EXTENDED TO AUGUST 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service

Form 990

1

Governance

Activities &

Revenue

Part II Signature Block

A For the 2017 calendar year, or tax year beginning OCT 1, 2017and ending SEP 30, D Employer identification number C Name of organization Check if Address AUBURN UNIVERSITY FOUNDATION Name change **-***2422 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ 334-844-0212 317 SOUTH COLLEGE STREET 188,482,124. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 5 Amended return AUBURN, AL 36849-5170 H(a) Is this a group return Applica-F Name and address of principal officer: JANE DIFOLCO PARKER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) (insert no.) J Website: WWW.AUBURNUNIVERSITYFOUNDATION.ORG H(c) Group exemption number Form of organization; X Corporation Trust Year of formation: 1960 M State of legal domicile; AL Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OPERATES FOR THE EXCLUSIVE BENEFIT OF AUBURN UNIVERSITY, AN EDUCATIONAL, Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 2128 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 40,566,440. 66,341,403. 8 Contributions and grants (Part VIII, line 1h) 167,855. 58,614. 9 Program service revenue (Part VIII, line 2g) 15,326,308. 20,571,227. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,218,073. 2,494,635. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 83,944,398. 63,800,157. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,301,003. 60,798,629. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 276,192. 210,442. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 9,575,284 8,955,423. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 63,152,479. 69,964,494. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,791,919. -6,164,337. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 658,449,995. 668,813,432. 20 Total assets (Part X, line 16) 28,946,469. 31,939,396. 21 Total liabilities (Part X, line 26) 629,503,526. 636,874,036. 22 Net assets or fund balances. Subtract line 21 from line 20

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2 mg Signature of officer Date Sign JANE DIFOLCO PARKER, PRESIDENT Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature D. CLYNTON HART, JR., 03/18/19 self-employed P00191509 Paid **-***4437 Preparer

Firm's name WARREN AVERETT, LLC Firm's EIN Firm's address 3815 INTERSTATE CT. Use Only MONTGOMERY, AL 36109

Phone no. 334-271-2200 X Yes No

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

Form 990 (2017)

Form 990 (2017) AUBURN UNIVERSITY FOUNDATION Part IV Checklist of Required Schedules

1 Is the organization described in section 501(x)(3) or 4947(x)(1) (other than a private foundation?) 1				Yes	No
2 X Did the organization required to complete Schedule 8, Schedule of Contributors? 3 J X 4 Section 501(c)(3) organizations. Did the organization analysis of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II . 5 Is the organization association SD (1)(4)(4) SD (1)(6)(5) organization in the organization analysis of the organization and the organization and the organization maintain any clorer advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II . 5 Light the organization maintain any clorer advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II . 7 Light the organization maintain collections of works of art, historical researces? If "Yes," complete Schedule D, Part II . 8 Light the organization maintain collections of works of art, historical researces? If "Yes," complete Schedule D, Part II . 8 Light the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II . 10 Light the organization ricectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V in Part X, line 10? If "Yes," complete Schedule D, Part V in Part X, line 10? If "Yes," complete Schedule D, Part X in Part X, line 10? If "Yes," complete Schedule D, Part X in Part X, line 10? If "Yes," complete Schedule D, Part X in Part X, line 10? If "Yes," complete Schedule D, Part X in Pa	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "yes," complete Schedule C, Part I Section 501(R) electron in effect during the tax year? If "yes," complete Schedule C, Part II Section 501(R) electron in effect during the tax year? If "yes," complete Schedule C, Part II Section 501(R) electron in effect during the tax year? If "yes," complete Schedule C, Part II Section 501(R) electron 501(R		, ,			
Section 501(kg) organizations. Did the organization engage in lobbying activities, or have a section 501(kg) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2		2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization assertion 501(d)(4), 501(d)(5), or 501(d)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III bill the organization maximal and yodone advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in including assements to presence open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consening, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	3				,,
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III C the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II C III			3_		X
5 Is the organization a section 901(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 (***Yes, "propilete Schedule C, Part III") 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (***Yes, "complete Schedule D, Part II") 7 Did the organization received or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structure? (***Yes, "complete Schedule D, Part II") 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? (****I**Yes," complete Schedule D, Part II") 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (***Yes, "complete Schedule D, Part VI") 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (****I**Yes, "complete Schedule D, Part VI") 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? (***Yes, "complete Schedule D, Part VII") 11 Did the organization report an amount for investments - other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? (***Yes, "complete Schedule D, Part VII") 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? (***Yes, "complete Schedule D, Part X") 11 Did the organization separate, independent audited financial statements for the tax year; (***Yes, "complete Schedule D, Part X") 12 Did the organization separate, independent audited	4		_		, .
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		complete Schedule G. Part III	19		

Form 990 (2017) AUBURN UNIVERSITY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) AUBURN UNIVERSITY FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	115			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
	-			3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			40		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country:	ccouri	9?	4a		22
Ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	e (FRAR)			
52			•	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-50		
Ju	any contributions that were not tax deductible as charitable contributions?	•		6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired			
	to file Form 8282?			7с		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
d D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	IUD				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	- 114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		l .	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b	000	
				Form	990	(2017)

AUBURN UNIVERSITY FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					[X]
360	tion A. Governing body and Management				V	
4.		ـ م ا	24		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	١	24			
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					х
•	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					, v
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					, .
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	•		v	
_	The governing body?			8a	X	_
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		.,	
40-	Did the constant of the board of the state o			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•	•	401		
44-			- filing the forms	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	Х	
12a	, ,		::-t-0	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		40-	Х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva	ıı by ınd	aepenaent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		Х
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization			15b		22
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		ith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IVa		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization to evaluate the organization to evaluate the organization that the organization the organization that the organization the organization that the organization the organization that the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , CA , CO , D	C.F	L,KY,MA.MD	ME.	MI	MN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T					<u> </u>
.0	for public inspection. Indicate how you made these available. Check all that apply.	(0001)	2 33 (3)(3)3 only) at	andole	-	
	X Own website Another's website X Upon request Other (explain	in Sal	nedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financi	ial	
.5	statements available to the public during the tax year.		croot policy, and	αι ιο	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records:			
	MARK R. THOMSON - 334-844-0212	and				
	317 COULT COLLEGE CADEEA VIBION VI 36840-2120					

732007 11-28-17

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Posi			ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e 0r	stee			nsateo		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	truste	al tru		oyee	om pe		(** =* ** = * * * * * * * * * * * * * *		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	indi	Insti	Officer	Key	High	Former			
(1) REBECCA M. DUNN	3.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(2) BENNY M. LARUSSA	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) CHARLES D. MILLER	3.00									
DIRECTOR		Х						0.	0.	0.
(4) CHERYL LYNN CASEY	3.00									
DIRECTOR		Х						0.	0.	0.
(5) DOTTIE KENADY BLAIR	3.00									
DIRECTOR		Х						0.	0.	0.
(6) PAUL JACOBSON	3.00									
DIRECTOR		Х						0.	0.	0.
(7) GERALD SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(8) GREG HESTON	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) JAMES M. HOSKINS	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) BETH STUKES	2.00									_
DIRECTOR		Х						0.	0.	0.
(11) JOHN A. JERNIGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) LESLEE BELLUCHIE	3.00								•	
DIRECTOR		Х						0.	0.	0.
(13) MELISSA B. HERKT	2.00								•	
TREASURER	2 00	Х		Х				0.	0.	0.
(14) MICHAEL MCLAIN	3.00								•	•
CHAIR	2 00	Х		Х				0.	0.	0.
(15) RONALD M. DYKES	3.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(16) SHARLENE EVANS	3.00	,,							_	^
DIRECTOR	2 00	Х						0.	0.	0.
(17) STEVEN R. SPENCER	3.00	,,							_	^
DIRECTOR		Х						0.	0.	0.

Form **990** (2017)

	N ONIAFVEL									442 Page O
Part VII Section A. Officers, Directors	s, Trustees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check more than one box, unless person is both an				than dis both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) KERRY BRADLEY DIRECTOR	2.00	Х						0.	0.	0.
(19) THOMAS R. CAMPBELL	3.00	25						0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(20) WALTER S. WOLTOSZ DIRECTOR	3.00	х						0.	0.	0.
(21) WALTON T. CONN, JR. DIRECTOR	3.00	х						0.	0.	0.
(22) WILLIAM J. COX DIRECTOR	3.00	X						0.	0.	0.
(23) BRUCE DONNELLAN DIRECTOR	3.00	x						0.	0.	0.
(24) JAVIER GOIZUETA DIRECTOR	3.00	х						0.	0.	0.
(25) JANE DIFOLCO PARKER PRESIDENT	12.00			х				0.	0.	0.
(26) WANDA M. SPEROW SECRETARY	35.00			Х				0.	0.	0.
1b Sub-total							<u> </u>	0.	0.	0.
c Total from continuation sheets to I d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including	a but not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Per No
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

The sum of the sum of the sum of the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual

The sum of the sum o

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EDUCE, LLC, 1908 BILLY BARTON CIRCLE,		
REISTERTOWN, MD 21136	EVENT PLANNING	905,627.
TERRA COTTA CAFE, INC	FOOD CATERING	
415 E. MAGNOLIA AVE, AUBURN, AL 36830	SERVICES	516,753.
HOTEL AT AU & DIXON CONFERENCE CENTER		
241 SOUTH COLLEGE STREET, AUBURN, AL 36830	LODGING AND CATERING	511,106.
EVERTRUE, INC., 330 CONGRESS STREET, 2ND		
FLOOR, BOSTON, MA 02210	SOFTWARE SERVICE	243,750.
WIREBOX MEDIA, LLC	PERFORMANCE	
380 MOCKINGBIRD LANE, SMYRNA, GA 30082	TECHNOLOGY PRODUCTIO	231,512.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ► 17		

0

Form 990 AUBURN UN	AT A DEVOTI	· Y	FU	NU	DA	.T.T	OIA		**-**	<u> </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MARK R. THOMSON	24.00									
ASSISTANT TREASURER	10.00			Х				0.	0.	0 .
(28) REGINA B. ISBELL	19.00	ł		37						0
ASSISTANT TREASURER (29) SHAUNA MONROE	10.00			Х				0.	0.	0
ASSISTANT TREASURER	10.00			х				0.	0.	0
(30) LAUREL HENDRIX	19.00							0.	0.	<u> </u>
ASSISTANT SECRETARY	13.00			Х				0.	0.	0
_										
Fotal to Part VII, Section A, line 1c										

		Check if Schedule O cont	ains a resnonse	or note to any line	in this Part VIII			
		Cricol ii Coricadie C corie	ano a response	or note to dry line	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0, (0	4.0	Fodovated compaigns	4-			Tevende	Teveride	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ıa	Federated campaigns						
<u> </u>	D	Membership dues		140,975.				
ts, An	С.	Fundraising events		140,973.				
ig ig	d	Related organizations		1 222				
ns, Sim	е	Government grants (contribut		1,332.				
e ë	f	All other contributions, gifts, gran	·	40 404 133				
듗됨		similar amounts not included abo		40,424,133.				
d d	g	Noncash contributions included in lines		11,619,711.	10 566 110			
<u>0</u> 8	h	Total. Add lines 1a-1f			40,566,440.			
				Business Code				
Se	2 a	PROG SRVC REGISTRATION		611710	99,749.	99,749.		
ē Ķ	b	N/D PORTION OF CONTRIB	UTION	900099	65,169.	65,169.		
Score	С							
e a	d							
Program Service Revenue	е							
٩	•	All other program service reve			2,937.	2,937.		
	g	Total. Add lines 2a-2f			167,855.			
	3	Investment income (including						
		other similar amounts)		▶ ↓	3,674,886.			3,674,886.
	4	Income from investment of tax	x-exempt bond	oroceeds 🕨				
	5	Royalties			124,337.			124,337.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	141,430,223					
	b	Less: cost or other basis		1				
		and sales expenses	124,533,882					
	С	Gain or (loss)						
	d	Net gain or (loss)			16,896,341.			16,896,341.
ø	8 a	Gross income from fundraisin	g events (not					
ñ		including \$140	,975. of	1				
Other Revenu		contributions reported on line	1c). See	1				
Ä		Part IV, line 18		339,949.				
the	b	Less: direct expenses		148,085.				
Ò	С	Net income or (loss) from fund	draising events		191,864.			191,864.
		Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses		,				
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		.				
	b	Less: cost of goods sold		,				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	ADMIN COST RECOVERY		561000	2,175,387.	2,175,387.		
		MISCELLANEOUS	_	900099	3,047.	3,047.		
	c		_					
		All other revenue						
		Total. Add lines 11a-11d		•	2,178,434.			
	12	Total revenue See instructions			63 800 157.	2 346 289.	0.	20 887 428.

Form 990 (2017) AUBURN UNIVERSITY Part IX Statement of Functional Expenses

Check if Schedule Contains a response or note to any line in this Part X	<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Total expenses				this Part IX		(D)							
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 23 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to for for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(IV)) and persons disacrebid in section 4958(IV)) and persons disacrebid in section 4958(IV)) and persons disacrebid in section 4958(IV) and 402(IV) and 402		•	Total expenses	Program service	Management and	Fundraising							
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 16 4 Benefits paid to of for members 5 Compensation of current officers, directors, trustaes, and key employees 6 Compensation of current officers, directors, trustaes, and key employees 7 Other satisfaction of design (1986) and persons (see officers) defined under section 4950((1)) and persons described in section 4950((1)) and 4	1	Grants and other assistance to domestic organizations											
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Bearefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of undividuals doke, to disqualified persons (as defined under section 4958()(3)(8) 7 Other salaries and varges Pensisop plan acrusis and contributions (include section 401(8) and 402(b) employer contributions) Other employee barefits Payroll taxes 11 Fees for services (non-employees): 1 A Banagement 1 Logal 1 Logal 1 16,797. 58,861. 50,839. 7,097. C Accounting 9 Professional fundraising senioes. See Part IV, line 17 Investment management fees 9 Other (If line 11g amount, list line 11g expenses on sch 0) 22 Advertising and promotion 1353,918. 127,099. 2,774. 224,045. 10 Office expenses 1 (290,594. 850,1699. 127,316. 313,109. 11 A Information technology 11 (4,170. 372. 93,646. 20,152. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 121,404. 69,257. 17,582. 34,565. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 221,404. 69,257. 17,582. 34,565. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 21,404. 69,257. 17,582. 34,565. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 21,404. 69,257. 17,584. 115,638. 1,041,461. 3 33,192. 33,193. 33,193. 33,193.		and domestic governments. See Part IV, line 21	60,798,629.	60,798,629.									
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and trustees,	2	Grants and other assistance to domestic											
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(I/1)) and persons described in section 4958(I/1)) and 4938(I/1) a		individuals. See Part IV, line 22											
Individuals See Part IV Ines 15 and 16	3	Grants and other assistance to foreign											
## Benefits pict to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c/(3)(B)) 7 Other salaries and wages Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees): a Management Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, culumn (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 13 Office expenses 1, 290, 554. 1 Information technology 114, 170. 372. 93, 646. 221, 244. 210, 442. 210, 442. 210, 442. 210, 442. 210, 442. 210, 442. 353, 918. 373, 918. 3		organizations, foreign governments, and foreign											
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees prize prize from the filter depressing (as defined under section 4958((1)(1)) and persons described in section 4958((1)(3)) and persons described in		individuals. See Part IV, lines 15 and 16											
trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 116,797, 58,861, 50,839, 7,097, c Accounting e Professional fundraising services. See Part IV, line 17 investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2277,430, 129,123, 123,318, 135,989. 353,918, 1277,099, 2,774, 224,045. 30 Office expenses 1,290,594, 850,169, 127,316, 313,109. 4 Information technology 114,170, 372, 93,646, 20,152. 8 Royalties 10 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 11 Fees for services (non-employees): 11 A,854,578. 11 B,854,578. 916,371. 938,207. 120,442. 91,6371. 938,207. 99,560. 99,560. 99,560. 210,442. 224,045. 236,34,366. 246,516. 246,516. 246,516. 246,516. 246,516. 246,516. 246,516. 246,516. 246,516. 246,516. 247,541. 248,1451. 248,1451. 249,1451. 249,1451. 249,1451. 240,1451. 24	4	Benefits paid to or for members											
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) and persons (ascified in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and Person plan accruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management	5	Compensation of current officers, directors,											
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Bension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits		persons described in section 4958(c)(3)(B)											
section 401(k) and 403(b) employer contributions) O Payroll taxes 11 Fees for services (non-employees): a Management b Legal	7	Other salaries and wages											
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 11,854,578. 116,797. 58,861. 50,839. 7,097. C Accounting 99,560. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 277,430. 129,123. 12,318. 135,989. 277,430. 129,123. 12,318. 135,989. 353,918. 127,099. 2,774. 224,045. 30 Office expenses 1,290,594. 850,169. 127,316. 313,109. 110romation technology 114,170. 372. 93,646. 20,152. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11,854,578. 80 916,371. 938,207. 210,442. 210,442. 210,442. 210,442. 210,442. 210,442. 210,442. 210,442. 210,442. 2110,442. 210,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2110,442. 2111,417	8												
10 Payroll taxes		section 401(k) and 403(b) employer contributions)											
10 Payroll taxes	9	Other employee benefits											
11 Fees for services (non-employees): a Management	10												
b Legal	11												
c Accounting d Lobbying Professional fundraising services. See Part IV, line 17	а	Management	1,854,578.		916,371.	938,207.							
c Accounting d Lobbying	b	Legal	116,797.	58,861.	50,839.	7,097.							
e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion			99,560.		99,560.								
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 353,918. 127,099. 2,774. 224,045. Office expenses 1,290,594. 850,169. 127,316. 313,109. Information technology 114,170. 372. 93,646. 20,152. Royalties 10 Occupancy 328,263. 214,451. 113,812. Travel 672,870. 165,617. 38,743. 468,510. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 121,404. 69,257. 17,582. 34,565. Interest 19 Payments to affiliates 19 Depreciation, depletion, and amortization 19 Insurance 33,192. 33,192. Office expenses. Itemize expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a OFFICIAL GUESTS AND ENT ADMINISTRATIVE COSTS COTHER NONPROFESSIONAL OMISCELLANEOUS 393. e All other expenses	е	Professional fundraising services. See Part IV, line 17	210,442.			210,442.							
Column (A) amount, list line 11g expenses on Sch 0.1 277,430	f	Investment management fees											
12 Advertising and promotion 353,918. 127,099. 2,774. 224,045. 3 Office expenses	g	Other. (If line 11g amount exceeds 10% of line 25,											
13 Office expenses			277,430.	129,123.	12,318.	135,989.							
14 Information technology 114,170. 372. 93,646. 20,152. 15 Royalties 328,263. 214,451. 113,812. 17 Travel 672,870. 165,617. 38,743. 468,510. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Ponferences, conventions, and meetings 121,404. 69,257. 17,582. 34,565. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 33,192. 33,192. 23 Insurance 33,192. 33,192. 33,192. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. 2,911,703. 1,754,584. 115,638. 1,041,481. b ADMINISTRATIVE COSTS of There is a complete of the complete	12		353,918.	127,099.	2,774.	224,045.							
15 Royalties	13	Office expenses	1,290,594.										
16	14		114,170.	372.	93,646.	20,152.							
17 Travel 672,870. 165,617. 38,743. 468,510. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 121,404. 69,257. 17,582. 34,565. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 33,192. 33,192. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2,911,703. 1,754,584. 115,638. 1,041,481. b ADMINISTRATIVE COSTS 503,510. 165,548. 304,507. 33,455. c OTHER NONPROFESSIONAL Odd MISCELLANEOUS 393. 393. 44,493. e All other expenses	15		220 262	014 451	112 010								
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OFFICIAL GUESTS AND ENT b ADMINISTRATIVE COSTS c OTHER NONPROFESSIONAL O d MISCELLANEOUS e All other expenses All other expenses All other expenses Baysand 121,404. 69,257. 17,582. 34,565. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192.	16				113,812.	460 510							
for any federal, state, or local public officials 19	17		6/2,8/0.	165,61/.	38,743.	468,510.							
19 Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 33,192. 33,192. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OFFICIAL GUESTS AND ENT b ADMINISTRATIVE COSTS C OTHER NONPROFESSIONAL O d MISCELLANEOUS All other expenses All other expenses 121,404. 69,257. 17,582. 34,565. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192. 33,192.	18	*											
Payments to affiliates Payments to affiliates			101 404	60 257	17 500	24 565							
Payments to affiliates Depreciation, depletion, and amortization 33,192. 33,192.			141,404.	09,45/•	1/,382.	34,303.							
Depreciation, depletion, and amortization													
1													
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2.911,703. 1,754,584. 115,638. 1,041,481. a OFFICIAL GUESTS AND ENT b ADMINISTRATIVE COSTS c OTHER NONPROFESSIONAL O d MISCELLANEOUS 503,510. 165,548. 304,507. 33,455. a OTHER NONPROFESSIONAL O d MISCELLANEOUS 277,041. 130,854. 61,694. 84,493. a All other expenses 393.		I	33 100		33 102								
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OFFICIAL GUESTS AND ENT			33,134.		33,134.								
a OFFICIAL GUESTS AND ENT b ADMINISTRATIVE COSTS c OTHER NONPROFESSIONAL O d MISCELLANEOUS e All other expenses 2,911,703. 1,754,584. 115,638. 1,041,481. 304,507. 33,455. 277,041. 130,854. 61,694. 84,493. 393.	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)											
b ADMINISTRATIVE COSTS 503,510. 165,548. 304,507. 33,455. c OTHER NONPROFESSIONAL O 277,041. 130,854. 61,694. 84,493. d MISCELLANEOUS 393. 393. e All other expenses 393. 393.	9		2.911.703.	1.754.584.	115.638.	1.041.481.							
c OTHER NONPROFESSIONAL O													
d MISCELLANEOUS 393. 393.													
e All other expenses	_			,	. ,								
·						-							
25 Total functional expenses. Add lines 1 through 24e 69, 964, 494. 64, 464, 564. 1, 987, 992. 3, 511, 938.		Total functional expenses. Add lines 1 through 24e	69,964,494.	64,464,564.	1,987,992.	3,511,938.							
26 Joint costs. Complete this line only if the organization													
reported in column (B) joint costs from a combined													
educational campaign and fundraising solicitation.													
Check here ► X if following SOP 98-2 (ASC 958-720)		Check here X if following SOP 98-2 (ASC 958-720)											

Form 990 (2017)
Part X | Balance Sheet

ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	36,925,333.	2	28,006,498
	3	Pledges and grants receivable, net	110,453,942.	3	82,824,71
1	4	Accounts receivable, net	392,936.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land buildings and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,654,389. 10b 575,933.			
	b	Less: accumulated depreciation 10b 575,933.	1,057,162.	10c	1,078,45
	11	Investments - publicly traded securities	168,820,504.	11	1,078,45 181,723,27
	12	Investments - other securities. See Part IV, line 11	329,517,901.	12	362,741,80
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11,282,217.	15	12,438,67
	16	Total assets. Add lines 1 through 15 (must equal line 34)	658,449,995.	16	668,813,43
Ť	17	Accounts payable and accrued expenses	794,541.	17	1,180,11
	18	Grants payable		18	
	19	Deferred revenue	5,000.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	28,146,928.	25	30,759,27
	26	Total liabilities. Add lines 17 through 25	28,946,469.	26	31,939,39
Ī		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	26,409,874.	27	28,517,73
	28	Temporarily restricted net assets	202,371,282.	28	195,458,43
	29	Permanently restricted net assets	400,722,370.	29	412,897,87
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	629,503,526.	33	636,874,03
	34	Total liabilities and net assets/fund balances	658,449,995.	34	668,813,43
_		15.55	. ,		Form 990 (2

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.
3	Revenue less expenses. Subtract line 2 from line 1	3				37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	629,	503	3,5	26.
5	Net unrealized gains (losses) on investments	5	12,	673	L,1	39.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		863	3,7	08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	636,	874	1,0	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization AUBURN UNIVERSITY FOUNDATION

Employer identification number **-***2422

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organization					•	the hospital's name.
•		city, and state:	a.i.o oporatoa ii. oo.	ijanionon mini a noopital		000110		and noophan o name,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	· ·	•	-			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.	
а	ıL		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, <u>L</u>		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	:		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)). You must complete i	Part IV, Se	ections A,	D, and E.	
C			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(II) EIIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
_								
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	65348081.	108675020	72026204.	66341403.	40566440.	352957148
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	65348081.	108675020	72026204.	66341403.	40566440.	352957148
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						66565005
	column (f)						66567807.
	Public support. Subtract line 5 from line 4.						286389341
			" >	4 3 224 7	1,000,0		
	ndar year (or fiscal year beginning in)	(a) 2013 65348081.	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		03340001.	1000/3020	72020204.	00341403.	40300440.	332937140
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2548396.	1789227.	1833157.	25/8250	3799223	12518253.
0	and income from similar sources Net income from unrelated business	2340370.	1/0/22/-	1033137.	2340230.	3733223.	12310233.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1995276.	2050013.	2199529.	2268927.	2538153.	11051898.
11	Total support. Add lines 7 through 10						376527299
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•	,				
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	76.06 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	80.79 %
	33 1/3% support test - 2017. If the					ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization ▶ X						
b	33 1/3% support test - 2016. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	I first second thir	l d fourth or fifth to	l I v vear as a section	1 501(c)(3) organiz	ation
17	check this box and stop here	•		•	•		· . —
Se	ction C. Computation of Publi						
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	401-		
•	10b 90 or 99	0 EZ	2017
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>g Organ</u>	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2017 from Section C, line 6			
		B amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3			
	and 4	•			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	AUBURN	UNIVERSITY	FOUNDATION	**-***2422	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	required by Part II, line 10 11a, 11b, and 11c; Part I\ s 1c, 2a, 2b, 3a, and 3b; I	b; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Par part for any additional information.	C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AUBURN UNIVERSITY FOUNDATION

Employer identification number **-***2422

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(w) i dried and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
	Aggregate value at end of year Did the organization inform all donors and donor advisors in wr	iting that the assets hold in donor advi	isod funds
	are the organization's property, subject to the organization's ex	-	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	• •		
Parl			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	*	l l
	Number of conservation easements modified, transferred, relea		
	year 🕨		
4	Number of states where property subject to conservation ease	ment is located >	
	Does the organization have a written policy regarding the perio		f
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Part	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Sche Pa r		ONIVERSITY			Other S		· Accate			age ∠
								,		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a signi	ncant u	se of its co	ollection	items	i
	(check all that apply):									
а	Public exhibition	d		hange progra	ms					
b	Scholarly research	е	Other							
C	Preservation for future generations				,					
4	Provide a description of the organization's co						se in Part 2	XIII.		
5	During the year, did the organization solicit or		*	•				٦.,		٦
Dor	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizatio	n answered "`	Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
та	Is the organization an agent, trustee, custodia							٦.,		٦.,
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					A		
	De attende a la classe a					4-		Amoun [*]	[
	Beginning balance					1c				
a	Additions during the year					1d				
e	Distributions during the year					1e				
	Ending balance					<u>1f</u> _] v		7 N.
	Did the organization include an amount on Fo					·		Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year	(b) Prior year	(c) Two years		1 Thron v	ears back	(e) Four	voore	hack
10	Beginning of year balance	509,166,848.	461,954,124.				08,403.		,427,	
		11,330,984.	15,107,452.				88,421.			
D	Contributions	32,621,221.	49,622,032.	· ·		'''''			· · ·	
٦	Net investment earnings, gains, and losses	15,558,917.	13,643,380.							
u	Grants or scholarships	13,330,317.	13,013,300.	12,171	,,,,,,		,1,352.		, 12,,	020.
e	Other expenditures for facilities									
£	and programs	4,226,205.	3,873,380.	3,551	176	3 2	95,225.	2	970,	916
	Administrative expenses	533,333,931.	509,166,848.	'			66,201.		308,	
g 2	End of year balance [Provide the estimated percentage of the curr				,	125,0	00,201.	121	, 500,	100.
	Board designated or quasi-endowment	3.94	%	i) Heid as.						
	Permanent endowment > 71.93	%								
		4.1 3 %								
·	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administere	ed for the o	organiza	ition			
-	by:	oolon or the organiza	non that are nord ar	ia aariii iiotore	JG 101 1110 1	or garniza		ſ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza							3b	X	
4	Describe in Part XIII the intended uses of the							<u> </u>		
Par			William Tarias.							
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	ee Form 990.	Part X. lin	e 10.				
	Description of property	(a) Cost or o		or other	(c) Acc		ed be	(d) Boo	k valu	e
	2000 Ipage 1 or property	basis (investm	, , ,	(other)		eciation	_	, -, 200	. vaiu	_
1a	Land	<u> </u>		0,150.				978	3,7	10.
	Buildings			,					,	
	Leasehold improvements									
	Equipment		67	5,679.	57	75,93	33.	9	9,7	46.
-	— ddement		- 	, , , , , ,		. , - `			<u>, .</u>	

Schedule D (Form 990) 2017

1,078,456.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Part VII Investments - Other Securities.	ERSITY FOUNDAT	TION	~ ~ ~ ~ ~ ~ 2422 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	71 007	THE OF WEAR WA	
(A) SIRE PARTNERS, LP	71,227.	END-OF-YEAR MA	RKET VALUE
(B) OCM OPPORTUNITY FUND	107 001	END OF VEAD MA	DVDM WATTE
(C) VII-B, LP	107,991.	END-OF-YEAR MA	RKET VALUE
(D) AMERICAN SECURITIES (E) PARTNERS VII	1,756,043.	END-OF-YEAR MA	DVEM VALUE
	1,730,043.	END-OF-TEAR MA	KKEI VALUE
	29,551.	END-OF-YEAR MA	DKET VALUE
(G) LP (H)	25,551.	END OF TEAK HA	KKEI VALOE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	362,741,803.		
Part VIII Investments - Program Related.	302,741,003.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	Inc. See Form 990 Part X line 1	13
(a) Description of investment	(b) Book value		est or end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 1	15
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability	((b) Book value	
(1) Federal income taxes			
(2) ANNUITIES PAYABLE	1	0,764,111.	
(3) DUE TO AUBURN ALUMNI ASSOC		9,283,340.	
(4) DUE TO TIGERS UNLIMITED FO	OUNDATION	9,480,410.	
(5) RETAINED LIFE COMMITMENT		40,022.	
(6) DUE TO OTHER RELATED ORGAI	NIZATIONS	1,191,396.	
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

30,759,279.

(9)

	dule D (Form 990) 2017 AUBURN UNIVERSITY FOUNDAT:				***2422 Page
Pai	T XI Reconciliation of Revenue per Audited Financial Statem		th Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			T .	82,023,668.
1				1	02,023,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ء ا	1 12 671 120		
a	Net unrealized gains (losses) on investments		12,671,139.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants		5,552,372.	-	
d			•		18 223 511
	Add lines 2a through 2d			2e	18,223,511
3	Subtract line 2e from line 1			3	03,000,137
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4-	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)			1	_
_	Add lines 4a and 4b			4c 5	63,800,157
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Fynansas nar l		
ı a			itii Experises per i	ictui	•••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			Τ,	70,825,185
1	Total expenses and losses per audited financial statements			1	10,023,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ء ا	1		
a	Donated services and use of facilities	•		-	
b	Prior year adjustments			-	
C	Other losses		860,691.	-	
d	,				860,691
_	Add lines 2a through 2d			2e 3	69,964,494
3	Subtract line 2e from line 1			3	09,904,494
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ء ا	1		
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			-	1
	Add lines 4a and 4b			4c 5	69,964,494
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	09,904,494
		urt IV linna	1h and Oh, Dart V, line	1. Dort	V. line O. Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			+, Part	A, IIIIe 2, Part AI,
PAI	RT V, LINE 4:				
<u>AC</u>	ADEMIC UNIT SUPPORT \$124,280,254				
FAC	CULTY SUPPORT \$147,998,320				
STU	JDENT AID \$209,860,560				
PRO	OGRAM SUPPORT \$17,692,271				
RES	SEARCH SUPPORT \$15,732,255				
ישס	TREACH AND PUBLIC SERVICE SUPPORT \$3,749,0	061			
CAI	PITAL AND PLANT SUPPORT \$1,849,076				

PART X, LINE 2:

ADMINISTRATIVE SUPPORT \$12,172,133

Part XIII Supplemental Information (continued)

FROM THE INTERNAL REVENUE SERVICE RECOGNIZING THE AU FOUNDATION AND THE REAL ESTATE FOUNDATION AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3)

OF THE CODE. HOWEVER CERTAIN TYPES OF INCOME MAY BE SUBJECT TO TAX FROM UNRELATED BUSINESS INCOME AS DEFINED BY THE TAX CODE. THE AU FOUNDATION AND THE REAL ESTATE FOUNDATION HAVE DETERMINED THAT NO TAX IS DUE FOR EITHER THE 2018 OR 2017 YEAR. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE AU FOUNDATION AND THE REAL ESTATE FOUNDATION FOLLOW THE ACCOUNTING

GUIDANCE FOR UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB

ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. AS OF

SEPTEMBER 30, 2018 AND 2017, THE AU FOUNDATION AND THE REAL ESTATE

FOUNDATION HAVE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR

DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND NO INTEREST AND

PENALTIES RELATED TO INCOME TAXES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NET REVENUE FOR AU REAL ESTATE FOUNDATION REPORTED ON	
SEPARATE RETURN	4,540,579.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	863,708.
INCOME/EXPENSE RECLASSIFICATION	148,085.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,552,372.

TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,552,372.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NET EXPENSES FOR AU REAL ESTATE FOUNDATION REPORTED ON	
SEPARATE RETURN	712,606.
INCOME/EXPENSE RECLASSIFICATION	148,085.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	860,691.

Schedule D (Form 990) AUBURN UNIVER
Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
NATURAL GAS PARTNERS VIII, LP	6,574.	FMV
MASON CAPITAL LTD	32,875.	FMV
ENCAP ENERGY CAPITAL X	1,374,192.	FMV
WARBURG PINCUS XII	4,049,635.	FMV
NATURAL GAS PARTNERS IX, LP	101,097.	FMV
COMPOSITION CAPITAL ASIA FUND II, CV	15,254.	FMV
BAIN CAPITAL FUND IX, LP	490,342.	FMV
GREENSPRING GLOBAL PARTNERS VII	2,787,376.	FMV
OCM OPPORTUNITY FUND VIII, LP	167,209.	FMV
WALTON STREET REAL ESTATE V, LP	451,103.	FMV
WELSH CARSON XII	2,216,173.	FMV
OCM OPPORTUNITY FUND IV, LP	54,428.	FMV
LANDMARK EQUITY PARTNERS XV	1,903,654.	FMV
WELSH CARSON ANDERSON & STOWE FUND XI, LP	758,004.	FMV
AG CORE PLUS REALTY IV	3,483,694.	FMV
LEXINGTON PARTNERS, LP	601,815.	FMV
ENCAP ENERGY CAPITAL IX	1,370,732.	FMV
NGP ENERGY PARTNERS, LP	10,241.	FMV
EMG III	2,439,387.	FMV
TA REALTY FUND IX	6,169.	FMV
GREENSPRING GLOBAL PARTNERS VI	3,517,699.	FMV
DENHAM COMMODITIES PTRS VI	3,890,201.	FMV
AG REALTY VIII	1,848,518.	FMV
NATURAL GAS PARTNERS X, LP	2,647,822.	FMV
MERIT ENERGY H	3,447,713.	FMV
MERIT ENERGY G, LP	3,427,792.	FMV

Schedule D (Form 990) 732421 04-01-17

Schedule D (Form 990) AUBURN UNIVER
Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
DAVIDSON KEMPNER LTDO II	2,523,524.	FMV					
GREENSPRING GLOBAL PARTNERS V	4,390,349.	FMV					
AMERICAN SECURITIES PARTNERS VI	2,524,632.	FMV					
ETON PARK OVERSEAS FUND	51,683.	FMV					
ANCHORAGE CAPITAL PARTNERS OFFSHORE	14,164,793.	FMV					
WELLINGTON EMERGING MARKETS FUND	15,376,987.	FMV					
SIRIOS OVERSEAS FUND LTD	11,751,249.	FMV					
HIGHFIELDS CAPITAL LTD	9,545,909.	FMV					
HOPLITE OFFSHORE FUND LTD	45,260.	FMV					
FARALLON PARTNERS	14,088,121.	FMV					
VARDE INVESTMENT PARTNERS LTD	13,934,788.	FMV					
STEADFAST INTERNATIONAL LTD	13,752,924.	FMV					
AEW GLOBAL PROPERTY SECURITIES	22,045,329.	FMV					
KILTEAM GLOBAL EQUITY FUND	23,963,068.	FMV					
MARATHON LONDON INTERNATIONAL	24,765,687.	FMV					
SILCHESTER INT VAL	37,039,810.	FMV					
ADAGE LARGE CAP FUND, LP	63,392,681.	FMV					
WHEELOCK ST REAL ESTATE FUND V	1,963,073.	FMV					
ENCAP ENERGY CAPITAL FUND XI	361,066.	FMV					
HIGHLINE CAPITAL INTL LTD	11,169,895.	FMV					
SUMMIT PARTNERS GROWTH EQUITY IX	2,247,913.	FMV					
CANYON VALUE REALIZATION FD LTD	13,811,195.	FMV					
GREENSPRING GLOBAL PARTNERS VIII	976,194.	FMV					
GEM REALTY FUND VI	356,563.	FMV					
ENCAP FLATROCK MIDSTREAM IV	1,724,069.	FMV					
FRONTIER FUND V	840,034.	FMV					

Schedule D (Form 990) 732421 04-01-17

Schedule D (Form 990) AUBURN UNIVER
Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
EMINENCE FUND LTD.	11,061,163.	FMV					
DAVIDSON KEMPNER LTDO IV	1,389,333.	FMV					
DEEDED MINERAL RIGHTS	420,000.	FMV					

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

AUBURN UNIVERSI	TY FOUND	ATION			**-***242	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV	/, line 14b.					
-	-		ds to substantiate the amount of its gra			🖂
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? 🔼	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
		1	an be duplicated if additional space is r	1		1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	1	PROGRAM SERVICES	PROFESSIONA	L DEVELOPMENT	112.
HADODE			DDGGDAM GHDVI GHG	U.S./LONDON DEVELOPMENT	·;	1 902
EUROPE	0	2	PROGRAM SERVICES	PROFESSIONA	L DEVELOPMENT	1,893.
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	EDUCATION D	EVELOPMENT	13,165.
						,
SUB-SAHARAN AFRICA	0	1	FUNDRAISING	FUNDRAISING	ACTIVITIES	1,178.
EUROPE	0	1	FUNDRAISING	FUNDRATSING	ACTIVITIES	4,304.
HOKOT H	ľ		ONDIGITOR	TONDIGITATIO	. ACTIVITIES	4,304.
3 a Sub-total	0	7				20,652.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						20.652

Part I	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) N	ame of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
ŀ	by the IRS, or for which	ch the grantee or cou	ınsel has provided a sect	ecognized as charities by the fi ion 501(c)(3) equivalency letter			>		1	
3 [Enter total number of other organizations or entities									

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.									
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Page 4

Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AUBURN UNIVERSITY FOUNDATION

Employer identification number

-*2422

Part I Fundraising Activities required to complete this pa	 Complete if the organization answ rt. 	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the 	e X Solicita f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	ation of ation of al fundra I (includ profession	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JF SMITH GROUP, INC 735 E GLENN AVE, AUBURN, AL 36830	AU COLLEGE OF EDUCATION	Yes	No X	247,315.	5,000.	242,315.
Iotal Ist all states in which the organization or licensing.		contribu	▶ utions	247,315. or has been notified	5,000. it is exempt from req	242,315. gistration
AL, AK, AR, AZ, CA, CO, CT, MS, MT, NC, ND, NE, NH, NJ, WY						

Schedule G (Form 990 or 990-EZ) 2017 AUBURN UNIVERSITY FOUNDATION **-**2422 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 **-***2422 Page 2

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				HOSPITALITY		(add col. (a) through
			JEAN BALL	GALA	6	col. (c))
a)			(event type)	(event type)	(total number)	331. (3)
Revenue						
ě	1	Gross receipts	116,772.	213,842.	148,948.	479,562.
ш						
	2	Less: Contributions	35,000.	45,850.	58,763.	139,613.
			04 550	165 000	00 105	222 242
	3	Gross income (line 1 minus line 2)	81,772.	167,992.	90,185.	339,949.
	4	Cash prizes				
	_	Namanah miinaa				
S		Noncash prizes				
Direct Expenses	_	Rent/facility costs	14,661.	21,184.	0.	35,845.
X Pe	0	Tient/lacinty costs	14,001.	21,104.	<u> </u>	33,043.
Ű H	7	Food and beverages	11,198.	26,982.	0.	38,180.
je (′	1 ood and beverages	22,2300	20/3021		337233
		Entertainment	4,405.	0.	4,436.	8,841.
	9	Other direct expenses	4,405.	11,287.	32,829.	65,219.
	10	Direct expense summary. Add lines 4 through	01 1 (1)			148,085.
	11	>	191,864.			
Pa	ırt l	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cash prizes				
ses	_	Cash prizes				
Expenses	3	Noncash prizes				
Ä		Tronodon prizos				
Direct	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			Yes No
						tes No
N	11	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended. or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			

Sch	edule G (Form 990 or 990-EZ) 2017 AUBURN UNIVERSITY FOUNDATION	<u> </u>	4 4 4	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
•	Enter the hame and address of the person who propares the organization's gaming special events books and records.			
	Name >			
	Name			
	Address ►			
	Address			
45.	Poss the examination have a contract with a third north from whom the examination reactives coming revenue?		Yes	□ No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Ш	163	NO
	If IIVe II and a the constant of a series and a series of the three constants.			
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\tau\$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ī	retain the state gaming license?		Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	1 13 /	200 0	oh 10	
		165 9, 3	90, 10	D, 13D,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
a C	טיים און די איים איים איים איים איים איים איים א			
<u>5C</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	· :		
, -	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
<u>(I</u>) NAME OF FUNDRAISER: JF SMITH GROUP, INC.			
,_				
<u>(I</u>) ADDRESS OF FUNDRAISER: 735 E GLENN AVE, AUBURN, AL 36830			
		_		
_				
		_		
_				

Schedule G	(Form 990 or 990-EZ)	AUBURN UNIVERS	SITY FOUNDATION	N **-***2422	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			·g
		(55)			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** **-***2422 AUBURN UNIVERSITY FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) AUBURN UNIVERSITY 107 SAMFORD HALL ••*:*--**-******* 0 ACADEMIC SUPPORT AUBURN, AL 36849 14,122,755, AUBURN UNIVERSITY 107 SAMFORD HALL AUBURN, AL 36849 ••*:*—**-***11**5724 2,797,231, 0. RESEARCH SUPPORT AUBURN UNIVERSITY 107 SAMFORD HALL ••*:*—**-***11**5724 AUBURN, AL 36849 1,340,790 0. OUTREACH SERVICE AUBURN UNIVERSITY 107 SAMFORD HALL ••*:*—**-***119**724 AUBURN AL 36849 419 995 0. NONACADEMIC SUPPORT AUBURN UNIVERSITY 107 SAMFORD HALL ••*:*—**-***11**5724 4 100 891 FACULTY SUPPORT AUBURN, AL 36849 0. AUBURN UNIVERSITY 107 SAMFORD HALL ••*:*—**-***11**5724 AUBURN, AL 36849 308 879 0 STUDENT SERVICES 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

		FOUNDATION					Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the Un	i ited States (Sch	edule I (Form 990), Pa r	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN UNIVERSITY							
107 SAMFORD HALL							
AUBURN, AL 36849	••*:***-	* ***5 724	42,296.	0.			INTERCOLLEGIATE ATHLETIC
			1	-			
AUBURN UNIVERSITY							
107 SAMFORD HALL							
AUBURN, AL 36849	••*:***-	* ††5 724	396,373.	0.			LIBRARY
AUBURN UNIVERSITY							
107 SAMFORD HALL							INSTITUTIONAL
AUBURN, AL 36849	••*:***-	* !!!!!!	4,002.	0.			ADMINISTRATION
AUBURN UNIVERSITY							
107 SAMFORD HALL	••*:***-	****	04 630 060				
AUBURN, AL 36849	•• " ; "" " =	"1150/24	24,638,062.	0.			CAPITAL SUPPORT
AUBURN UNIVERSITY							
107 SAMFORD HALL							
AUBURN, AL 36849	••*:***-	** **5 724	10,917,312.	0.			STUDENT FINANCIAL AID
			10,517,611.	•			
AUBURN UNIVERSITY							
107 SAMFORD HALL							
AUBURN, AL 36849	••*:***-	* 119 724	1,442,578.	0.			OTHER PROGRAM SUPPORT
AUBURN ALUMNI ASSOCIATION							
317 S COLLEGE STREET							
AUBURN, AL 36849	••*:***-	* 50145 9(3)	52,873.	0.			ALUMNI RELATIONS
AUBURN UNIVERSITY REAL ESTATE							
FOUNDATION, INC 317 S COLLEGE							
STREET - AUBURN, AL 36849	••*:***-	* 505892(3)	110,000.	0.			CAPITAL SUPPORT
MICHAEL INII INIMED POINTAMION							
TIGERS UNLIMITED FOUNDATION 392 S DONAHUE DR							
	••*:***-	* ቀ ቀይ ስ ለዩ/ 2 \	104 501	0.			INTERCOLLEGIATE ATHLETIC
AUBURN, AL 36849	1 •• : """	DOB#00(2)	104,591.	<u> </u>			THIERCOLLEGIATE ATHLETIC

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE GRANTEE, AUBURN UNIVERSITY (AU), IS A S	ECTION 115	ENTITY.	AS A	
LAND-GRANT INSTITUTION OF HIGHER EN	OUCATION,	ITS MAJOR	R SOURCE OF	FUNDS ARE	
FEDERAL AND STATE APPROPRIATIONS.	ITS DISB	URSEMENTS	ARE GOVERN	ED BY	
FEDERAL AND THE STATE OF ALABAMA LA	AW. ITS	TRANSACTIO	NS ARE SUB	JECT TO	
PUBLIC DISCLOSURE. GRANTS DESIGNAT	red for A	SPECIFIC	PURPOSE AR	E CREDITED	
TO A FUND ESTABLISHED SPECIFICALLY	FOR THAT	PURPOSE.	AU'S OFFIC	E OF	
PROCUREMENT AND PAYMENT SERVICES EN	NSURES CO	MPLIANCE W	VITH RESTRI	CTIONS	
SUBJECT TO ANY APPLICABLE LAWS.					

SCHEDULE I, PART II, LINE 2: THE GRANTEE, AUBURN ALUMNI ASSOCIATION (AAA),

IS A SECTION 501(C)(3) ENTITY. ITS PRIMARY PURPOSE IS THE CREATION,

NURTURING AND STRENGTHENING OF THE TIES BETWEEN AU AND ITS ALUMNI AND

FRIENDS THROUGH THE SPONSORSHIP OF PROGRAMS TO ENCOURAGE IDENTIFICATION

WITH AND ALLEGIANCE TO THE INTEREST IN AU'S SUCCESS. THE MANAGEMENT OF AAA

IS RESPONSIBLE FOR THE EXPENDITURES OF AAA AND REPORTS TO AN ACTIVE BOARD

OF DIRECTORS.

SCHEDULE I, PART II, LINE 2: THE GRANTEE, AUBURN UNIVERSITY REAL ESTATE

FOUNDATION, INC (AUREF) IS A SECTION 501(C)(3) ENTITY. ITS PRIMARY PURPOSE

IS TO SUPPORT AUBURN UNIVERSITY FOUNDATION (AUF) WHICH IS THE SOLE MEMBER

OF THE AUREF. AS THE CONTROLLING ENTITY, AUF HAS THE AUTHORITY TO REVIEW

AUREF'S FINANCIAL RECORDS. BOTH ENTITIES HAVE ACTIVE BOARD OF DIRECTORS OF

WHICH MANAGEMENT IS RESPONSIBLE TO.

SCHEDULE I, PART II, LINE 2 THE GRANTEE, TIGERS UNLIMITED FOUNDATION (TUF),

IS A SECTION 501(C)(3) ENTITY. ITS PRIMARY PURPOSE IS THE SUPPORT OF AU'S

INTERCOLLEGIATE ATHLETICS. TUF'S MANAGEMENT IS RESPONSIBLE FOR ITS

EXPENDITURES AND REPORTS TO AN ACTIVE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

AUBURN UNIVERSITY FOUNDATION

Employer identification number **-***2422

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		1,570.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	296	11,309,895.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests	X	1	215,821.	PRESENT VALU	JE	
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	37	1	1.C. C.E.1	T3345.7		
19	Food inventory	Х	4	16,651.	r m Λ		
20	Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
24 25	Archeological artifacts Other ▶ (INSURANCE)	X	32	75,774.	COST		
25 26	, ,	21	32	15,114.	CODI		
20 27	Other () Other ()						
	Other ()						
<u>20 </u>	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
	To Which the organization completes from each	30, r a. r r r , r	onee , totale and ag			Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			'		30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?		-			32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is ched	cked,		
	describe in Part II.						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

AUBURN UNIVERSITY FOUNDATION

Employer identification number **-***2422

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LAND-GRANT INSTITUTION WHICH IS TAX EXEMPT UNDER IRC SECTION 115. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN WAS REVIEWED BY THE AUDIT COMMITTEE AND RECOMMENDED TO THE FULL BOARD OF DIRECTORS FOR A REVIEW PERIOD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: "CONFLICT OF INTEREST AND SELF-DEALING STATEMENT" WAS PRESENTED TO ALL NEW MEMBERS AND ANNUALLY TO RETURNING BOARD MEMEBERS BY POLICY. STATEMENT INCLUDED THE POLICY AND AN AFFIRMATION SECTION THAT DOCUMENTED ANY POTENTIAL CONFLICT AND WAS SIGNED BY EACH BOARD MEMBER. THIS SIGNED STATEMENT WAS COLLECTED BY THE BOARD SECRETARY AND THE RESULTS WERE REPORTED TO THE CHAIR OF THE BOARD FOR ANY NECESSARY FOLLOW-UP. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, CA, CO, DC, FL, KY, MA, MD, ME, MI, MN, NH, NJ, NY, ND, OH, OR, PA, SC, UT, WA FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES THE FOLLOWING GOVERNING DOCUMENTS AVAILABLE ON ITS WEBSITE AT WWW.AUBURNUNIVERSITYFOUNDATION.ORG: FORM 1023, FORM 990, AND DETERMINATION LETTER. THE AUDITED FINANCIAL STATEMENTS WERE INCLUDED IN AUBURN UNIVERSITY'S AUDITED FINANCIAL STATEMENTS WHICH ARE PUBLIC THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE DOCUMENTS.

UPON WRITTEN REQUEST TO THE FOUNDATION'S SECRETARY.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AUBURN UNIVERSITY FOUNDATION	Employer identification number **-**2422
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	863,708.
FORM 990, PART XII, LINE 2C	
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

AUBURN UNIVERSITY FOUNDATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*2422

(a)	(b)	(c)	(d)	(e))	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country)		or Total inco	me End-of-yea		controlling entity		
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, t	Decause it had one	or more related tax-ex	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	con	(g) 512(b)(13) trolled titty?	
Č		Toroign country)		501(c)(3))	,	Yes	No	
AUBURN UNIVERSITY REAL ESTATE FOUNDATION,								
INC **-*******, 317 S. COLLEGE STREET, AUBURN, AL 36849	SUPPORT AUBURN UNIVERSITY FOUNDATION	ALABAMA	501(C)(3)	170(B)(1)(A) (VI)	AUBURN UNIVERSITY FOUNDATION	Z	х	
							1	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		country)						Yes	No
HERBERT C. RYDING PHYSICS FELLOWSHIP -			AUBURN						İ
-****, 317 S. COLLEGE STREET, AUBURN,			UNIVERSITY						İ
AL 36849	PHYSICS FELLOWSHIP	AL	FOUNDATION	TRUST	2,888.	56,806.	100%		X
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
					1b	X	
c	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X	
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
O	Sharing of paid employees with related organization(s)				10	X	
p	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	√olved		
		type (a-s)					
	AUBURN UNIVERSITY REAL ESTATE FOUNDATION,	_	110 000	GO GE			
1)	INC.	В	110,000.	COST			
2)							
٥,							
3)							
4)							
")							
5)							
<u> </u>							
6)							
	3 09-11-17	•		Schedule	R (For	n 990	2017

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	-								
									+
									-
									-
	_								000) 0047

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

► Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

JAN 1 , 2017, and ending DEC 31 , 2017 beginning

OMB No. 1545-1668

Attachment Sequence No. 118

Name of pers	on ming mis return							-	
311011			T-037			'	**_**	***	
	TRN UNIVERSITY I s (if you are not filing this form w			A Catagonia	f files (and Catagories	of Filoso in A			icable bay(sell)
riiei s auures	is (if you are not filling this form w	vitii your tax rei	luiii)	A Category o	of filer (see Categories				cable box(es)).
				B Filer's tax		201	3 X 17	4 L	30.2018
	(I' 1 'I'' 1 A		0 110 1	1 - beginning		,∠∪.	,		30,2016
	re of liabilities: Nonrecourse \$			ecourse financii	5 +		Other	\$	
	member of a consolidated group	but not the pa	rent, enter the following	information abo	out the parent:	T			
<u>Name</u>						EIN			
Address									
	ny excepted specified foreign fina			see instructions	s)				
F Information	on about certain other partners (s	ee instructions)		ı		1		
	(1) Name		(2) Address		(3) Identifying r	number	· · · ·	Check applicat	. ,
	(1) Hame		(=) / (dd. 555		(0) (0)		Category 1	Category 2	Constructive owner
								<u></u>	
G1 Name and	address of foreign partnership						2(a) EIN	,	
								-***79	
ASP CH	ROMAFLO INVESTO	CO LP					2(b) Refe	rence ID nur	nber
	RK AVENUE, 34TH	I FLOOR					1		e laws organized
NEW YO	Duinning Inland		Dringing business	Dringing bur	ninana	l Fun	otional	N ISLA	
4 organization	on 5 Principal place of business		Principal business activity code number	7 Principal bus		8a curr	ctional ency	8b (see in:	nge rate str.)
09/23/	2016 CAYMAN ISLA	ANDS	523900	INVESTI	NG	USD			
H Provide th	ne following information for the fo	reign partnersl	nip's tax year:						
1 Name, add	dress, and identifying number of a	agent (if any) ir	the United States	2 Check if th	ne foreign partn <u>ers</u>	hip must f	ile:	_	
				FC FC	orm 1042	J Form 8	804	_ Form 106	5 or 1065-B
				Service Ce	enter where Form ¹	1065 or 10	65-B is filed:		
				Name and a	ddress of person(s) wi	th custody o	of the books and	t records of the	foreign
	address of foreign partnership's	•	, , ,	4 partnership,	and the location of su	ch books ar	d records, if dif	ferent	
*****	********	****	****		** ****				** **
P.O. B			~		RK AVENU			OOR	
	HOUSE, GRAND C			NEW YO	RK, NY	10171	<u> </u>		
	ny special allocations made by the	0 1						Yes	X No
	ie no. of Forms 8858, Info Return				Entities, attached	to this reti			
	this partnership classified under t		-				EXEMP	LED PF	
	e filer have an interest in the fore	•	•	•	•		•		
	der Reg. 1.1503(d)-1(b)(4) or par			. , ,			-	Yes	∟ No
	does the separate unit or combin			ed loss as defir	ned in Reg. 1.1503	(d)-1(b)(5)(ii)? ►	Yes	∟∟ No
9 Does th	is partnership meet both of the fo artnership's total receipts for the	ollowing require	ements?)				
• The v	alue of the partnership's total ass	ets at the end o		han \$1 million.				Yes	No
If "Yes,"	do not complete Schedules L, M				<u> </u>				
Sign Here Only If You Are Filing	Under penalties of perjury, I declare the correct, and complete. Declaration of								
This Form Separately								1.	
and Not With Your Tax								_	
Return.	Signature of general partner or	limited liability co	· · · · · · · · · · · · · · · · · · ·		15.				Date
Daid	Print/Type preparer's name		Preparer's signature		Date		Check	if PTIN	
Paid	D. CLYNTON HART	Γ,					self-employed		
Preparer					03/1	<u>8/19</u>			191509
Use	Firm's name WARREN		-			Firm	n's EIN 🕨	**_**	44437
Only	Firm's address ▶3815 II		TE CT.			Pho	ne no.		
	MONTGOMERY, AL	36109					334	-271-2	2200

Page 2

Form 8865 (2017)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of transferor Filer's identifying number **-***2422 AUBURN UNIVERSITY FOUNDATION EIN (if any) Name of foreign partnership ASP CHROMAFLO INVESTCO LP Reference ID number (see instr) **-***7966 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions No Yes b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) Date of Number of Fair market Cost or other Section 704(c) Gain Type of property transfer items value on date basis allocation recognized on method transferred of transfer transfer 01/19/17 130,080 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 130,080. Enter the transferor's percentage interest in the partnership; (a) Before the transfer .0000 % (b) After the transfer .1084 Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

Form **8865**

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning JAN 1 ,2017, and ending DEC 31

OMB No. 1545-1668

2017

Attachment Sequence No. 118

2017

Name of person filing this return Filer's identifying number **_**** AUBURN UNIVERSITY FOUNDATION Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): $3 \mid \mathbf{X}$ Filer's tax vea OCT R 2017 30 2018 SEP and ending beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Category 1 Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership **-***8036 2(b) Reference ID number ASP CHROMAFLO HOLDINGS LP 299 PARK AVENUE, 34TH FLOOR 3 Country under whose laws organized NEW YORK, NY 10171 CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 7 Principal business activity 8a Functiona currency Exchange rate (see instr.) 09/23/2016CAYMAN ISLANDS 523900 INVESTING USD H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identifying number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: Name and address of person(s) with custody of the books and records of the foreign 3 Name and address of foreign partnership's agent in country of organization, if any Name and address of personal with address of the sound of the sound partnership, and the location of such books and records, if different partnership, and the location of such books and records, if different partnership. ***** ****** ***** ****** ****** P.O. BOX 309 PARK AVENUE, 34TH FLOOR UGLAND HOUSE, GRAND CAYMAN CAYMAN ISL NEW YORK NY 10171 X No 5 Were any special allocations made by the foreign partnership? Yes Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return How is this partnership classified under the law of the country in which it is organized? ► EXEMPTED LP 7 Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. Nο Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? 9 The partnership's total receipts for the tax year were less than \$250,000 and
 The value of the partnership's total assets at the end of the tax year was less than \$1 million. No Yes If "Yes," do not complete Schedules L, M-1, and M-2 Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge Separately and Not With Your Tax Signature of general partner or limited liability company member Date Return. Print/Type preparer's name Preparer's signature Check Paid self-employed D. CLYNTON HART, **Preparer** JR.<u>, CPA</u> 03/18/19 P00191509 Use **-***4437 Firm's name ►WARREN AVERETT, LLC Firm's EIN ▶ Only Firm's address ▶3815 INTERSTATE CT. Phone no. MONTGOMERY, AL 36109 334-271-2200

Form 8865 (2017)

Page 2

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

2017

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of transferor Filer's identifying number **-***2422 AUBURN UNIVERSITY FOUNDATION EIN (if any) Name of foreign partnership ASP CHROMAFLO HOLDINGS LP Reference ID number (see instr) **-***8036 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions No Yes b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) Date of Number of Fair market Cost or other Section 704(c) Gain Type of property transfer items value on date basis allocation recognized on method transferred of transfer transfer 01/19/17 130,080 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 130,080. Enter the transferor's percentage interest in the partnership; (a) Before the transfer .0000 % (b) After the transfer .1084 Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

► Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

JAN 1 , 2017, and ending DEC 31 , 2017 beginning

OMB No. 1545-1668

Attachment Sequence No. 118

Name of person filing this return					Fi	Filer's identifying number				
ΔIIRII	RN UNIVERSITY	FOIIND A T	TON				**_**	****		
	s (if you are not filing this form			A Category o	f filer (see Catego	ories of Filers i	n the instructions	and check ap	olicable box(es)):	
11101 0 444100	o (ii you aro not ming and form	will your tax rot		1 [7		3 X	4		
				B Filer's tax y	/ear OCT	1 20	017 , and end	ina SEP	30,2018	
C Filer's sha	re of liabilities; Nonrecourse \$		Qualified nonred			,_ \	Other	<u>.</u>	30,2020	
	member of a consolidated grou	n hut not the na					Othici	Ψ		
Name	mornoor or a consolidated grou	p but not the pu	rong chief the following in	mormation abo	out the parent.	EIN				
Address						LIN				
	ny excepted specified foreign fin	ancial assets an	e renorted on this form (s	ee instructions	:)					
	on about certain other partners (•	oo mon donone	<u>,,</u>					
1111011110	on about contain out of partitions ((4)	Check applica	able box(es)	
	(1) Name		(2) Address		(3) Identify	ing number	Category 1	Category 2	Constructive owner	
G1 Name and	l address of foreign partnership						2(a) EIN	(if any)	I	
a i itamo ano	radarooo or rororgii paranoromp						` ′	(),		
ASP CH	ROMAFLO HOLDIN	GS II L	P				2(b) Refe	rence ID nu	ımber	
			_				1 ' '	IGNUS		
299 PA	RK AVENUE, 34T	H FLOOR							se laws organized	
	RK, NY 10171						1 1	N ISL	•	
4 Date of organization		1,	Principal business activity code number 7	Principal bus	siness	ga Fi	unctional urrency		ange rate nstr.)	
	2016 CAYMAN ISL			NVESTI		USD	urrency	(see i	nstr.)	
	ne following information for the f			14 4 11 11 11	.,,	ODD				
	dress, and identifying number of		•	2 Check if th	e foreign parti	nershin mus	et file:			
i ivaino, au	aross, and identifying number of	agont (ii any) ii	Title Officed Otates	1 —	rm 1042	Form		Form 10	65 or 1065-B	
							1065-B is filed:		30 01 1000 B	
				OCT VICE OF	MILLOT WITHOUT O	1111 1000 01	1000 D 13 IIICu,			
3 Name and	address of foreign partnership's	s agent in count	ry of organization, if any	4 Name and a	ddress of person	(s) with custod	ly of the books and and records, if dif	d records of th	e foreign	
	*****						** ***		*** **	
P.O. B	ox 309			299 PA	RK AVEI	NUE, 3	34TH FLO	OOR		
	HOUSE, GRAND	CAYMAN (CAYMAN ISL	NEW YO		1017				
	ny special allocations made by th				-			Yes	X No	
	ne no. of Forms 8858, Info Return	0 1		n Disregarded						
	this partnership classified under						► EXEMP	TED L	P	
	e filer have an interest in the for				reian partnersl					
	der Reg. 1.1503(d)-1(b)(4) or pa	•	•	•	• .	• •	•	Yes	□ No	
	does the separate unit or combi		-	. , ,			-	Yes	□ No	
•	is partnership meet both of the t)		()()			
The p	artnership's total receipts for the	e tax year were I	ess than \$250,000 and	Od:II:			•	Yes	No	
	alue of the partnership's total as do not complete Schedules L, N		of the tax year was less the	an \$1 million.						
Sign Here Only If You	Under penalties of perjury, I declare to	that I have examine								
Are Filing This Form	correct, and complete. Declaration of	f preparer (other tha	an general partner or limited lial	bility company m	ember) is based	on all informat	ion of which prepa	rer has any kr	nowledge.	
Separately and Not With										
Your Tax	Signature of general partner of	r limited liability co	mpanv member					- F	Date	
Return.	Print/Type preparer's name	, 00	Preparer's signature		Date)	Check	PTIN		
Paid	D. CLYNTON HAR	Ψ.					self-employed	"		
Preparer	JR., CPA	- /			hз	/18/19	9	PUU	191509	
Use	Firm's name WARREN	ΔΛΕΒΕΦ	T, LLC		<u> U J</u>		rm's EIN 🕨	**_**		
Only	Firm's address >3815 I						hone no.			
-	MONTGOMERY, AL							-271-	2200	
	FICTAL CONTRICT , AD	30103					224	2 / I		

Form 8865 (2017)

Page 2

SCHEDULE O (Form 8865)

Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

2017

Filer's identifying number

	AUBURN	UNIV	ERSIT	Y FOUNDA'	TION		**-***24	22
Name of foreign p				O HOLDIN		EIN (if any)		nce ID number (see instr) EIGNUS
b If "Yes," wa2 Was any in	s the gain deferral tangible property t	method app ransferred c	lied to avoi onsidered o	d the recognition or or anticipated to be	y Regulations section of gain upon the contribute, at the time of the trans on 1.482-7(c)(1)?	oution of property?	ee instructions	Yes
	ansfers Reportabl				, ,, ,			
Type of property	(a) Date of transfer	(b) Number of items transferred	va	(c) air market lue on date of transfer	(d) Cost or other basis	alle	(e) on 704(c) ocation ethod	(f) Gain recognized on transfer
Cash	01/19/17		130	,080.				
Stock, notes receivable and payable, and other securities								
Inventory								
Tangible property used in trade or business								
Intangible property described in section 197(f)(9)								
Intangible property, other than intangible property described in section 197(f)(9)								
Other property								
Totals			13	0,080.				
3 Enter the tr	ansferor's percent ormation Required		in the partr	nership: (a) Before	the transfer • 0	000 %	(b) After the tran	sfer .1084 %
Part II D	ispositions Report	able Under	Section 60	38B				
(a) Type of property	(b) Date of original transfer		(c) Date of position	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is	any transfer repor	ted on this :	schedule su	ı bject to gain recog	<u>l</u> Inition under section 90	L D4(f)(3) or section 904((f)(5)(F)?	Yes X No

Department of the Treasury

Only

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

JAN 6 , 2017, and ending DEC beainnina

OMB No. 1545-1668

Attachment Sequence No. 2017 Internal Revenue Service Name of person filing this return Filer's identifying number **_**** AUBURN UNIVERSITY FOUNDATION Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): $3 \mid \mathbf{X}$ Filer's tax vea OCT R 2017 30 2018 SEP and ending beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Category 1 Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership **-**5733 2(b) Reference ID number SUMMIT PARTNERS GROWTH EQUITY FUND IX-A AIV, LP 222 BERKELEY STREET, 18TH FLOOR 3 Country under whose laws organized BOSTON, MA 02116-3767 CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 7 Principal business activity 8a Functiona currency Exchange rate (see instr.) USD 523900 INVESTMENT 01/06/2017 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identifying number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 or 1065-B Form 1042 Form 8804 Service Center where Form 1065 or 1065-B is filed: E-FILE Name and address of person(s) with custody of the books and records of the foreign 3 Name and address of foreign partnership's agent in country of organization, if any Partnership, and the location of such books and records, if different partnership. ****** ***** ***** ***** ***** 222 BERKELEY STREET, 18TH FLOOR 222 BERKELEY STREET, 18TH FLOOR BOSTON, BOSTON, MA 02116 MΑ 02116 X No 5 Were any special allocations made by the foreign partnership? Yes Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return How is this partnership classified under the law of the country in which it is organized? ► PARTNERSHIP 7 Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. Nο Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? 9 The partnership's total receipts for the tax year were less than \$250,000 and
 The value of the partnership's total assets at the end of the tax year was less than \$1 million. No Yes If "Yes," do not complete Schedules L, M-1, and M-2 Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge Separately and Not With Your Tax Signature of general partner or limited liability company member Date Return. Preparer's signature Print/Type preparer's name Check Paid self-employed D. CLYNTON HART, **Preparer** JR.<u>, CPA</u> 03/18/19 P00191509 Use **-***4437 Firm's name ►WARREN AVERETT, LLC Firm's EIN ▶

CT.

Firm's address ▶3815 INTERSTATE

MONTGOMERY, AL 36109

334-271-2200

Phone no.

Page 2

Form 8865 (2017)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

2017

Filer's identifying number

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service Name of transferor

-*2422 AUBURN UNIVERSITY FOUNDATION EIN (if any) Name of foreign partnership SUMMIT PARTNERS GROWTH EQUITY FUN Reference ID number (see instr) **-***5733 AIV, LP 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions No Yes b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (c) (d) (e) (f) Date of Number of Fair market Cost or other Section 704(c) Gain Type of property transfer items value on date basis allocation recognized on method transferred of transfer transfer 388,216 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 388,216. Enter the transferor's percentage interest in the partnership; (a) Before the transfer .0000 % (b) After the transfer .0826 Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (a) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

► Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

JAN 1 , 2017, and ending DEC 31 , 2017 beginning

OMB No. 1545-1668

Attachment Sequence No. 118

Name of pers	lame of person filing this return					Filer's identifying number				
AUBU	RN UNIVERSITY	FOUNDAT	rton				~ ~	_ ~ ~ ~		
	ss (if you are not filing this form			A Category o	f filer (see Cate	egories of Filer	rs in the in	structions a	and check app	olicable box(es)):
				1 [2 🗌	3 [X	4	
				B Filer's tax y beginning	ear OC'	г 1,2	2017	, and endi	ng SEP	30,2018
C Filer's sha	are of liabilities; Nonrecourse \$		Qualified nonred	course financir	ng \$			Other	\$	
D If filer is a	n member of a consolidated grou	p but not the p	arent, enter the following in	nformation abo	out the parer	nt:				
Name						EI	IN			
Address										
	ny excepted specified foreign fin			ee instructions	8)					<u></u>
F Information	on about certain other partners (see instruction T	s)					(4)	01	-h-lh/\
	(1) Name		(2) Address		(3) Iden	tifying number	r L		Catagory 2	
								ategory 1	Category 2	Constructive owner
							-			
G1 Name and	d address of foreign partnership						2	(a) EIN	i (if anv)	
GT Name and	a dudi 033 of foreign partitorship							` '	_***3	348
SUMMIT	PARTNERS GROW	TH EOU	TY FUND IX-A	Α,			2		rence ID nu	
LP		~		•				. ,		
222 BE	RKELEY STREET,	18TH E	LOOR				3	Country	under who	se laws organized
BOSTON	r, MA 02116-37								N ISL	
4 Date of organizati	on 5 Principal place of business		6 Principal business activity code number 7	Principal bus activity	siness	8a	Function	nal /	8b Excha	ange rate nstr.)
02/09/	2017 CAYMAN ISL	ANDS		NVESTI:		USI				.000000
H Provide th	ne following information for the f	oreign partner	ship's tax year:							
1 Name, ad	dress, and identifying number of	agent (if any)	in the United States	2 Check if th	ne foreign pa	rtnership m	nust file:		_	
				Fo	rm 1042	L For	rm 8804	X	_ Form 100	65 or 1065-B
				I	enter where I	Form 1065 (or 1065-l	B is filed:		
				E-FI	山占 ddress of pers and the location	on(s) with cust	tody of the	books and	records of th	ne foreian
3 Name and	d address of foreign partnership's	s agent in cour	itry of organization, if any	4 partnership,	and the location	on of such boo	oks and red	cords, if diff	ferent	J
5 Were a	ny special allocations made by th	ne foreign narti	nershin?	1				_	Yes	X No
	ne no. of Forms 8858, Info Return	0 1		n Disregarded	Entities, atta	ached to this	s return			110
	this partnership classified under								TED L	P
	ne filer have an interest in the for				reign partne	rship, that is				
unit un	der Reg. 1.1503(d)-1(b)(4) or pa	irt of a combin	ed separate unit under Reg.	. 1.1503(d)-1(l	b)(4)(ii) ? If '	'No," skip qι	uestion 8	b. >	Yes	☐ No
b If "Yes,"	does the separate unit or combi	ined separate ι	ınit have a dual consolidate	d loss as defin	ed in Reg. 1	.1503(d)-1((b)(5)(ii)'	?	Yes	☐ No
	nis partnership meet both of the t)					
	partnership's total receipts for the value of the partnership's total as			an \$1 million.				▶	Yes	No No
If "Yes,	' do not complete Schedules L, N	/I-1, and M-2.	•		<u> </u>					
Sign Here Only If You Are Filing	Under penalties of perjury, I declare to correct, and complete. Declaration of									
This Form Separately	l								1.	· ·
and Not With Your Tax									_ •	
Return.	Signature of general partner of	r limited liability o			l n	ate			PTIN	Date
Paid	Print/Type preparer's name	m	Preparer's signature			u	Che	ck	if Film	
	D. CLYNTON HAR	т,				2 /1 0 /1	- 1	cmployed	D00	101500
Use	JR., CPA	7 77 E E E	<u> </u> 		ĮU .	3/18/2		INI 🌬	P00 **_**	191509 *4437
Only	Firm's name WARREN Firm's address 3815 I		•				Firm's E			443/
	MONTGOMERY, AL		AID CI.				Phone n		-271-	2200
	FICTAL CONTRICT, AD	3 0 T 0 3						_	<u> </u>	2200

Page 2

Form 8865 (2017)

SCHEDULE O (Form 8865)

Department of the Treasury

Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

2017

Name of transferor Filer's identifying number **-***2422 AUBURN UNIVERSITY FOUNDATION EIN (if any) Name of foreign partnership SUMMIT PARTNERS GROWTH EQUITY FUN Reference ID number (see instr) **-***3348 LP 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions No Yes b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (c) (d) (e) (f) Date of Number of Fair market Cost or other Section 704(c) Gain Type of property transfer items value on date basis allocation recognized on method transferred of transfer transfer 199,321 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 199,321. Enter the transferor's percentage interest in the partnership; (a) Before the transfer .0000 % (b) After the transfer .0653 Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (a) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

FORM 8865	AFFILIATION SCHEDULE		STATEMEN	т 1
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
		— — — — — — — — — — — — — — — — — — —		
ASP CHROMAFLO HOLDINGS LP	299 PARK AVE, 34TH FL	**-***8036		Х
	NEW YORK, NY 10171			
ASP CHROMAFLO HOLDINGS II	299 PARK AVE, 34TH FL	**-***0000		х
	NEW YORK, NY 10171			
ASP CHROMAFLO INVESTCO, LP	299 PARK AVE, 34TH FL	**-***7996		х
•	NEW YORK, NY 10171			

(Rev. December 2017) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)		<u> </u>		
Name of transferor		Identif	ying numbe	er (see instructions)
AUBURN UNIVERSITY FOUNDATION				
		-	-*24	122
1 If the transferor was a corporation, complete questions 1a through 1d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section as a section 361).			Yes	X No
fewer domestic corporations? b Did the transferor remain in existence after the transfer?			res 【 Yes	No No
If not, list the controlling shareholder(s) and their identifying number(s).				
	<u> </u>			
Controlling shareholder		Identifying	number	
a. If the transferey uses a member of an efficiency group filing a consolidated vature, uses it the	navant aavnavatian?	Г	Yes	X No
c If the transferor was a member of an affiliated group filing a consolidated return, was it the If not, list the name and employer identification number (EIN) of the parent corporation.	parent corporation?		162	_21 NO
Name of parent corporation	EIN	N of parent	corporati	on
				77
d Have basis adjustments under section 367(a)(5) been made?		L	Yes	X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treat	ated as such under se	ection 367)	complete	
guestions 2a through 2d.	ace as saon ander so	300011 001),	complete	,
a List the name and EIN of the transferor's partnership.				
Name of partnership		EIN of par	tnorchin	
Name of partnership		LIN OI pai	tilei silip	
AC DEALMY WIND WITT ID	**_**	6131		
AG REALTY FUND VIII, LP b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
c Is the partner disposing of its entire interest in the partnership?		_	Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an			100	110
securities market?			Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)				
3 Name of transferee (foreign corporation)	4	4a Identify	ing numb	er, if any
		aliah aliaha	le ale ale ale ale	
AG REALTY VIII INVESTMENTS, LP	**_****			
5 Address (including country) 5300 COMMERCE COURT W, 199 BAY ST.	'	4b Referen	ce ID num	ber
TORONTO, ONTARIO CANADA				
6 Country code of country of incorporation or organization	L			
CA				
7 Foreign law characterization (see instructions) PARTNERSHIP				
8 Is the transferee foreign corporation a controlled foreign corporation?			₹ Yes	No
LHA For Paperwork Reduction Act Notice, see separate instructions.				Rev. 12-2017

Part III	Information Regarding Transfer of Property	(see instructions))
----------	--	--------------------	---

Part III Information	Regarding Trans	Ster of Property (see ins	structions)		
Section A - Cash, Sto	ock, and Securiti	es			
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			112,678.		
Stock and					
securities (other					
than those that					
qualify as eligible					
property under Regs. sec.					
1.367(a)-2(b)(3))					
9 Was cash the only pro					X Yes No
If "Yes," skip the rema	ainder of Part III and g	go to Part IV.			
10 Did the transferor tran	nsfer stock or securitie	es subject to section 367(a) w	rith respect to which a gair	า	
recognition agreemen	nt was filed?				Yes No
Section B - Property	qualifying for Ac	tive Trade or Business	s exception under R	egs. sec. 1.367(a)	-2(a)(2)(i) and (ii)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
333. 1.001 (a) 2(0))	1		1		1

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Form 926 (Rev. 12-2017)

Totals

Form 926 (Rev. 12-2017) AUBURN UNIVERSITY FOUNDATION **-**2422 Page 3
Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(Gain reco	(e) ognized on nsfer*
Inventory						$oldsymbol{\perp}$		
						+		
Installment						+		
obligations, etc. (as						+		
described in Regs.						+		
sec. 1.367(a)-						+		
2(c)(2))						+		
Nonfunctional						+		
currency, etc. (as						_		
described in Regs.						—		
sec. 1.367(a)-						\perp		
2(c)(3))						\perp		
Certain leased						\perp		
tangible property								
(as described in								
Regs. sec.								
1.367(a)-2(c)(4))								
Certain property								
to be retransferred								
(see Regs. sec.						\top		
1.367(a)-2(g))						\top		
Property described						\top		
in Regs. sec.						\top		
1.6038B-1(c)(4)(iv)						\top		
Property described						+		
in Regs. sec.						+		
1.6038B-1(c)(4)(vii)						+		
						+		
Totals	tion is subject to de	evaciation recenture or branch	looo *oo		otiono			
		preciation recapture or branch				$\overline{}$	Yes	No
	•	ify for the trade or business ex	-] 165	INO
		ed to recognize income under f	IIIai ai iu	remporary negu	alions			
sections 1.367(a)-2 thr		•					1	
a Transfer of property su		(a)(1) gain recognition				H	Yes	∐ No
b Depreciation recapture						\vdash	Yes	∐ No
c Branch loss recapture							Yes	No
		ount of foreign branch loss rec	-	\$		_	1	
e Any other income reco	ognition provision col Pa 12h 12c or 12e i	ntained in the above-reference is "Yes," see instructions for in	d regulat	tions n that must be in	cluded in		Yes	No
		ired To Be Reported section b		Tranactinast so in	oladoa III			
Section D - Intangible	property under	r Regs. sec. 1.367(a)-1(d	d)(5)					
Type of	(a)	(b)	(c)	(d)	(e)			(f)
property	Date of	Description of		Arm's length pri				inclusion for
	transfer	property	life	on date of trans	er basis	+	year c	of transfer
						\dashv		
Property described						\dashv		
in sec. 936(h)(3)(B)						\dashv		
						\dashv		
Property subject			-			\dashv		
to sec. 367(d)			-			\dashv		
pursuant to Regs.			-			\dashv		
sec. 1.367(a)-1(b)(5)			-			\dashv		
						\dashv		
Totals								

13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section Yes No 1.367(a)·1(b)(5)? b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer > \$ c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer > \$ 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes Nο **b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? **d** If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Supplemental Part III Information Required To Be Reported (see instructions) Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before % (b) After % Type of nonrecognition transaction (see instructions) \blacktriangleright <u>SECTION</u> 351 18 Indicate whether any transfer reported in Part III is subject to any of the following. 19 a Gain recognition under section 904(f)(3) X No Gain recognition under section 904(f)(5)(F) Yes X No Recapture under section 1503(d) Yes X No Exchange gain under section 987 Yes Did this transfer result from a change in entity classification? Yes 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes If "Yes," complete lines 21b and 21c. **b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$ Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?

Form 926 (Rev. 12-2017)

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Form 926 (Rev. 12-2017)

Form **926**(Rev. December 2017) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

► Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Form 926 (Rev. 12-2017)

Pai	U.S. Transferor information (see instructions)			
Nam	e of transferor		Identifying numbe	r (see instructions)
ΑŢ	JBURN UNIVERSITY FOUNDATION			
			-*24	22
1	If the transferor was a corporation, complete questions 1a through 1d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or			77
	fewer domestic corporations?			X No
b	Did the transferor remain in existence after the transfer?		X Yes	No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	lder	ntifying number	
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	2	Yes	X No
·	If not, list the name and employer identification number (EIN) of the parent corporation.	·	L res	_21_ NO
	Name of parent corporation E	IN of	parent corporation	on
d	Have basis adjustments under section 367(a)(5) been made?		Yes	X No
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	sectio	n 367), complete	
_	questions 2a through 2d. List the name and EIN of the transferor's partnership.			
a	List the name and Ein of the transferor's partnership.			
	Name of partnership	EIN	l of partnership	
St	JMMIT PARTNERS GROWTH EQUITY FUND IX-A AIV, LP **-**	* 57	33	
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
С	Is the partner disposing of its entire interest in the partnership?		Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
_	securities market?		Yes	X No
Pa		ı		
3	Name of transferee (foreign corporation)	4a	dentifying numbe	er, if any
דים	LEVATE BRANDPARTNERS LIMITED			
		4h [Deference ID numb	204
5 20-	Address (including country) - 22 BEDFORD ROW	40 F	Reference ID numl	ber
	NDON, WC1R 4JS UNITED KINGDOM			
6	Country code of country of incorporation or organization			
UF				
7	Foreign law characterization (see instructions)			
CC	DRPORATION			
8	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2017) AUBURN UNIVERSITY FOUNDATION

		ster of Property (see i	nstructions)		
Section A - Cash, St	ock, and Securition	es			
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/10/2017		27,358.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
10 Did the transferor tra	nainder of Part III and g	o to Part IV. es subject to section 367(a)	with respect to which a gain		X Yes No
Section B - Property	gualifying for Ac	tive Trade or Busine	ss exception under Re	egs. sec. 1.367(a)	-2(a)(2)(i) and (ii)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Form 926 (Rev. 12-2017)

2(b)(3)) Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))

Totals

Form 926 (Rev. 12-2017) AUBURN UNIVERSITY FOUNDATION **-**2422 Page 3
Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(Gain reco	(e) ognized on nsfer*
Inventory						$oldsymbol{\perp}$		
						+		
Installment						+		
obligations, etc. (as						+		
described in Regs.						+		
sec. 1.367(a)-						+		
2(c)(2))						+		
Nonfunctional						+		
currency, etc. (as						_		
described in Regs.						—		
sec. 1.367(a)-						\perp		
2(c)(3))						\perp		
Certain leased						\perp		
tangible property								
(as described in								
Regs. sec.								
1.367(a)-2(c)(4))								
Certain property								
to be retransferred								
(see Regs. sec.						\top		
1.367(a)-2(g))						\top		
Property described						\top		
in Regs. sec.						\top		
1.6038B-1(c)(4)(iv)						\top		
Property described						+		
in Regs. sec.						+		
1.6038B-1(c)(4)(vii)						+		
						+		
Totals	tion is subject to de	evaciation recenture or branch	looo *oo		otiono			
		preciation recapture or branch				$\overline{}$	Yes	No
	•	ify for the trade or business ex	-] 165	INO
		ed to recognize income under f	IIIai aiiu	remporary negu	alions			
sections 1.367(a)-2 thr		•					1	
a Transfer of property su		(a)(1) gain recognition				H	Yes	∐ No
b Depreciation recapture						\vdash	Yes	∐ No
c Branch loss recapture							Yes	No
		ount of foreign branch loss rec	-	\$		_	1	
e Any other income reco	ognition provision col Pa 12h 12c or 12e i	ntained in the above-reference is "Yes," see instructions for in	d regulat	tions n that must be in	cluded in		Yes	No
		ired To Be Reported section b		Transcribe in	oladoa III			
Section D - Intangible	property under	r Regs. sec. 1.367(a)-1(d	d)(5)					
Type of	(a)	(b)	(c)	(d)	(e)			(f)
property	Date of	Description of		Arm's length pri				inclusion for
	transfer	property	life	on date of trans	er basis	+	year c	of transfer
						\dashv		
Property described						\dashv		
in sec. 936(h)(3)(B)						\dashv		
						\dashv		
Property subject			-			\dashv		
to sec. 367(d)			-			\dashv		
pursuant to Regs.			-			\dashv		
sec. 1.367(a)-1(b)(5)			-			\dashv		
						\dashv		
Totals								

13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section Yes No 1.367(a)·1(b)(5)? b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer > \$ c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer > \$ 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes Nο **b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? **d** If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Supplemental Part III Information Required To Be Reported (see instructions) Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer. (a) Before .000 % (b) After .084 % Type of nonrecognition transaction (see instructions) \blacktriangleright <u>S</u>ECTION 351 18 Indicate whether any transfer reported in Part III is subject to any of the following. 19 a Gain recognition under section 904(f)(3) X No Gain recognition under section 904(f)(5)(F) Yes X No Recapture under section 1503(d) Yes X No Exchange gain under section 987 Yes Did this transfer result from a change in entity classification? Yes X No 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes If "Yes," complete lines 21b and 21c. **b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$ Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?

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Form 926 (Rev. 12-2017)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Pai	t I U.S. Transferor Information (see instructions)				
Nam	e of transferor		Identifyi	ng numbe	(see instructions)
ΑŢ	JBURN UNIVERSITY FOUNDATION				
			_	*24	122
1	If the transferor was a corporation, complete questions 1a through 1d.		•		
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368)	3(c)) by 5 or			
	fewer domestic corporations?	,		Yes	X No
h	Did the transferor remain in existence after the transfer?		X	Yes	☐ No
-	If not, list the controlling shareholder(s) and their identifying number(s).			,	
		T			
	Controlling shareholder		Identifying r	number	
				1	37
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	corporation?	' L	Yes	X No
	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation	EI	N of parent c	orporati	on
			•		
				1	77
d	Have basis adjustments under section 367(a)(5) been made?		L	Yes	X No
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under s	section 367), (complete	
	questions 2a through 2d.				
а	List the name and EIN of the transferor's partnership.				
	Name of partnership		EIN of partr	ership	
			. = = 0 0		
	MMIT PARTNERS GROWTH EQUITY FUND IX-A AIV, LP	**_**			
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
	Is the partner disposing of its entire interest in the partnership?		L	Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi	shed		_	
	securities market?			Yes	X No
Pai	Transferee Foreign Corporation Information (see instructions)				
3	Name of transferee (foreign corporation)		4a Identifyin	g numbe	er, if any
WC	DLVERINE HOLDINGS S.A.R.L.				
5	Address (including country)		4b Reference	ID num	ber
200	MIDDLEFIELD RD, SUITE 200				
MEN	ILO PARK, CA 94025				
6	Country code of country of incorporation or organization				
LU					
7	Foreign law characterization (see instructions)				
7 CC	Foreign law characterization (see instructions) ORPORATION				
CC	Foreign law characterization (see instructions) PRPORATION Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, S	Stock and Socuriti	00				
Section A - Cash, S	stock, and Securiti	<u>es</u>	1		1	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Cash	12/29/2017		360,858.			
Stock and securities (other						
than those that qualify as eligible						
property under						
Regs. sec.						
1.367(a)-2(b)(3))						
•	property transferred? emainder of Part III and o	go to Part IV.			X Yes No	
10 Did the transferor t recognition agreen		es subject to section 367(a) w			Yes No	
					0/ \/0\/I\ 1 /II\	

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii) **(b)** Description of (a) Date of (c) Fair market value on Type of (d) (e) Cost or other Gain recognized on property transfer property date of transfer basis transfer* Tangible property (not listed under another category) Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f)) Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3)) Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e)) Totals

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

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Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis		(e) Gain recognized on transfer*	
Inventory								
						+		
Installment						+		
obligations, etc. (as						+		
described in Regs.						+		
sec. 1.367(a)-						+		
2(c)(2))						—		
Nonfunctional								
currency, etc. (as								
described in Regs.								
sec. 1.367(a)-								
2(c)(3))								
Certain leased								
tangible property								
(as described in								
Regs. sec.								
1.367(a)-2(c)(4))								
Certain property								
to be retransferred								
(see Regs. sec.								
1.367(a)-2(g))								
Property described								
in Regs. sec.								
1.6038B-1(c)(4)(iv)						\top		
Property described						\top		
in Regs. sec.						+		
1.6038B-1(c)(4)(vii)						+		
						+		
Totals	tion is subject to de	evaciation recenture or branch	looo *oo		entions			
		preciation recapture or branch				$\overline{\Box}$	Yes	No
	· ·	ify for the trade or business ex	-			ш	163	NO
		ed to recognize income under f	IIIai aiiu	remporary negu	iations			
sections 1.367(a)-2 thr		•					1	
a Transfer of property su		(a)(1) gain recognition				\mathbb{H}	Yes	∐ No
b Depreciation recapture						\vdash	Yes	∐ No
c Branch loss recapture							Yes	No
		ount of foreign branch loss rec		S			1	
e Any other income reco	ognition provision col Pa 12b 12c or 12e i	ntained in the above-reference is "Yes," see instructions for in	d regula formatio	tions In that must be in	cluded in		Yes	No
		ired To Be Reported section b		ar triat made bo ii	oladed III			
Section D - Intangible	property unde	r Regs. sec. 1.367(a)-1(d	d)(5)					
Type of	(a)	(b)	(c)	(d)	(e)			(f)
property	Date of	Description of		Arm's length pri				inclusion for
	transfer	property	life	on date of trans	fer basis		year o	f transfer
						\dashv		
Property described						\dashv		
in sec. 936(h)(3)(B)						\dashv		
						-+		
Property subject						\dashv		
to sec. 367(d)			-			\dashv		
pursuant to Regs.			-			\dashv		
sec. 1.367(a)-1(b)(5)			-					
						$-\!\!\!\!+$		
Totals								

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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic 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

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number	
Туре	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or			
print							
File by th	AUBURN UNIVERSITY FOUNDATION				**-***2422		
due date filing you return. S	Jate for Number, street, and room or suite no. If a P.O. box, see instructions. 317 SOUTH COLLEGE STREET			Social se	Social security number (SSN)		
instruction		reign addr	ess, see instructions.				
Enter t	the Return Code for the return that this application is for (file	a separat	e application for each return)			0 1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A	08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-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) MARK R. THOMSON			Form 8870 12				
Tele If the	be books are in the care of \blacktriangleright 317 SOUTH COLLE ephone No. \blacktriangleright 334-844-0212 ne organization does not have an office or place of business	IGE ST	Fax No. ▶ted States, check this box			▶ □	
	nis is for a Group Return, enter the organization's four digit C				-	•	
box ▶ 1							
	I request an automatic 6-month extension of time until <u>AUGUST 15, 2019</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for:						
	of the organization named above. The extension is for the c	n gar iizatio	in stretum for.				
	calendar year or X tax year beginning OCT 1, 2017						
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period				T		
						0.	
	nonrefundable credits. See instructions.				\$	<u> </u>	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	•				0.	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	<u></u>	
	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	\$	0.	
	by doing by it of blectionic rederal rax rayment bystem).	oce instruc	AUOLIG.	50	ĮΨ	<u> </u>	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045