Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A	For the	2013 calendar year, or tax year beginning OCT 1, 2013 and 6	enaing	SEP 30, 2014	
В	Check if applicable	AOBORN UNIVERSIII REAL ESTATE		D Employer identifi	cation number
	Addres	FOUNDATION, INC.			
	Name change			56-2	535892
	Initial return Termin ated		Room/suite		844-1128
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	568,481.
	Applic	AUBURN, AL 36849-5170		H(a) Is this a group r	eturn
	pendir	F Name and address of principal officer: JANE DIFOLCO PARKER	R	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	
$\overline{\Gamma}$	Tax·exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) c			list. (see instructions)
J	Websit	e: AUBURNUNIVERSITYREALESTATEFOUNDATION. (	ORG	H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	L Yea	r of formation: 2005	✓ State of legal domicile: AL
P	art I	Summary			
0	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	ORGAN	IZATION OPER	ATES FOR
Activities & Governance		THE EXCLUSIVE BENEFIT OF AUBURN UNIVERSIT	ry fo	UNDATION, A	NONPROFIT
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net a	ssets.
oVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
SS		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0
ij		Total number of volunteers (estimate if necessary)			17
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ø		Net unrelated business taxable income from Form 990-T, line 34			0.
-				Prior Year	Current Year
6)	8	Contributions and grants (Part VIII, line 1h)		1,787,388.	485,222.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-24,235.	-126,757.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25.	5,750.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,763,178.	364,215.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		172,403.	47,568.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	752.003	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		177,178.	97,912.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		349,581.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,413,597.	
or				eginning of Current Year	
ets	20	Total assets (Part X, line 16)		3,386,056.	3,772,908.
ASS	21	Total liabilities (Part X, line 26)		43,008.	210,271.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,343,048.	3,562,637.
P	art II	Signature Block			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	ments, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
	•	Questle Pel -	•	4/2-1	1.6
Sig	ın	Signature of officer		Date	
Hei	24	JANE DIFOLCO PARKER, PRESIDENT			
1101		Type or print name and title			
		Print/Type preparer's name Pregarer's signature		Date Check	II PTIN
Pai	d	TATIA W. KNIGHT, CPA	-	02/27/15	
	parer	Firm's name WARREN AVERETT, LLC		Firm's EIN ►	45-4084437
	Only	Firm's address 3815 INTERSTATE CT.		I IIII 2 LIIV	10 10011
- 336	. Umy	MONTGOMERY, AL 36109		Phone no 13	34)271-2200
NA-	v the IF			Trilone no. ( 3	X Yes No
ivid	y trie it	RS discuss this return with the preparer shown above? (see instructions)			LANTES LINO

4e	Total program service expenses
33200 10-29-	

(Expenses \$

Other program services (Describe in Schedule O.)

including grants of \$

51,738.

Page 3

## 56-2535892

## AUBURN UNIVERSITY REAL ESTATE

Form 990 (2013) FOUNDATION, INC.

Part IV | Checklist of Required Schedules

			Yes	No
	to the averagination described in section 501(a)(2) or 4047(a)(1) (athor then a private foundation)?		163	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
_	If "Yes," complete Schedule A	2	X	
2	-			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
4		4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		<del></del>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
^	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
-		-		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
8	<del>-</del>	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	l		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	(A.A.)	50.55	
••	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 112		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_	ļ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	7.7
	complete Schedule G, Part III	19	<u> </u>	X
20a	•	20a	<u> </u>	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	(2012)

Page 4

## 56-2535892

## AUBURN UNIVERSITY REAL ESTATE FOUNDATION, INC.

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			$\vdash$
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	ts the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> </u>	L	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		х
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 so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1000	33.5	0.000
20	instructions for applicable filling thresholds, conditions, and exceptions):	MA		
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	$\vdash$	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<u> </u>	
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	<del></del>
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
30	contributions? If "Yes," complete Schedule M	30		х
04	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<del></del>
31		31		х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	۳		
32		22		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	<del>                                     </del>	
34		34	х	
05.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		х
	If "Yes," complete Schedule R, Part V, line 2	36		<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		х
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
	Note, All Form 990 filers are required to complete Schedule O	38	1 47	<u> </u>

Form 990 (2013)

AUBURN UNIVERSITY REAL ESTATE

Form 990 (2013) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

56-2535	892	Pa	age <b>5</b>
		Yes	No
4	12.17		
0		1111	
ming			12.11

	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	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			1,3,4,4
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,					76.3
	filed for the calendar year ending with or within the year covered by this return	2a	0		100	11/2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		114	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>3</b> a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	1.5.5.5	X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			Taran	41 \ 10	v
5a				5a		$\frac{x}{x}$
b				5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the second			5c		
oa	any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.					
.,	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••			\$NE	1000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices <sub>[</sub>	provided to the payor?	7a		X
	The second secon			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	······	·····	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Vijis
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h				7h		41.414.5
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	Aurorou.	A 1 - 1 1
0	Sponsoring organizations maintaining donor advised funds.	any mi	se during the years		AM	504055
9	Did the organization make any taxable distributions under section 4966?			9a		
a h	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				833	1911
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u> </u>	1690.5	TAN	2500
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	24.47.27	-
	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.			1	1111111	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	- Rowans	244.07
	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	13b				Wil.
_	organization is licensed to issue qualified health plans	13b				12.7
	Enter the amount of reserves on hand		1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
		•••			990	(2013)

Form 990 (2013) FOUNDATION, INC. 56-2535892 Page 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.

	Check if Schedule O contains a response or note to any line in this Part Vi				LX.
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>5</u>		A.
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			14.5
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	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	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point one or			
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		N. S.	1111	
а	The governing body?		8a	[ X	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			Ĩ	
		*******************	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		·		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	1886	NAS.	1935
			12a	х	
b	And the second s			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
_	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approve		1888	1988	pin.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			10 HA	
а	The organization's CEO, Executive Director, or top management official		15a		X
h	Other officers or key employees of the organization		15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100	:33	1.5
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
···a	taxable entity during the year?		16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		100	11.5	1144
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			3.5	
			16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure		.   100	1	
	List the states with which a copy of this Form 990 is required to be filed ▶FL				
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501/a)(2)a anti-	) availab		
18	for public inspection. Indicate how you made these available. Check all that apply.	toconou on Hollolo Only	, availat	,,6	
		in Schedule O)			
۸۵	, ,		- سالا فدسه	anie!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	minut of interest policy, a	and final	ıcıal	
00	statements available to the public during the tax year.	ad ranged = 44t = '			
20	State the name, physical address, and telephone number of the person who possesses the books at MARK R. THOMSON $-334-844-1128$	nu records of the organi	cauon:	<b>-</b>	
	317 SOUTH COLLEGE STREET, AUBURN, AL 36849				

Form 990 (2013)

FOUNDATION, INC.

## 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

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 ·O· 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.

(A) Check this box if neither the organization ne	(B)	<del>3</del> -		((		.د.		(D)	(E)	(F)
Name and Title	Average	,,,		Pos	ition			Reportable	Reportable	Estimated
***************************************	hours per	box	, unte	ss pe	rson	than is oot	haπ	compensation	compensation	amount of
	week	_	cerar	ndad I	recto	x/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	50.0	15 15 15 15 15 15 15 15 15 15 15 15 15 1			sated		organization (W-2/1099-MISC)	(W-2/1099·MISC)	from the organization
	organizations	Luste	nstitutional trustee		99			(44-27 1099-141100)		and related
	below	duali	ago ago	_	oldm	st co	<u></u>			organizations
	line)	indivi	Institu	Officer	Key employee	Highest compensated employee	ê.			-
(1) FAYE S. BAGGIANO	2.50						Г			
DIRECTOR, CHAIR		X		X				0.	0.	0.
(2) DOTTIE KENADY BLAIR	1.30	Г								
DIRECTOR, TREASURER		Х		X		<u> </u>		0.	0.	0.
(3) WILLIAM J. COX	0.10									_
DIRECTOR, VICE CHAIR (OUTGOING)		Х		Х	L			0.	0.	0.
(4) NANCY J. DAVIS	0.10							_	_	_
DIRECTOR, VICE PRESIDENT & TREASURER		Х		Х		<u> </u>	<u> </u>	0.	0.	0.
(5) JAMES M. HOSKINS	0.10	]							_	_
DIRECTOR		Х						0.	0.	0.
(6) BENNY M. LARUSSA JR.	0.70								_	
DIRECTOR, VICE CHAIR		X		X	<u> </u>	<u> </u>		0.	0.	0.
(7) EDWARD N. MILTON	0.70						İ		_	
DIRECTOR		X	<u> </u>		<u> </u>	┖	<u> </u>	0.	0.	0.
(8) JANE DIFOLCO PARKER	4.00									_
PRESIDENT			<u> </u>	X	_	Ļ		0.	0.	0.
(9) KAREN N. MCCAULEY	2.00									_
VICE PRESIDENT		<u>L</u>	ļ	X		_		0.	0.	0.
(10) SYVIA Y. HUGGINS	0.00			l						_
ASSISTANT TREASURER		_		Х	<u> </u>	<u> </u>		0.	0.	0.
(11) REGINA B. ISBELL	0.00	1		١						_
ASSISTANT TREASURER		╙	_	X		╙	_	0.	0.	0.
(12) MARK R. THOMSON	6.00	1		l						
ASSISTANT TREASURER		_	<u> </u>	X	<u> </u>			0.	0.	0.
(13) WANDA SPEROW	6.00	1		١			l		_	_
SECRETARY		_	<u> </u>	X	<u> </u>	<u> </u>	ļ	0.	0.	0.
(14) ANNA HOVEY	2.00			١.,						_
ASSISTANT SECRETARY			ļ	X	<u> </u>	_	_	0.	0.	0.
		1			1					
	ļ	<u> </u>	ļ —	1	<u> </u>		<u> </u>			
		ऻ_	ļ	<del> </del>	₩	$\vdash$	$\vdash$		<u> </u>	
		1								
	<u> </u>	<u> </u>		<u> </u>	L	1		<u> </u>	L	Farm 000 (0010

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)		
(A)	(B)	l		((				(D)	(E)		(F)
Name and title	Average		not o		more	than		Reportable	Reportable	ŧ	Estimated
	hours per week					is bot x/trus		compensation from	compensation from related		amount of other
	(list any	Þ	T					the	organizations	cc	ompensation
	hours for	die				g	1		(W-2/1099-MISC	1	from the
	related	tee or	ustee			ensati		(W·2/1099·MISC)	·		organization
	organizations	i ii	nai tr		loyee	Comp					and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ije.			0	rganizations
	111107	<u>=</u>	Ë	ō	ङ	宝豆	윤			_	
		┨									
		<u> </u>	Г			$\vdash$				$\top$	
		<u> </u>	<u> </u>								
		-		ļ							
No.		┞		<u> </u>	<u> </u>	<u> </u>				<del></del>	
		1		l							
		$I^-$								$\top$	
				<u> </u>							
		⊢		┝	<u> </u>	ļ					
		$\cdot$					i				
		┢		┢			┢			_	
		1									
							Ļ			$\leftarrow$	0.
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part V								0:		0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but in							no r				
compensation from the organization		.000				٠,			.,		C
											Yes No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	зу ег	nplo	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for		,								3	4 4 4 5 4 5 4 5 1 1 1 1 1 1 1 1 1 1 1 1
4 For any individual listed on line 1a, is the s											
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										1333	na salah salas
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							eiai	ted organization or moly	idual for services	5	37
Section B. Independent Contractors	ipioto ocitodo	00.	0, 0	4017	<del>DOM</del>	00/1		***************************************			, , , , , , ,
Complete this table for your five highest or	mpensated in	dep	ende	ent c	ont	racte	ors	that received more than	\$100,000 of comp	pensatic	n from
the organization. Report compensation for	the calendar y	/ear	end	ing v	vith	or w	/ithi	n the organization's tax	year.		
(A) Name and business	addraga	3.Te	<b>~37</b> 1	57				(B) Description of s	envices	Com	(C) pensation
Name and Dusiness	addiess	1/1	ON	e,			$\dashv$	Description of	56141063	CONT	perisation
- Allers Mary Co.		•		-					***************************************		
	···										
							_				
							-				
2 Total number of independent contractors	including but r	iot li	mite	d to		^	stec	d above) who received r	nore than		
\$100,000 of compensation from the organ	ization 🕨					0				= 13 5 4 <u>1</u>	QQA (2012)

Form 990 (2013)

Form 990 (2013) Part VIII Statement of Revenue

FOUNDATION, INC.

					(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इध	i a	Federated campaigns	1a					
등교		Membership dues						
SE		Fundraising events						
無言		Related organizations		118,000.				
's E		Government grants (contribut						
<u>S</u> S		All other contributions, gifts, gran						
돌		similar amounts not included above	ve 1f	367,222.				
[음률	g	Noncash contributions included in lines		367,222.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			485,222.			
				Business Code	SEA CATALLERAN	The makes with high	ng ng nganasa na analisis i	Andrew State State St.
ဗ	2 a							
ا ه ڲ	b							
Program Service Revenue	C							
E a	d							
<u>8</u> —	е							
ا ته	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>		ulga e Permata dag		garden de de de la general
	3	Investment income (including	dividends, inte	erest, and				,,
ĺ		other similar amounts)		▶	14.			14.
	4	Income from investment of tax	x-exempt bond	l proceeds 🕨				
i	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	þ	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory		77,495.				
	þ	Less: cost or other basis						
		and sales expenses	ļ	204,266.				
		Gain or (loss)						406 554
		Net gain or (loss)		<u></u>	-126,771.			-126,771.
<u>e</u>	8 a	Gross income from fundraisin	g events (not					
enne		including \$	of					
		contributions reported on line	1c). See					
Other Rev		Part IV, line 18		a				
		Less: direct expenses		b	British dan bernah			NAMES OF STREET
~		Net income or (loss) from fund		·				e a fae de rear e a personale a
	9 a	Gross income from gaming ac						
		Part IV, line 19		1 1				
		Less: direct expenses		b			para sur masa sapida	Parasan Park
		Net income or (loss) from gan	-					
1	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		b			g Almini fin met skikti.	
<u> </u>	С	Net income or (loss) from sale		1	essa yasanda ta kara Para	e de la companya del companya de la	ga sê saka sa sakêya k	
ļ		Miscellaneous Revenu	ie	Business Code		F 740		1 25 - 1 1 - 1 - 1 - 1 - 1 - 1
1	11 a			900099	5,749.	5,749.		1 1
	þ	REFUND REVENUE		900099	Ι,	***		1.
	С	••••••••••••••••••••••••••••••••••••••		_	****			
	d	All other revenue			C 75^	12.1.1.1.1.1	the state of the state of	
	е	Total. Add lines 11a-11d			5,750. 364,215.	5,749.		-126,756.
332009 10-29-13	12	Total revenue. See instructions.		<b>&gt;</b>	304,413.	5,/49.	L 0.	Form <b>990</b> (2013)

## Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	1 4 5 1
	Check if Schedule O contains a respon			(0)	(B)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	47,568.	47,568.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in 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)				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees):  Management	52,254.		52,254.	
b	Legal	4,209.	3,306.	903.	
C	Accounting	7,620.		7,620.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	24,855.	855.	24,000.	
12	Advertising and promotion				
13	Office expenses	60.	9.	51.	
14	Information technology	:			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,470.		4,470.	
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.)				
а	ADMINISTRATIVE COSTS	4,344.		4,344.	
b	TAXES AND LICENSING FEE	100.		100.	
C		4			
d					
е	All other expenses	145 400	51,738.	93,742.	0.
25	Total functional expenses. Add lines 1 through 24e	145,480.	31,/36+	73,144.	· ·
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 following SOP 98-2 (ASC 958-720)				
					= 000 (0040)

Form 990 (2013)
Part X | Balance Sheet

Pa	rt 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_	45 500
	2	Savings and temporary cash investments		2	15,722.
	3	Pledges and grants receivable, net		3	4 4 5 4
	4	Accounts receivable, net	0.	4	1,461.
	5	Loans and other receivables from current and former officers, directors,			
	1	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 und			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\rm}$		6	
SS	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	medical system are strong sections
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a 3,755,72	3,361,816.	40-	3,755,725.
	1	Less: accumulated depreciation 10b	<del></del>		3,733,723.
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		14	
	14	Intangible assets Other coasts See Bort IV line 11		15	
	15 16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)			3,772,908.
	17	Accounts payable and accrued expenses	1 004		5,341.
	18	Grants payable	***	18	
	19	Deferred revenue	l l	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,	The second of the second of the second	115	
Liabilities	-	key employees, highest compensated employees, and disqualified persons.			
apil		Complete Part II of Schedule L	l l	22	
3	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	38,127.		204,930.
	26	Total llabilities. Add lines 17 through 25	43,008.	26	210,271.
		Organizations that follow SFAS 117 (ASC 958), check here	d   Herris Harris		
ŝ		complete lines 27 through 29, and lines 33 and 34.	400.045	\$10	04.000
auc	27	Unrestricted net assets	1 4 600 600	27	94,263.
Bal	28	Temporarily restricted net assets		28	1,916,849.
P	29	Permanently restricted net assets	1,524,310.	29	1,551,525.
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S Of		and complete lines 30 through 34.	t to fee, eve Quid		The second of th
set	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0 0 1 0 0 1 0	32 33	3,562,637.
_	33	Total net assets or fund balances	2 206 056	33	3,772,908.
_	34	Total liabilities and net assets/fund balances	3/300/0304	<u>, 04</u>	Form 990 (2013)

Form **990** (2013)

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		4,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,34	3,0	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	•		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,56	2,6	<u> 37.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ANA A	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	114		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		N. V		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	SAS		
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	VE)V		HAN.
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	A silver		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	W.		
	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 requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990 (	(2013)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

AUBURN UNIVERSITY REAL ESTATE

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

56-2535892 FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III · Functionally integrated d Type III · Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) h Provide the following information about the supported organization(s). (vi) is the organization in col. (i) organized in the U.S.? (iii) Type of organization (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary n col. (i) listed in your organization in col. (described on lines 1-9 organization support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Yes No No No

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 FOUNDATION, INC. 56-25358

[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.)

56-2535892 Page 2

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		-		<del></del> _		
	membership fees received. (Do not						
	include any "unusual grants.")	878,571.	1,087,935.	469,000.	1,787,388.	485,222.	4,708,116.
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					405 000	
4	Total. Add lines 1 through 3	878,571.	1,087,935.	469,000.	1,787,388.	485,222.	4,708,116.
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,						0.065.005
	column (f)						2,965,005.
	Public support. Subtract line 5 from line 4.						1,743,111.
	ction B. Total Support ndar year (or fiscal year beginning in)	(-) 0000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
	• • • • • •	(a) 2009 878, 571.	(b) 2010 1,087,935.	(c) 2011 469,000.	(d) 2012 1,787,388,	(e) 2013 485, 222.	(f) Total 4,708,116.
	Amounts from line 4 Gross Income from interest.	070,371.	*,007,555,	407,000.	1,707,000.	<del>+03/224</del>	2,.00,220,
8							
	dividends, payments received on						
	securities loans, rents, royalties	12,371.	16,099.	5,299.	42.	14.	33,825.
^	and income from similar sources  Net income from unrelated business	12/3/11	10,033.	3,433.			00,000
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 IV.)				25.	5,750.	5,775.
11	Total support, Add lines 7 through 10						4,747,716.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stor	here		************			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (					14	36.71 %
	Public support percentage from 2012					15	36.05 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· ·	· ·	. $\square$
	meets the "facts-and-circumstances"	•	,		•		
ħ	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts and circ						. —
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	•		
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

Part III Support Schedule for	Organizations	Described in	Section 509(a)	(2)		
(Complete only if you checked	d the box on line 9 o	of Part I or if the o	rganization failed t	o qualify under Pa	rt II. If the organizat	ion fails to
qualify under the tests listed	below, please comp	lete Part II.)				
Section A. Public Support	<del></del>	-				
Catendar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	i J					
b 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						
c Add lines 7a and 7b						
8 Public support (Subtractline 7c from line 6.)		AND THE PROPERTY OF THE PARTY O		A STANSON STANSON		
Section B. Total Support				Γ		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ition,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2013					15	9
16 Public support percentage from 201					16	Q
Section D. Computation of Inve					<del> </del>	
17 Investment income percentage for 2					17	9
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization		-				

332023 09-25-13

## AUBURN UNIVERSITY REAL ESTATE

Schedule A (Form 990 or 990 EZ) 2013 FOUNDATION, INC. 56-2535892 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
REFUND REVENUE
2012 AMOUNT: \$ 25.
2013 AMOUNT: \$ 1.
SETTLEMENT REVENUE
2013 AMOUNT: \$ 5,749.

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

AUBURN UNIVERSITY REAL ESTATE

Emple

**Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION, INC.

Employer identification number 56-2535892

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ling that the assets held in donor advised	funds
-	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advi		
•	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	our contraction and the contraction of the contract	
	day of the tax year.		Held at the End of the Tax Year
9	Total number of conservation easements		
h	Total acreage restricted by conservation easements		··
c	Number of conservation easements on a certified historic struct		**
	Number of conservation easements included in (c) acquired after		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
•	year >		<b>3</b>
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it has		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and enf		
8	Does each conservation easement reported on line 2(d) above s		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		•
ь	If the organization elected, as permitted under SFAS 116 (ASC		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	·	-
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial da	ain, provide
-	the following amounts required to be reported under SFAS 116		•
я	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h			<b>.</b> .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		ollections of A	d Ulatariaal Tr	00011100 01 Oth	or Dimi		÷0/		40 <b>-</b>
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are a	significant	use of its	collection	items	}
	(check all that apply):	_	<u> </u>						
а	Public exhibition	d		hange programs					
þ	Scholarly research	е	L Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	•				iose in Par	t XIII.		
5	During the year, did the organization solicit or						٦		
-	to be sold to raise funds rather than to be ma						Yes	<u> </u>	No
	reported an amount on Form 990, Part	X, line 21.					ine 9, or		
1a	Is the organization an agent, trustee, custodia						7		
	on Form 990, Part X?					L	Yes	ш	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:			т			
						ļ	Amount		
C	Beginning balance				1c	Ļ			
đ	Additions during the year				1d				
е	Distributions during the year					ļ <u> </u>			
f	Ending balance					<u> </u>	1		
	Did the organization include an amount on Fo						Yes	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII.							<u> </u>	
Pa	t V   Endowment Funds. Complete if							<del></del>	
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back			<del>}</del>		
1a	Beginning of year balance	1,524,310.	1,684,037.			670,174.	<u> </u>	233,9	
b	Contributions	71,500.	25 205	144,000.			<del>1</del>	079	
C	Net investment earnings, gains, and losses	-10,843.	-36,906.			-76,064.		-33,1	739,
d	Grants or scholarships	33,442,	122,821.	<u> </u>		54,073.			
е	Other expenditures for facilities								
	and programs						1,	609,	500.
f	Administrative expenses	4 554 555	4 504 040	4 (04 007		F 40 005	ļ <u>.</u>	500	
g	End of year balance	1,551,525.	1,524,310.	<u> </u>	1,	540,037.	l 1,	670,1	174.
2	Provide the estimated percentage of the curre			a)) held as:					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment ▶ 100.00	<del>%</del>							
C	Temporarily restricted endowment	.00 %							
	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organ	ization	Г	<del></del>	
	by:							Yes	X
	(i) unrelated organizations						1 1	$\rightarrow$	X
_	(ii) related organizations							$\longrightarrow$	
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm		D.487844. 0	E 000 D-4V	. II 10				
	Complete if the organization answered						1-1\ D1		
	Description of property	(a) Cost or o basis (investr	1 ' '	1 .	Accumulat epreciation		(d) Book	. value	1
		3 755		(other) di	<u> </u>		3,755	<del></del>	) F
1a	Land	• •	143.	1 3 4 75 534	ere er rott formalist		5,75	, , , 2	ه لي د
b	Buildings								
C	Leasehold improvements					-+		—	
	Equipment								
	Other	······	V column (P) line 1	(O(a) )		$\overline{}$	3.755	. 7:	25.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FOUNDATION,	INC.		56-2535892 Page 3
Part VII Investments - Other Securities.	11101		30 2000012 Tage 0
Complete if the organization answered "Yes" t	to Form 000 Part IV line	11h See Form 990 Part Y line 1	19
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)	<del></del>		
(B)			
(C)			
(D)			
(E)		Manual Apple	
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		The state of the s	n Augustus varios no November
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 000 Port IV line	a 11a Saa Earm 000 Bart V lina 1	10
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(b) Book value	(b) mornou or valuations of	or or one or your market raids
(1)			
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (h) must squal Form 000, Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	a 11d Saa Form QQA Part Y line	15
	Description	FIG. See Form 930, Fare A, mile	(b) Book value
	3000/ip/(01)		(3, 553, 13, 13, 13, 13, 13, 13, 13, 13, 13, 1
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b>—</b>
Part X Other Liabilities.		•	
Complete if the organization answered "Yes"	to Form 990, Part IV, line		(, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		35 104	
(2) ANNUITY PAYABLE		35,184.	
(3) DUE TO AUBURN UNIVERSITY		160 746	
(4) FOUNDATION		169,746.	
(5)			
(6)	4-411-64		
(7)	1	■	化二氯甲酚 医二类病 化氯化 数 医二氯化 医二氯化 医二氯化二氯化二氯化二氯化二氯

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 X

Schedule D (Form 990) 2013

(8)

204,930.

Schedule D (Form 990) 2013 FOUNDATI	UNIVERSITY REAL E				35892 Page 4
Part XI   Reconciliation of Revenue pe			levenue per R	eturn.	
Complete if the organization answered			I		491,840
1 Total revenue, gains, and other support per au				1	491,040
2 Amounts included on line 1 but not on Form 9		اما			
a Net unrealized gains on investments					
b Donated services and use of facilities				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Recoveries of prior year grants			854.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d				2e	854
				3	490,986
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line		,		3	2507500
4 Amounts included on Form 990, Part VIII, line a Investment expenses not included on Form 99		4a			
			-126,771.		
b Other (Describe in Part XIII.) c Add lines 4a and 4b				4c	-126,771
5 Total revenue. Add lines 3 and 4c. (This must				5	364,215
Part XII Reconciliation of Expenses p					
Complete if the organization answered					
Total expenses and losses per audited financial		****		1	272,251
2 Amounts included on line 1 but not on Form 9				33.5	
a Donated services and use of facilities	· ·	2a			
b Prior year adjustments					
c Other losses			126,771.		
d Other (Describe in Part XIII.)					
	.,,,			2e	126,771
3 Subtract line 2e from line 1				3	145,480
4 Amounts included on Form 990, Part IX, line 2				155	
a Investment expenses not included on Form 99	90, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b		Sign 1	
c Add lines 4a and 4b				4c	0
5 Total expenses. Add lines 3 and 4c. (This mus	it equal Form 990, Part I, line 18.	)		5	145,480
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3,				4; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also	complete this part to provide any	y additional informa	MON.		
PART V, LINE 4:					
EXPLANATION: \$169,013 FOR	TRIISTS				
THE DIRECTION OF THE PROPERTY					
\$921,500 FOR STUDENT AID					
\$461,012 FOR FACULTY SUPPO	ጥяנ				
VIOLOUI ION INCOLLI SOLLO					
PART X, LINE 2:	****				
EXPLANATION: THE REAL ESTA	TE FOUNDATION HA	AS RECEIVE	D A LETTE	R FRC	M THE
INTERNAL REVENUE SERVICE R	ECOGNIZING THE F	REAL ESTAT	E FOUNDAT	ION A	S A
TAX-EXEMPT ORGANIZATION UN	DER SECTION 501(	(C)(3) OF	THE CODE.	ACC	RDINGLY,

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ACCOUNTING Schedule D (Form 990) 2013

NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL

STATEMENTS. THE REAL ESTATE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR

## SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

3	1
1	1
2	

OMB No. 1545-0047

Schedule I (Form 990) (2013) Š Employer identification number 56-2535892 Open to Public Inspection (h) Purpose of grant STUDENT AID SUPPORT or assistance ACADEMIC SUPPORT ATHLETIC SUPPORT OUTREACH SUPPORT X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) 3,500. APPRAISAL COST COST COST o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. o 33,415, 62. (d) Amount of 10,590. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table AUBURN UNIVERSITY REAL ESTATE (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 115 115 63-6022422 63-6022422 63-0000724 63-0000724 General Information on Grants and Assistance (D) EIN criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization AUBURN UNIVERSITY FOUNDATION AUBURN UNIVERSITY FOUNDATION or government 317 S. COLLEGE STREET 317 S. COLLEGE STREET Name of the organization AUBURN , AL 36849 AUBURN UNIVERSITY AUBURN UNIVERSITY AL 36849 AUBURN, AL 36849 107 SAMFORD HALL AUBURN, AL 36849 107 SAMFORD HALL Department of the Treasury Internal Revenue Service AUBURN, Part Part ო

332101 10-29-13

26

# AUBURN UNIVERSITY REAL ESTATE

56-2535892

Schedule I (Form 990) (2013) FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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 non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	J quired in Part I, lir	ne 2, Part III, columr	(b), and any other a	dditional information.	
PART I, LINE 2:		***************************************	The second secon		desirable desira
EXPLANATION: PART I, LINE 2: THE	GRANTEE,	AUBURN UN	AUBURN UNIVERSITY F	FOUNDATION, IS	
A SECTION 501(C)(3) ENTITY THAT IS	S THE SOLE	MEMBER	OF THE REAL	ESTATE	
FOUNDATION. WITHIN ITS FINANCIAL	SYSTEM,	THE AUBURN	AUBURN UNIVERSITY	Y FOUNDATION	
HAS FUNDS SPECIFICALLY ESTABLISHED	FOR	RECEIPTING AN	AND ADMINISTERING	ERING THE	
GRANTS TO IT FROM THE REAL ESTATE		FOUNDATION WHOSE S	SOLE PURPOSE	E IS TO	martin e del Antonio del A
BENEFIT AND SUPPORT THE AUBURN UNIVERSITY		FOUNDATION.	THE		and the second s
ADMINISTRATION/MANAGEMENT OF THE ?	AUBURN UN	IVERSITY I	AUBURN UNIVERSITY FOUNDATION AND THE	AND THE REAL	Terroria - Totales del Belle (A)
ESTATE FOUNDATION ARE PERFORMED BY	Y THE SAME		PERSONNEL WHO HAVE ACCESS	ACCESS TO	MODEL MANAGEMENT AND
332102 10-29-13		77			Schedule I (Form 990) (2013)

Part IV Supplemental Information
BOTH FINANCIAL SYSTEMS FOR MONITORING COMPLIANCE.
PART I, LINE 2: THE GRANTEE, AUBURN UNIVERSITY, IS A SECTION 115 ENTITY. AS
A LAND-GRANT INSTITUTION OF HIGHER EDUCATION, ITS MAJOR SOURCE OF FUNDS ARE
FEDERAL AND STATE APPROPRIATIONS AND THEREFORE, ITS DISBURSEMENTS ARE
GOVERNED BY FEDERAL AND ALABAMA STATE LAWS. ITS TRANSACTIONS ARE SUBJECT TO
PUBLIC DISCLOSURE. THE AUBURN UNIVERSITY REAL ESTATE FOUNDATION, INC. HAS
ACCESS TO THE FINANCIAL RECORDS. GRANTS DESIGNATED FOR A SPECIFIC PURPOSE
ARE CREDITED TO A FUND ESTABLISHED FOR THAT PURPOSE. THE UNIVERSITY'S
PROCUREMENT AND PAYMENT SERVICES OFFICE ENSURES COMPLIANCE WITH THE FUND'S
RESTRICTIONS SUBJECT TO ANY APPLICABLE LAWS.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AUBURN UNIVERSITY REAL ESTATE FOUNDATION, INC.

Employer identification number

56-2535892 Types of Property Part I (d) (a) (b) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 4 Books and publications ..... Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded \_\_\_\_\_ 9 Securities - Closely held stock \_\_\_\_\_ 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution · Other 307,420. APPRAISAL X Real estate - Residential 15 56,302. X APPRAISAL 16 Real estate - Commercial 3,500. APPRAISAL Real estate · Other 17 18 Collectibles ..... Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other -26 Other 27 Other 28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement \_\_\_\_\_\_\_ Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2013)

describe in Part II.

## AUBURN UNIVERSITY REAL ESTATE

Schedule M (Form 990) (2013) FOUNDATION, INC.	56-2535892 P	age 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information.	, and 33, and whether the organization or a combination of both. Also complete	e
SCHEDULE M, LINE 32B:		
EXPLANATION: AUBURN UNIVERSITY (UNIVERSITY) EMPLOYEES	PERFORMED	
SERVICES FOR AUBURN UNIVERSITY REAL ESTATE FOUNDATION	, INC. (REAL	
ESTATE FOUNDATION) AND AUBURN UNIVERSITY FOUNDATION (	AU FOUNDATION)	
SINCE NEITHER ORGANIZATION HAD EMPLOYEES. IN THE COUR	RSE OF DAILY FUND	
RAISING AND GENERAL OPERATIONS OF THE ENTITIES, THE U	JNIVERSITY AND/OR	
THE AU FOUNDATION SOLICIT, PROCESS OR DISPOSE OF NONC	CASH CONTRIBUTIONS.	
THE REAL ESTATE FOUNDATION RECEIVED, MANAGED, TRANSFE	RRED AND SOLD REAL	
PROPERTY ON THEIR BEHALF.		
	Angele (1977-1977)	

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

OMB No. 1545-0047 Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990
AUBURN UNIVERSITY REAL ESTATE Emplo

Employer identification number

Name of the organization FOUNDATION, INC. 56-2535892 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORPORATION WHICH WAS ORGANIZED FOR THE SUPPORT OF AUBURN UNIVERSITY, AN EDUCATIONAL, LAND-GRANT INSTITUTION. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: PER THE ARTICLES OF INCORPORATION, ARTICLE IV, "THE AUBURN UNIVERSITY FOUNDATION SHALL BE THE SOLE MEMBER OF THE CORPORATION." FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE FIVE MEMBER BOARD OF DIRECTORS IS APPOINTED BY THE AUBURN UNIVERSITY FOUNDATION BOARD. FORM 990, PART VI, SECTION A, LINE 8B: EXPLANATION: THE FOUNDATION DOES NOT HAVE ANY COMMITTEES. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE RETURN WAS REVIEWED WITH THE BOARD. THE FINAL RETURN WAS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: A "CONFLICT OF INTEREST AND SELF-DEALING STATEMENT" IS PRESENTED TO ALL NEW MEMBERS AND ANNUALLY TO RETURNING BOARD MEMBERS BY POLICY. THE STATEMENT INCLUDES THE POLICY AND AN AFFIRMATION SECTION THAT DOCUMENTS ANY POTENTIAL CONFLICT AND IS SIGNED BY EACH BOARD MEMBER. SIGNED STATEMENT IS COLLECTED BY THE BOARD SECRETARY AND THE RESULTS ARE

REPORTED TO THE CHAIR OF THE BOARD FOR ANY NECESSARY FOLLOW-UP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization AUBURN UNIVERSITY REAL ESTATE FOUNDATION, INC.	Employer identification number 56-2535892
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FOUNDATION MAKES THE FOLLOWING GOVERNING	G DOCUMENTS
AVAILABLE ON ITS WEBSITE AT WWW.AUBURNUNIVERSITYREALESTAT	refoundation.org:
FORM 1023, FORM 990, AND DETERMINATION LETTER. THE AUDIT	red financial
STATEMENTS WERE CONSOLIDATED INTO AUBURN UNIVERSITY FOUND	DATION'S AUDITED
FINANCIAL STATEMENTS WHICH WERE INCLUDED IN AUBURN UNIVER	RSITY'S AUDITED
FINANCIAL STATEMENTS WHICH ARE PUBLIC DOCUMENTS. THE FOU	JNDATION'S AUDIT
REPORTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UP	ON WRITTEN REQUEST
TO THE FOUNDATION'S SECRETARY.	
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	855.
MANAGEMENT AND GENERAL EXPENSES	24,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,855.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,855.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUATION OF SPLIT-INTEREST AGREEMENTS	854.
	_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 56-2535892 2013 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. AUBURN UNIVERSITY REAL ESTATE ➤ See separate instructions. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Attach to Form 990. FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service Part

	(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-vear assets	(f) Direct controlling
	of disregarded entity		foreign country)			entity
	**************************************					
	No. of the Control of					
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	The state of the s					
Part II	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ons Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more re	ated tax-exempt

(a)	(q)	(c)	(g)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) Ind
of related organization		foreign country)	section	0)		entity?	6
				501(c)(3))		Yes	S S
AUBURN UNIVERSITY FOUNDATION - 63-6022422							
317 S. COLLEGE STREET	Γ			170(B)(1)(A)			
AUBURN, AL 36849	SUPPORT AUBURN UNIVERSITY ALABAMA	ALABAMA	501(C)(3)		N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332161 09-12-13 LHA

Schedule R (Form 990) 2013

AUBURN UNIVERSITY REAL ESTATE

Schedule R (Form 990) 2013 FOUNDATION, INC.

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

Page 2

56-2535892

General of Percentage managing ownership  $\Xi$ Yes No 9 Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Ξ Yes Disproportionate allocations? Ξ Share of end-of-year assets <u></u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
( Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity ҈ Name, address, and EIN of related organization

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. Part IV

_ 6 <u>5</u>	2	ĝ			×								
(i) Section 512(b)(13)	entit	Kes		•••				 				• • • • • •	
(h) Percentage	diusiaumo	<u> </u>			100.00%	•••		 •	-		***	 	
(g) Share of		capsed			52,682.								
(f) Share of total	auropui	•			2,162.								
(e) Type of entity	(C corp. o corp.	(ren i			TRUST								
(d) Direct controlling	enuity		AUBURN	NIVERSITY	FOUNDATION								
(c) Legal domicile	foreign	country)	, ru		AĽ				•				
(b) Primary activity					PHYSICS FELLOWSHIP		•	·		 			•
(a) Name, address, and EIN	or related organization		HERBERT C. RYDING PHYSICS FELLOWSHIP -	63-6019732, 317 S. COLLEGE STREET, AUBURN,	AL 36849								44-1

Schedule R (Form 990) 2013

332162 09-12-13

# AUBURN UNIVERSITY REAL ESTATE FOUNDATION, INC.

Schedule R (Form 990) 2013 FOUNDATION, INC

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

Page 3

56-2535892

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
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?	ns with one or more re	lated organizations listed	in Parts II-IV?		4.1114	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				12		×
b Gift, grant, or capital contribution to related organization(s)				₽	×	
c Gift, grant, or capital contribution from related organization(s)				ပ္	×	
d Loans or loan guarantees to or for related organization(s)				<b>P</b>		×
e Loans or loan quarantees by related organization(s)				-		×
				2		}
f Dividends from related arranization(s)				¥	ij.	×
				=		<b>{</b>  }
g Sale of assets to related organization(s)				6		4
h Purchase of assets from related organization(s)				ţ.		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				7		×
k Lease of facilities. equipment: or other assets from related organization(s)				+		×
			***************************************		>	
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	anization(s)			=	∢;	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			<u>=</u>	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				<u>.</u>	×	
p Reimbursement paid to related organization(s) for expenses				4	×	
q Reimbursement paid by related organization(s) for expenses		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		×
r Other transfer of cash or property to related organization(s)				+	1	×
				. ¥		×
	who must complete the	is line, including covered	relationships and transaction thresholds.	2		
	(2)	(9)	(F)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	involved		
(1) AUBURN UNIVERSITY FOUNDATION	υ	118,000.COST	COST			
(2)			TV V V V V V V V V V V V V V V V V V V			
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(4)		**************************************	The state of the s			
(9)						
(9)						
332163 09-12-13	35		Schedul	Schedule R (Form 990) 2013	980	2013

Page 4

## AUBURN UNIVERSITY REAL ESTATE

FOUNDATION, INC. Schedule R (Form 990) 2013 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.

			control branches.	-	-				;	]
(a)	( <b>G</b> )	(O)	6 6		E	(6) ;	Ē	3	3	( <del>X</del>
Name, address, and EIN of entity	Primary activity	흹	Fredominant income partie (related, normal excluded from tax	501(c)(3) 0193.7	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispuper- Code V-UBI General or Percentage tonder amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General o managing partner?	Percentage ownership
		country)	under section 512-514) yes		income	assets	Yes No	(Form 1065)	Yes No	
***************************************										
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TARAMAN AND AND AND AND AND AND AND AND AND A										
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and desired fields as the										
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## AUBURN UNIVERSITY REAL ESTATE FOUNDATION. INC.

Schedule R	(Form 990) 2013	FOUNDATION,	INC.	56-2535892 Page 5
Part VII	(Form 990) 2013 Supplemental Info	rmation		
<u> </u>	Provide additional inform	ation for responses to qu	uestions on Schedule R (see instructions).	
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## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless  You have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation and the file Form 8868).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain
Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits.
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to tile income tax returns.
Type or Name of exempt organization or other filer, see instructions.  Enter filer's identifying number  Employer identification number (EIN)
print Name of exempt organization or other filer, see instructions.  Employer identification number (EIN)
FOUNDATION, INC. 56-2535892
File by the
filing your   317 SOUTH COLLEGE STREET
return. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.
AUBURN, AL 36849-5170
ALODOLLY III JOSEP JITO
Enter the Petura code for the return that this application is far/file a consult and the first that the consult and
Enter the Return code for the return that this application is for (file a separate application for each return)
Application Return Application Return
I-F-
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) 06 Form 8870 12
MARK R. THOMSON
• The books are in the care of > 317 SOUTH COLLEGE STREET - AUBURN, AL 36849
Telephone No. ► 334-844-1128 Fax No. ►
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)      If this is for the whole group, check this
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for.
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until
MAY 15, 2015 , to file the exempt organization return for the organization named above. The extension
is for the organization's return for:
calendar year or
► X tax year beginning OCT 1, 2013 , and ending SEP 30, 2014
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
LJ Change in accounting period
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
nonrefundable credits. See instructions. 3a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$
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 \$
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. 1-2014) 12-31-13