624 Yes 8,469 Yes and beli ses this shown	No Vef, it is return below

Schedule C—Rent Incom (see instructions)	ne (From Real Pi	operty a	nd Perso	nal Property	Leased With Real Pro	pperty)
1. Description of property						
(1) AUBURN ARENA						
(2) JULE COLLINS SMITH MUSI	EUM OF FINE ART					
(3) STUDENT CENTER	- OIL OF TIME ART					
(4) FROM CONTINUATION - SEE	E STATEMENT #8					
	2. Rent received or a	accrued				
(a) From personal property (if the personal property is more than more than 50%)	ercentage of rent n 10% but not per	(b) From real	nt for person	Il property (if the al property exceeds n profit or income)	3(a) Deductions directly in columns 2(a) and	connected with the income d 2(b) (attach schedule)
(1)	247,718					
(2)	74,800					134,17
(3)	151,215					4,25
(4)	655,372					144,46
Total	1,129,105 Total					438,22
(c) Total income. Add totals of c here and on page 1, Part I, line 6, Schedule E—Unrelated D	columns 2(a) and 2(b).	Enter			(b) Total deductions. Enter here and on page Part I, line 6, column (B)	1, ▶ 721,120
- Cinciated D	ent-rillanceu in	come (se	e instructi	ons)		
1. Description of de	ebt-financed property		2. Gros	s income from or	3. Deductions directly con debt-finance	nected with or allocable to sed property
,	and manage property		allocable	to debt-financed property	(a) Straight line depreciation	(b) Other deductions
(1)					(attach schedule)	(attach schedule)
(2)						
(3)						
(4)						
4. Amount of average	5. Average adjus	tod basis				
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocab debt-financed p (attach sche	le to property		5. Column 4 divided y 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		 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,	and Ren	ts From	Controlled Or	ganizations (see instruc	ctions)
		Exempt	Controlled	Organizations		
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specifi payments made		6. Deductions directly connected with income in column 5
(1)		 -				
(2)						
(3)						
(4)						
Nonexempt Controlled Organiz	zations	<u> </u>				
7. Taxable Income	8. Net unrelated in (loss) (see instruc			tal of specified ments made	10. Part of column 9 that is included in the controlling organization's gross income	connected with income in
(1)						
(2)						
(3)						
4)				1000 1000		
Fotolo					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 I, line 8, column (B).
Гotals	· · · · · ·	· · · ·	· · ·	<u></u> .	>	

Schedule G-Investment Incon	ne of a Section	501(c))(7), (9),	or (17) Organia	zation (see insti	ructions	s)	
1. Description of income	2. Amount of inco		3. dired	Deductions ctly connected ach schedule)	4. Set-asides (attach schedu	;	5. To and s	otal deductions et-asides (col. 3 olus col. 4)
(1)								
(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					1000	ar it		
Schedule I-Exploited Exempt	Activity Incom	e. Oth	er Than	Advertising In	come (see insti	ruction	-1	
					Come (see msu	uctions	>)	I .
Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne produ unr	penses rectly 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)		<u> </u>						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page line 10	ere and on 1, Part I, I, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising Incon	ne (see instruction	ns)		V2.3 5 5 5 5 1 10 1 4 5 10 10 1 10 10 10 10 10 10 10 10 10 10 1		2050 82 50-50965 0		1
Part I Income From Period	licals Reported	l on a	Consoli	dated Basis				
				4. Advertising				7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct sing costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								and then the
(4)								
								1 page 4011 1 Cale (2004) 411 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Totals (carry to Part II, line (5)) Part II Income From Period		on a	Separat	te Basis (For ea	ich periodical l	isted ir	n Part II,	fill in columns
2 through 7 on a line-	by-line basis.)							
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) Tiger Transit Advertising - McNutt	31,626							
(2)								
(3)								
(4)								
Totals from Part I	-							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page line 11	ere and on 1, Part i, , col. (B).					Enter here and on page 1, Part II, line 27.
Schedule K—Compensation of			and Tru	stees (see instri	ictions)			I
1. Name	omooro, pirec	10.0,		2. Title	3. Percent of time devoted to	4. (ion attributable to
(1)					business			
(2)					9/			
(3)		 			9/			
(4)					9/			
Total. Enter here and on page 1, Part II, I	ine 14					<u>6</u>		
naitil, i					.	1		

Part I, Line 1a, Gross receipts or sales

AU Aviation	1,513,509
AU Bookstore & Website	1,460,923
AUM Events & Conferences	211,335
Museum Gift Shop	42,207
Off Campus Communications	197,926
Pharmacy Health Services	7,617
Samford Hall Collection	5,726
Ag Ropes Course	28,497
AU Hotel & Dixon Conference Center	13,793,196
Plainsman Park Physical Therapy	80,228
Recreation & Wellness Center	90,097
Aquatic Center	15,565
Satellite Art Gallery	4,319
	17,451,145

Part I, Line 2, Cost of goods sold

AU Aviation	716,006
AU Bookstore & Website	964,211
Museum Gift Shop	17,227
Pharmacy Health Services	688
Samford Hall Collection	4,196
AU Hotel & Dixon Conference Center	1,486,141
	3,188,469

AUBURN UNIVERSITY

EIN: 63-6000724 2015 FORM 990-T

FOR THE YEAR ENDED SEPTEMBER 30, 2016

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

EIN	UBI
27-2996434	789
20-5943631	(46,966)
45-2484628	(16,499)
80-0860738	(73,750)
47-2732735	(18,565)
46-4943834	(17,543)
27-4255887	(244)
34-2047994	255
46-1153167	39,974
20-3701566	165,021
26-0632609	(293)
45-4110691	(255,382)
20-3719884	2,924
	(220,279)
	27-2996434 20-5943631 45-2484628 80-0860738 47-2732735 46-4943834 27-4255887 34-2047994 46-1153167 20-3701566 26-0632609 45-4110691

Part II, Line 15, Salaries and wages

AU Aviation	562,336
AU Bookstore & Website	131,355
AUM Events & Conferences	15,807
Museum Gift Shop	32
Off Campus Communications	84,654
Pharmacy Health Services	203
Ag Ropes Course	7,633
AU Hotel & Dixon Conference Center	5,476,214
Plainsman Park Physical Therapy	95,985
Recreation & Wellness Center	143,705
Aquatic Center	56,699
Satellite Art Gallery	3,623
	6,578,246

Part II, Line 16, Repairs and maintenance

AU Aviation	23,964
AU Bookstore & Website	315
AUM Events & Conferences	19,039
Museum Gift Shop	880
Off Campus Communications	18,397
AU Hotel & Dixon Conference Center	261,219
Plainsman Park Physical Therapy	2,276
Aquatic Center	5,053
	331,143

Statement #6

AUBURN UNIVERSITY EIN: 63-6000724 2015 FORM 990-T FOR THE YEAR ENDED SEPTEMBER 30, 2016

Part II, Line 17, Bad debts

AU Bookstore & Website	346
AU Hotel & Dixon Conference Center	5,023
	5,369

AUBURN UNIVERSITY EIN: 63-6000724 2015 FORM 990-T FOR THE YEAR ENDED SEPTEMBER 30, 2016

Part II, Line 28, Other deductions

						Pharmacy			AU Hotel	Plainsman	Recreation		Satellite	
			AU Bookstore AUM Events	Museum	Off Campus	Health	Samford Hall Ag Ropes	Ag Ropes	& Dixon	Park Physical	& Wellness	Aquatic	Αť	
	AU Aviation	& Website	& Conferences	Gift Shop	Giff Shop Communications	Services	Collection	Course	Conf Center	Therapy	Center	Center	Gallery	Total
Accounting, Legal & Administrative	112,245	19,381	•	17,003	1,593	1	٠	21,513	31,686	26,491	9,912		7,405	247,229
Bank Fees	20,428	70,307	1,738	1	•	•	•	٠	375,062	331	1	-		467.867
Contract Services	•	•	•	•	•	•	•	•	204,959	•	1	•	,	204,959
Freight	4,675	6,147	•	47	•	Ī	•	r	•	•	1	S	٠	10.874
Insurance	25,844	418	r	•	•	,	•	•	136,415	•			1	162,677
Marketing & Advertising	5,378	30,871	•	•	•	1	2,432	•	315,300	•	785	,	87	354,853
Membership Dues & Training	1,913	168	1	,	•	1	•	•	143,381	1	•	•		145,462
Other	33,130	15,286	21,734	2,324	1,679	·	1	ı	4,119,942	5,967	5,331	803	2.182	4.208,378
Postage, Printing & Copying	2,192	223	34	7	190	•	•	,	34,971		391	•	•	38,008
Professional Services	2,325	466	•	1		•	•	r	111,140	,	•	296	•	114,898
Rental	2,069	2,375	347	•	3	•	•	•	50,437	•	19	835	8,554	64,636
Supplies	6,921	5,664	896'9	1,050	36	99	'	•	329,844	3,329	862	14,673	360	369,773
Telephone	7,191	2,412	2,215	•	937	•	•	٠	•	•	•	153	625	13,533
Travel, Meals & Entertainment	1,977	627	1,016	171	•	1	•	1,514	43,015	141	4,222		96	52,779
Uniforms	472	•	•	•			,	1	29,780	•		1	٠	30,252
Utilities	29,965	•	•	1	604	1	•	73	562,267	í	1	•	•	592,909
Eliminate losses on areas with														
no profit motive	ı	-	•		-	•	1	(2,236)	(672,705)	(54,292)	(75,130)	(63,624) (18,613)	(18,613)	(886,600)
	256,725	154,345	34,052	20,602	5,039	99	2,432	20,864	5,815,494	(18,033)	(23,608)		969	6,192,487

Statement #8

Schedule C Continuation - Rent Income

Line 1 - Description of property	AG Heritage Park Pavillion	Jordan Hare Stadium	Pebble Hill	Tatal
Line 2(a) - Personal property >10% and <50% Line 2(b) - Personal property > 50%	23,138	620,778	11,456	Total 655,372
Line 3(a) - Deductions directly connected	- 23,138	- 413,467	- 1,623	- 438,228

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

Repairs & Maintenance 10,256 186,692 - 1,510 98,425 35,178 193 Bad Debt Expense - 1,162 3,453 20 Accounting, Legal & Administrative Bank Fees 301 - 864 - 864	otal 3,245 1,563 - ,165
Repairs & Maintenance 10,256 186,692 - 1,510 98,425 35,178 193 Bad Debt Expense - 1,162 3,453 20 Accounting, Legal & Administrative Bank Fees 301 - 864 - 864	3,245 ,563 - - ,165 -
Bad Debt Expense 1,162 3,453 20 Accounting, Legal & Administrative	,563 - - ,165 -
Accounting, Legal & Administrative	- - ,165 -
Bank Fees 301 864 -	-
Contract Services - 864 -	-
	-
Freight	-
Inquirence	004
	,021
	60
Membership Dues & Training Other	-
31.101 /3.116 137 24 42.000	,398
Professional O & Copying 487 - 6 19	512
Professional Services 23,172 164,099 4,055 191	,326
1,150 8,727	,320 ,877
7,001 5.997 - 25 29.965	,677 ,448
1.179 8.100 45 CCC 200	
ravel, Meals & Entertainment 5.490	,662
	,490
Utilities - 10,000 - 521 4.897 15	-
Eliminate losses on areas with 521 4,897 15	418
no profit motive (21,059) (21	059)
	126

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172 Attachment

Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number **AUBURN UNIVERSITY** 63-6000724 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 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 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2014 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 13 Carryover of disallowed deduction to 2016. 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.) Section A MACRS deductions for assets placed in service in tax years beginning before 2015 769,498 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 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (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. h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. ММ S/L property ММ S/L Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 5,365 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 774,863 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	4362 (2015)																Page 2
Pa	rt V Liste	d Propert for enterta	y (Incl	ude autom t, recreatio	obiles	certai	n othe	r vehic	eles, c	erta	in aire	craft,	certair	n com	puter	s, and p	roperty
	Note:	For any v	ehicle fo	or which you	ıı, ora ıare us	ina the	nent.) e standa	ard mile	aaga ra	ato c	or dod	uotina					
	24b, c	olumns (a)	through	(c) of Section	on A, a	of Sec	ction B,	and Se	ection	C if	applic	able.	lease	expen	se, co	mpiete c	nly 24a
	Section A	—Depreci	ation a	nd Other In	format	ion (Ca	ution:	See th	e instru	uctio	ons for	limits	for pas	ssenge	er auto	mobiles.	.)
248	a Do you have e	vidence to su	pport the	business/inve	stment u	se claime	ed? 🔽	Yes	No							? √ Yes	
	(a) e of property (list vehicles first)	(b) Date placed in service	Busines investment percenta	tuse Cost or d	(d) other bas		(e) for depre ness/inve use only	stment	(f) Recove period		(g Meth Conve	nod/		(h) oreciatio		(i) Elected sec	ction 179
25	Special dep the tax year	reciation a	llowand	e for qualifi	ed liste	ed prop	erty pla	ced in	servio	e d	uring	25			700 CHIS		
26	Property use	ed more tha	an 50%	in a qualifie	d busir	ess use	e:	(, .	25	<u> </u>			16/20/14/14	
2013	Ford F150	01/29/13		0%		31 27,8			5		S/L - H	ΙΥ		1	1,399		
2015	Chevy Tahoe	4/24/15	10	0%	30,3	61 30,3	61		5		S/L - H				3,966		
27	Propertyuse	d E00/ ox		% <u> </u>													
	Property use	30% Of	iess in a	% qualified bi	usiness	use:		г			C //		1		Total	355949-01	SOCIETO (2002)
				%		_					5/L - 5/L -						
				%					·		3/L -						
28	Add amount	s in colum	n (h), lin	es 25 throug	h 27. E	nter he	re and	on line	21. pa	ae 1	<u> </u>	28			,365	1476	
29	Add amount	s in columi	n (i), line	26. Enter h	ere and	on line	7, pag	e1 .						Ĭ	29	an can puls Againm	
^^m	nloto this souti	an fausseld		Sec	tion B	—Infor	mation	on Hs	e of V	ehic	lec						
:0 VU	plete this secti	firet anewa	cies used	Dy a sole pr	oprieto	, partne	er, or oth	er "mo	re than	5%	owner	," or r	elated p	erson.	lf you i	provided	vehicles
	our employees,	- Inot anowe	i ine que	22110112 111 260			you me	et an e	хсерио	n to	compi	eting 1	this sect	tion for	those	vehicles.	
30	O Total business/investment miles driven during the year (do not include commuting miles)			(a) (b) Vehicle 1 Vehicle 2					(d) (e) nicle 4 Vehicle 5		(f) Vehicle 6						
31	Total commut	ing miles dri	iven duri	ng the year				1 -									
	Total other miles driven																
	Total miles lines 30 throi	ugh 32 .															
	Was the ve	ff-duty hou	ırs?		Yes	No	Yes	No	Yes	ļ	No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% owr	icle used p ner or relate	rimarily ed pers	by a more on?						-							
36	Is another veh					*******									1		
_		Section	C-Qu	estions for	Emplo	yers W	ho Pro	vide V	ehicles	s for	r Use I	by Th	eir Em	ployee	s		
nore	ver these que than 5% ow	stions to d ners or rela	etermin ated per	e if you mee sons (see in	t an ex structio	ception ons).	to com	pleting	Section	on E	for ve	ehicle	s used l	by em	ployee		e not
37	Do you main your employ	ıtain a writ ees?		cy statemen		rohibit:	s all pe	rsonal	use of	veh	icles, i	incluc	ling cor	nmutir	ng, by	Yes	No
38	Do you mair employees?	ntain a writ See the in	ten poli Istructio	cy statemer	it that ples use	orohibit d by co	s perso	nal use officer	e of ve	ehicle ctors	es, ex	cept of	commu more o	ting, b wners	y youi	r 🔚	
39	Do you treat	all use of v	ehicles/	by employe	es as p	ersona	l use?										
40	Do you provuse of the ve	ide more t hicles, and	han five 1 retain	vehicles to the informat	your e	mploye	es, obt	ain info	ormatio	on fr	om yo	our en	nployee	s abo	ut the		
41	Do you meet	the require	ements	concerning	qualifie	d autor	mobile (demon	stration	า นร	e? (Se	e inst	ructions	s.) .			
	Note: If you	r answer to	37, 38	, 39, 40, or 4	1 is "Y	es," do	not co	mplete	Sectio	n B	for the	cove	ered vel	nicles.		Ellegis	
Pai	rt VI Amor	tization															
	(a Descriptio			(b) Date amortiza begins	ation	Amoi	(c) rtizable ar	mount			(d) section		(e) Amortiza period percenta	or	Amorti	(f) ization for t	his year
42	Amortization	of costs th	nat begi	ns during yo	ur 201	tax ye	ar (see	instruc	tions):				r 3. 30110	5-			
	Amortization Total. Add a													43			
	ALLEST MILET	วเกมเมเมเรียก	CHARGE THE	THE SHE THE	JUSTIN O	HIDDE TO	I WOOR	TO YOU	CAPT				1				

Form 4562, Line 22, Total depreciation

AU Aviation	11,819
AU Bookstore & Website	25
Off Campus Communications	1,091
Jule Collins Smith Museum of Fine Art	12,823
AU Hotel & Dixon Conference Center	749,105
	774,863

Form **4626**

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

2015

Name		Employer i	identification	number
•	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).	nom me		
1	Taxable income or (loss) before net operating loss deduction		1	599,894
•	Adjustes and a set of			
2	Adjustments and preferences:			
a	Depreciation of post-1986 property		2a	4,881
b	Amortization of certified pollution control facilities		2b	
С	Amortization of mining exploration and development costs		2c	
ď	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	(21,579)
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
Ī	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
l	Depletion		21	
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	113,504
0	Other adjustments and preferences		20	,
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	696,700
				700(
4	Adjusted current earnings (ACE) adjustment:			
а	ACE from line 10 of the ACE worksheet in the instructions			
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount (see instructions) 4b			
С	Multiply line 4b by 75% (.75). Enter the result as a positive amount 4c		1	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior		1	
_	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.		1	
	If line 4b is zero or more, enter the amount from line 4c		4e	
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount			
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .		5	696,700
6	Alternative tax net operating loss deduction (see instructions)		6	090,700
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a			
	interest in a REMIC, see instructions	a residuai	7	696,700
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on lines 8a	ne 8c):		090,700
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 8a			
b	Multiply line 8a by 25% (.25)			
С	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled	ed aroun		
	see instructions). If zero or less, enter -0-	sa group,	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0		9	696,700
10	Multiply line 9 by 20% (.20)		10	139,340
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)		11	135,340
12	Tentative minimum tax. Subtract line 11 from line 10		12	139,340
13	Regular tax liability before applying all credits except the foreign tax credit		13	203,624
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her			200,024
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0

AUBURN UNIVERSITY

EIN: 63-6000724

2015 FORM 990-T (FORM 4626)

FOR THE YEAR ENDED SEPTEMBER 30, 2016

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 (2015 K-1)	20-5943631	(1,550)		-
Denham Commodity Partners Fund VI LP	45-2484628	2,109	(31)	626
Natural Gas Partners VIII, LP	20-3701566	185	(19,976)	17,685
Natural Gas Partners IX, LP	26-0632609	22	(1,502)	8,420
NPG Natural Resources X., LP	45-4110691	4,115	(70)	86,773
		4,881	(21,579)	113,504

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 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits and click on e-file for Charities and Non-Profits

filing of this	s form, visit www.irs.gov/efile, click on Charitie	s & Non-Pr	ofits, and click on e	-file for Charities and I	Non-F	Profits.				
	c 6-Month Extension of Time. Only subr									
All corporat	tions required to file an income tax return othe orm 7004 to request an extension of time to fil	r than Forn	n 990-T (including 1							
Type or	Name of exempt organization or other filer, see in	number (EIN) or								
print	01						636000724			
File by the	Number street and room or suite no. If a B.O. box soci instructions									
due date for	e for 1550 East Glenn Ave.									
filing your return. See instructions.	City, town or post office, state, and ZIP code. For Auburn University, AL 36849									
Enter the R	leturn Code for the return that this application	is for (file a	separate application	n for each return) .			. 07			
Application		Return	Application	,			Return			
ls For		Code	is For				Code			
Form 990	or Form 990-EZ	01	Form 990-T (corpo	ration)			07			
Form 990-	The state of the s	02	Form 1041-A		08					
Form 4720	O (individual)	03	Form 4720 (other t	han individual)			09			
Form 990-	-PF	04	Form 5227		10					
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	orm 6069						
Form 990-	-T (trust other than above)	06	Form 8870							
 If the orga If this is for the who 	anization does not have an office or place of bor a Group Return, enter the organization's foundle group, check this box ▶ ☐ . If	usiness in t ir digit Grou it is for part	up Exemption Numb	heck this box ber (GEN)		. If th	▶□ nis is ttach			
	he names and EINs of all members the extensi									
	quest an automatic 6-month extension of time				t orga	anizatior	n return			
for t	the organization named above. The extension i	is for the or	ganization's return t	for:						
▶ □	calendar year 20 or tax year beginning October 1	, 20	15 , and ending	September 30)	, 20) <u>16</u> .			
	e tax year entered in line 1 is for less than 12 r Change in accounting period	nonths, che	eck reason: 🔲 Initia	al return 🗌 Final retu	rn					
any	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 19									
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit.									
usin	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 190,									
Caution: If y	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868	, see Form 8453-EO and	i Form	8879-E	O for payment			

Cat. No. 27916D



Department of the Treasury Internal Revenue Service Ogden UT 84201

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AUBURN UNIVERSITY % PAYROLL & EMPLOYEE BENEFITS 1550 E GLENN AUBURN AL 36849-0001

Notice	CP211A
Tax period	September 30, 2016
Notice date	March 13, 2017
Employer ID number	63-6000724
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555
Page 1 of 1	

Page 1 of 1



158192

Important information about your September 30, 2016 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, 2016 Form 990T. Your new due date is August 15, 2017.

What you need to do

File your September 30, 2016 Form 990T by August 15, 2017.

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.



