| Form 990-T | Exempt Organizat | tion Busine | ss Income T | ax Return | OMB No 1545-0047 |
|--|--|---------------------------|------------------------------------|--|---|
| V | • • | xy tax under se | CTION 6U33(e)) , and ending MAY | 31 2020 | 2019 |
| ١ | For calendar year 2019 or other tax year beginning | · ———— | and ending EAT | | - 2019 |
| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this | | | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed | | ck box if name changed | | | Employer identification number (Employees' trust, see instructions) |
| B Exempt upfder section . | Print AUGSBURG UNIVERSITY | | | . 1 | 41-0694721 |
| X 501(c()(3) | or Number, street, and room or suite | no. If a P.O. box, see in | structions. | E | Unrelated business activity code (See instructions) |
| 408(e) 220(e) | Type 2211 RIVERSIDE AVENUE | | | | , |
| 408A 530(a) 529(a) | City or town, state or province, cou MINNEAPOLIS, MN 55454 | | n postal code | 5 | 31190 |
| C Book value of all assets at end of year | F Group exemption number (See i | | | | |
| | 774. G Check organization type 🕨 📗 | | | 401(a) t | |
| | rganization's unrelated trades or businesse | s. 🕨3 | | the only (or first) unre | • |
| trade or business here | | | | complete Parts I-V. If | |
| | ink space at the end of the previous senten | ce, complete Parts I an | d II, complete a Schedule | M for each additional | trade or |
| business, then complete I | arts III-v. ne corporation a subsidiary in an affiliated (| aroup or a parent-outer | diana controlled group? | | Yes X No |
| - | d identifying number of the parent corpora | _ | dially controlled group? | | 162 NO |
| J The books are in care of | | MOIT P | Telepho | one number > 61: | 2-330-1032 |
| | Trade or Business Income | - | (A) Income | (B) Expenses | (C) Net |
| 1 a Gross receipts or sale | | | | | |
| b Less returns and allow | ances , c Balar | nce 🕨 1c | | | |
| 2 Cost of goods sold (S | hedule A, line 7) | 2 | | recording to a sa | |
| 3 Gross profit. Subtract | ine 2 from line 1c | . 3 | | 100 mg 14 100 mg | . – |
| 4a Capital gain net incom | e (attach Schedule_D)_ | . 4a | | * * * * * * | |
| b Net gain (loss) (Form | 1797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction | • | 40 | | · · · · / · | |
| | artnership or an S corporation (attach state | | 719,480. | 543.8 | 175,586. |
| 6 Rent income (Schedul | • • | 6 | 719,400. | 343,6 | 1/3,566. |
| | d_income (Schedule E) | on (Schedule F) 8 | | <i></i> | |
| - | lties, and <u>rents fro</u> m a controlled organizati a section 501(c)(7), (9), or (17) organizatio | · · · / ——— | | · | |
| | ty income (Schedule I) | 10 | | | |
| 11 Advertising income (S | | 11 | | | |
| | ructions; attach schedule) | 12 | | ** | |
| _13 Total. Combine lines | · | 13 | 719,480. | 543,8 | 175,586. |
| Part II Deduction | s Not Taken Eisewhere (See | instructions for limita | tions on deductions.) | | |
| | nust be directly connected with the un | nrelated business inc | come) | - | |
| • | ers, directors, and trustees (Schedule K) | . / | | | 14 |
| 15 Salaries and wages | | | | - | 15 |
| 16 Repairs and maintena17 Bad debts | nce | | | _ | 17 |
| | ule) (see instructions) | | | | 18 |
| 19 Taxes and licenses | - | | | | 19 |
| 20 Depreciation (attach | orm 4562) | • | 20 | | |
| | med on Schedule A and els <u>ew</u> here on r etur | n | 21a | | 21b |
| 22 Depletion | | RECEIV | Fn I | | 22 |
| 23 Contributions to defe | red compensation plans | | | | 23 |
| 24 Employee benefit pro | grams / | JAN 1 9 2 | 021 | | 24 |
| 25 Excess exempt exper | | JAN 1 0 2 | 0E1 19 | <u>L</u> | 25 |
| 26 Excess readership co | | | | <u> </u> | 26 |
| 27 Other deductions (att | 1 | OGDEN, | UT I | - | 27 |
| | d lines 14 through 27 | | | - | 28 0. |
| | xable income before net operating loss ded | | | - | 29 175,586. |
| , | rating loss arising in tax years beginning o | n or aπer January 1, 20 | Iğ | | 30 0. |
| (See instructions) | vahla incoma. Suhtract lina 20 from lina 20 | • | | - | 30 0. 31 175,586. |
| 31 Unrelated business ta | xable income. Subtract line 30 from line 29 | <u></u> | | | an 1 175,556. |

| - | عقوصده | AUGSBURG UNIVERSITY | 41-069472 | 1 Page 2 |
|----------|--------------|--|----------------------------|--------------|
| Part | IIN | Total Unrelated Business Taxable Income | | · |
| ` 32 | Total of | f unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 175,586. |
| 33 | Amoun | nts paid for disallowed fringes | 33 | |
| 34 | Charita | able contributions (see instructions for limitation rules) | 34 | 0. |
| 35 | Total u | nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 | 35 | 175,586. |
| 36 | Deduct | tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | | of unrelated husiness taxable income before specific deduction. Subtract line 36 from line 35. | 37 | 175,586. |
| 38 | | c deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | • | ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | | |
| | | he smaller of zero or line 37 | 39 | 174,586. |
| Part | W | Tax Computation | 1.54.1 | |
| 40 | / | zations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 36,663. |
| 41 | _ | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: | 3 | - |
| •• | | ax rate schedule or Schedule D (Form 1041) | 41 | |
| 42 | | tax. See instructions | 42 | |
| 43 | - | ative minimum tax (trusts only) | 43 | |
| 44 | | Noncompliant Facility Income. See instructions | 44 | |
| | _ | Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 36,663. |
| | | Tax and Payments | 1 74 1 | , |
| ~ | / | n tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| | | credits (see instructions) | 1 | |
| b | | Il business credit. Attach Form 3800 46¢ | | |
| | | | | |
| | | • | 400 | |
| | | redits. Add lines 46a through 46d | 46e 47 | 36,663. |
| 47 | | ct line 46e from line 45 axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | ii T | 30,003. |
| 48 | | | 48 | 36,663. |
| 49 | | ax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | |
| | | nts: A 2018 overpayment credited to 2019 | | |
| | | stimated tax payments | | |
| | | posited with Form 8868 | | |
| | | n organizations; Tax paid or withheld at source (see instructions) | - | |
| | - | withholding (see instructions) 51e | | |
| | | for small employer health insurance premiums (attach Form 8941) | | |
| 8 | | credits, adjustments, and payments: Form 2439 | | |
| | | orm_4136 Other Total ▶ 51g | | |
| 52 | • | ayments. Add lines 51a through 51g | 52 | |
| 53 | | ted tax penalty (see instructions). Check if Form 2220 is attached | 53 | 129. |
| 54 | | e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | 36,792. |
| 55 | • | syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| . 56 | | he amount of line 55 you want. Credited to 2020 estimated tax | 56 | |
| Part | VI: | Statements Regarding Certain Activities and Other Information (see instructions) | ··· | |
| 57 | - | time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | 1 | Yes No |
| | | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | |
| | FinCEN | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | here | SEE STATEMENT 3 | | х |
| 58 | During | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | Ļ | Х |
| | If "Yes," | see instructions for other forms the organization may have to file. | | |
| 59 | Enter th | he amount of tax-exempt interest received or accrued during the tax year 🕒 💲 | | |
| | | inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled orrect, and-oexplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | dge and belief it is true, | |
| Sign | 1 | The state of the s | ay the IRS discuss this r | etign with |
| Here | | A (11/1, / 12) / / / L / / L / / L / / L / / / L / / / L / / L / / L / / L / / L / / L / / L / / L / / L / / L / / L | e preparer shown below | |
| | | Signature of officer Date Title | structions)? X Yes | s No |
| | | Print/Type preparer's name Preparer's signature Date Check i | f PTIN | |
| Paid | ı | self- employed | | |
| | | KAREN GRIES KAREN GRIES 12/17/20 | P00078514 | |
| • | Only | Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► | 41-07467 | 49 |
| U36 | Only | 220 S 6TH STREET, SUITE 300 | | |
| | | · | 12-376-4500 | |
| 923711 (| 01-27-20 | <u> </u> | | 0-T (2019) |

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | ntory v | aluation 🕨 1 | N/A | | | <u> </u> |
|--|----------------------|--|----------|--|-------------|-----------|--|---|
| 1 Inventory at beginning of year | 1 | | | Inventory at end | of yea | ar | | 6 |
| 2 Purchases | 2 | | 7 | Cost of goods so | old. S | ubtract I | ine 6 | |
| 3 Cost of labor | 3 | | 7 | from line 5. Ente | r here | and in F | Part I, | |
| 4 a Additional section 263A costs | | | 7 | line 2 | | | | 7 |
| (attach schedule) | 4a | | 8 | Do the rules of s | ection | 263A (\ | with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | 7 | | | • | for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization | 7 | • | , | |
| Schedule C - Rent Income | (From Real | Property and | Per | sonal Prope | rty L | .ease | d With Real Prop | erty) |
| (see instructions) | | | | | | | | |
| 1. Description of property | | | | | | | | |
| (1) ANDERSON FIELD/SI MELBY/ | KENNEDY CEN | TER RENTAL | | | | | | |
| (2) ICE ARENA | | | | | | | | |
| (3) | • | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | 04.30 1 | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | of rent for p | personal | onal property (if the po property exceeds 50% ed on profit or income | % Or It | ge | columns 2(a) an SEE STATEMEN | connected with the income in ad 2(b) (attach schedule) T 4 |
| (1) | | | | | 310 | 142. | | 226,610 |
| (2) | · | | | | 409 | 338. | | 317,284 |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 719, | 480. | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | ter | | : | 719 | ,480. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | ▶ 543,894 |
| Schedule E - Unrelated Deb | | Income (see | ınstru | ctions) | | | <u> </u> | |
| | | - | 2 | . Gross income from | | | 3 Deductions directly conr to debt-financ | |
| 1. Description of debt-fire | nanced property | | | or allocable to debt- financed property | | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | ······································ | | | | | | |
| (2) | | | 1 | | | | | |
| (3) | | | T | | | | | |
| (4) | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n schedule) | 6 | Column 4 divided by column 5 | | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | | % | | | |
| (2) | | | | | % | | | |
| (3) | | | | | % | | | |
| (4) | | | | | % | | | |
| | | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | | > | | 0 | . 0. |
| Total dividends-received deductions in | icluded in column | 18 | | | | • • • | > | . 0. |
| | | _ | | | | | · · · · · · · · · · · · · · · · · · · | Form 990-T (2019 |

romi **990-i** (2019

| Schedule F - Interest, A | , | , | | Controlled O | | _ | | 1000 1110 | tructions | |
|--------------------------------------|--|----------------------------------|---|---|---|---|------------------------------------|--|-----------------|---|
| Name of controlled organization | on | 2. Employ identification number | on (loss) (see | related income e instructions) | 4. Tot payr | tal of specified ments made | include | of column 4 t d in the contr ition's gross i | ojling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | _ | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | <u> </u> | | <u> </u> | | | |
| Nonexempt Controlled Organiz | ations | | | | | | | | | |
| 7. Taxable Income | | lated income (I instructions) | oss) 9 . Total | l of specified payr made | nents | 10. Part of colur in the controlli gross | nn 9 that ng organi s income | is included zation's | 11. Dec with | fuctions directly connected income in column 10 |
| (1) | | | | | | | | | | - |
| (2) | | | | | | - | | i | | |
| (3) | | | | | - | | | | | |
| (4) | | | | | | - | | | | |
| | | | | | | Add colum Enter here and line 8, c | | 1, Part I, | Enter he | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | ▶ | | | 0. | | 0. |
| Schedule G - Investme | | of a Se | ction 501(c)(7 | 7), (9), or ([•] | 17) Org | janization | | | | |
| (see instr | uctions) | | | 1 | | | | | | 1 |
| 1. Descr | ption of income | | | 2. Amount of | ıncome | 3. Deduction directly conne- (attach sched | cted | 4. Set-asides (attach schedule) | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | <u>.</u> | |
| | | | | Enter here and o Part I, line 9, co | | , | • • | * | - | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | | <u> </u> | | 0. | | - 40-1 | عد دو المدينة | | 0. |
| Schedule I - Exploited I (see instru | • | ctivity In | come, Other | Than Adv | ertisin | g Income | | | | |
| 1. Description of exploited activity | 2. Gros unrelated bu income fr trade or bus | siness | 3. Expenses directly connected with production of unrelated business income | 4. Net incomfrom unrelated business (cominus columingain, compute through | I trade or lumn 2 n 3) If a cols 5 | 5 Gross inco from activity the is not unrelate business inco | hat ed | 6. Exp attributa colun | ble to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | ĺ | | | |
| (4) | | | | | | | | | | |
| | Enter here a page 1, Pa line 10, col | art I, | Enter here and on page 1, Part I, line 10, col (B) | , , | | | · | | | Enter here and on page 1, Part II, line 25 |
| Totals > | | 0. | 0. | | | | | - 200 | | 0. |
| Schedule J - Advertisin | | | | | | | | | | |
| Part I Income From F | Periodical | s Report | ted on a Con | solidated | Basis | | | | | |
| 1. Name of periodical | a | 2. Gross dvertising income | 3. Direct advertising costs | 4. Advert or (loss) (co col 3) If a ga cols 5 th | ol 2 minus sin, compute | 5. Circulati | son | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | , | | | | | | , |
| (2) | | | | | | | | <u> </u> | | _ |
| (3) | | | |] | | | | | | |
| (4) | | | | : - | | • | | | | <u> </u> |
| | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | 0. | | 0. | | | | | | 0. Form 990-T (2019) |

Form 990-T (2019) AUGSBURG UNIVERSITY Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical | | 2. Gross advertising income | | Pirect ing costs | Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | | rculation come | | eadership costs | 7. Excess readersh costs (column 6 min column 5, but not me than column 4) | nus |
|-----------------------------|--------|--|---------|-----------------------------------|---|----------|--|-------|--------------------|--|-----|
| (1) | | | | | | | | | | <u> </u> | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | - | |
| Totals from Part I | ▶ | 0. | | 0. | 1.00 | -3, | } | - , | | | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A) | | re and on , Part I, col (B) | 1 | | | | * 5 | Enter here and on page 1, Part II, line 26 | |
| Totals, Part II (lines 1-5) | _ ▶ | 0. | | 0. | <u>Lange Lander</u> | | 46 - 27-2 - 24-24-27-19-19-19-19-19-19-19-19-19-19-19-19-19- | 637 v | المدسنة أسد | | 0. |
| Schedule K - Compens | satior | of Officers, I | Directo | rs, and | Trustees (see in | structio | ns) | | | | |
| 1. • | Name | | ţ | | 2. Title | | 3. Percent of time devoted business | | | nsation attributable elated business | |
| (1) | | | | | | | | % | | | |

(2) (3) (4) Total Enter here and on page 1, Part II, line 14 0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

RENTALS, EXPLOITED EXEMPT ACTIVITY, PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

| FOOTNOTES | STATEMENT 2 |
|--|-------------|
| INCOME(LOSS) FROM PARTNERSHIPS | |
| COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY | 4,292 |
| COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY | 12,739 |
| COMMONFUND CAPITAL EMERGING MARKETS 2013 | -59 |
| COMMONFUND GLOBAL DISTRESSED INVESTORS 2 | -148 |
| COMMONFUND GLOBAL DISTRESSED INVESTORS 4 | -1 |
| COMMONFUND CAPITAL INTERNATIONAL PRIVATE EQUITY PARTNERS | -28 |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII L.P. | -2,323 |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX L.P. | -8,872 |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII | 122 |
| COMMONFUND STRATEGIC SOLUTIONS REAL ESTATRE OPPORTUNITY FUND | -565 |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI L.P. | -14,804 |
| COMMONFUND STRATEGIC SOLUTIONS CORE REAL ESTATE FUND | 0 |
| COMMONFUND STRATEGIC SOLUTIONS RE OP FUND | 608 |
| COMMONFUND CAPITAL VENTURE PARTNERS XII, LP | -130 |
| COMMONFUND STRATEGIC SOLUTIONS GLOBAL EQUITY LLC | 0 |
| COMMONFUND CAPITAL VENTURE PARTNERS IX, LP | -55 |
| COMMONFUND CAPITAL VENTURE PARTNERS X, LP | -206 |
| COMONFUND CAPITAL VENTURE PARTNERS XI, LP | 3,314 |
| COMMONFUND PRIVATE CREDIT FUND 2018 | 0 |
| COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 | 0 |
| CF STRATEGIC DIRECT SERIES LLC - CF CREDIT SERIES | 0 |
| TOTAL TO FORM 990-T, SCH. M, PART I, LINE 5 | -6,116 |

FORM 990-T

, ,

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

MEXICO GUATEMALA EL SALVADOR NICARAGUA NAMIBIA

053-1261

| FORM 990-T DEDUCTIONS | CONNECTED | WITH RENTAL | INCOME | STATEMENT 4 |
|------------------------------|-------------|--------------------|----------|-------------|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| ADMINISTRATIVE PAYROLL | | | 19,150. | |
| BENEFITS | | | 4,520. | |
| STUDENT COMPENSATION | | | 7,812. | |
| BUILDING REPAIR AND MAINTENA | ANCE | | 15,264. | |
| ELECTRICITY | | | 35,375. | |
| NATURAL GAS | | | 13,508. | |
| STEAM | | | 8,996. | |
| WATER | | | 4,749. | |
| SUPPLIES AND OTHER | • | | 78. | |
| COMMUNICATION | | | 40. | |
| PRINTING | | | 41. | |
| BUSINESS MEETINGS | | | 63. | |
| DUES, FEES, REGISTRATION | | | 193. | |
| RD PARTY SERVICES | | | 2,297. | |
| MAINTENANCE SUPPLIES | | | 713. | |
| CABLE | | | 14. | |
| OH ALLOCATION | | | 34,918. | |
| DEPRECIATION | | | 76,228. | |
| TAXES AND FEES | | | 2,651. | |
| | - SUBTOTAL | | | 226,61 |
| ADMINISTRATIVE PAYROLL | | | 31,929. | |
| BENEFITS | | | 7,536. | |
| STUDENT COMPENSATION | | | 13,026. | |
| BUILDING REPAIR AND MAINTEN | ANCE | | 6,606. | |
| ELECTRICITY | | | 57,278. | |
| NATURAL GAS | | | 21,871. | |
| STEAM | | | 14,567. | |
| VATER | | | 7,689. | |
| SUPPLIES AND OTHER | | | 71. | |
| COMMUNICATION | | | 36. | |
| PRINTING | | | 38. | |
| BUSINESS MEETINGS | | | 58. | |
| DUES, FEES, REGISTRATION | - | | 175. | |
| RD PARTY SERVICES | | | 2,089. | |
| MAINTENANCE SUPPLIES | | | 649. | |
| CABLE | | | 12. | |
| OH ALLOCATION , | | | 31,762. | |
| DEPRECIATION | | | 119,481. | |
| VEHICLE | | | 0. | |
| TAXES AND FEES | | | 2,411. | |
| | - SUBTOTAL | _ 100 | | 317,284 |
| TOTAL TO FORM 990-T, SCHEDUI | LE C, COLUI | 41N 3 | | 543,894 |

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

Department of the Treasury

_____ , and ending MAY 31, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

| Interna | I Revenue Service | Do not enter SSN numbers on this form as it | may be | made public if your organiz | ation is a 501(| c)(3). | 501(c)(3) Organizations Only |
|-----------|-----------------------|--|---------|---------------------------------------|-----------------|------------------------|------------------------------|
| Name | of the organization | AUGSBURG UNIVERSITY | | - | 1 | identıficat 0694721 | ion number |
| ι | Inrelated Business | Activity Code (see instructions) 900099 | | | | | |
| | Describe the unrelat | ed trade or business PARTNERSHIP I | NCOME | · · · · · · · · · · · · · · · · · · · | | | |
| Pai | rt I Unrelated | Trade or Business Income | | (A) Income | (B) Exper | ises | (C) Net |
| 1 a | Gross receipts or s | sales | | | | | |
| b | Less returns and allo | wances c Balance > | 1c | | | | |
| 2 | Cost of goods sold | d (Schedule A, line 7) | 2 | | | | |
| 3 | Gross profit Subtr | act line 2 from line 1c | 3 | | -71 | • | |
| 4 a | Capital gain net in | come (attach Schedule D) | 4a | | | <u></u> | |
| b | Net gain (loss) (Foi | rm 4797, Part II, line 17) (attach Form 4797) | 4b | | | - | |
| С | Capital loss deduc | tion for trusts | 4c | | | | |
| 5 | Income (loss) from | a partnership or an S corporation (attach | | | | | |
| | statement) | | 5 | -6,116. | | | -6,116. |
| 6 | Rent income (Sche | edule C) | 6 | | | | |
| 7 | Unrelated debt-fina | anced income (Schedule E) | 7 | | | | |
| 8 | Interest, annuities, | royalties, and rents from a controlled | | | | | |
| | organization (Sche | dule F) | 8 | | <u>.</u> | | |
| 9 | Investment income | e of a section 501(c)(7), (9), or (17) | | | - | | |
| | organization (Sche | dule G) | 9 | | | | |
| 10 | Exploited exempt | activity income (Schedule I) | 10 | | | | |
| 11 | Advertising income | e (Schedule J) | 11 | | | | |
| 12 | Other income (See | instructions, attach schedule) | 12 | | | | |
| 13 | Total. Combine lin | es 3 through 12 | 13 | -6,116. | | | -6,116. |
| 14 | directly co | ns Not Taken Elsewhere (See instruct nnected with the unrelated business in officers, directors, and trustees (Schedule K) | | | | 14 | |
| 15 | Salaries and wage | • | | | | 15 | |
| 16 | Repairs and maint | | | | | 16 | |
| 17 | Bad debts | on and o | | | | 17 | |
| 18 | | nedule) (see instructions) | | | | 18 | |
| 19 | Taxes and licenses | , , | | | | 19 | |
| 20 | Depreciation (attac | | | 20 | | ,,, | |
| 21 | | claimed on Schedule A and elsewhere on return | | 21a | | 21b | |
| 22 | Depletion | | | | | 22 | |
| 23 | | eferred compensation plans | | | | 23 | |
| 24 | Employee benefit | | | | | 24 | |
| 25 | | penses (Schedule I) | | | | 25 | |
| 26 | • | costs (Schedule J) | | | | 26 | |
| 27 | Other deductions (| | | | | 27 | |
| 28 | | Add lines 14 through 27 | | | | 28 | 0. |
| 29 | | s taxable income before net operating loss deduc | ction S | Subtract line 28 from line 1 | 3 | 29 | -6,116. |
| 30 | | operating loss arising in tax years beginning on o | | | | | - |
| | instructions) | | | • • • | STMT 5 | 30 | 0. |
| <u>31</u> | ' - ' | s taxable income Subtract line 30 from line 29 | | | | 31 | -6,116. |
| LHA | For Paperwork R | eduction Act Notice, see instructions. | | | | Schedul | le M (Form 990-T) 2019 |
| | • | • | | | | | • |

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

and ending MAY 31, 2020

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

For calendar year 2019 or other tax year beginning $\mbox{\ \ JUN\ 1\ ,\ }2019$

Open to Public Inspection for 501(c)(3) Organizations Only

ENTITY

| Name of the organization AUGSBURG UNIVERSITY | Employer identification number 41-0694721 | | | |
|---|---|--------------------|--------------|---|
| Unrelated Business Activity Code (see instructions) 90 | 0004 | | | |
| Describe the unrelated trade or business CONFEREN | CES | | | |
| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
| 1a Gross receipts or sales | | , | | |
| b Less returns and allowances c Balar | nce ▶ 1c | | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | | er de |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | - | |
| 4 a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479 | 7) 4b | | | |
| c Capital loss deduction for trusts | 4c | | | , . <u></u> |
| 5 Income (loss) from a partnership or an S corporation (attach | | | | , |
| statement) | 5 | | | |
| 6 Rent income (Schedule C) | 6 | | Ţ | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled | | | | • |
| organization (Schedule F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) | | | | |
| organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | 80,970. | 103,265. | -22,295. |
| 11 Advertising income (Schedule J) | 11 | | | • |
| 12 Other income (See instructions, attach schedule) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 80,970. | 103,265. | -22,295. |
| Part II Deductions Not Taken Elsewhere (See ins directly connected with the unrelated business) | ess income.) | limitations on dec | , . | ns must be |
| 14 Compensation of officers, directors, and trustees (Schedule | K) | | 14 | |
| 15 Salaries and wages | | | 15 | |
| 16 Repairs and maintenance | | | 16 | |
| 17 Bad debts | | | 17 | |
| 18 Interest (attach schedule) (see instructions) | | | 18 | |
| 19 Taxes and licenses | | 1 1 | 19 | |
| 20 Depreciation (attach Form 4562) | | 20 | | |
| 21 Less depreciation claimed on Schedule A and elsewhere on | return | <u> 21a </u> | 21b | |
| 22 Depletion | | | 22 | · · · · · · · · · · · · · · · · · · · |
| 23 Contributions to deferred compensation plans | | | 23 | |
| 24 Employee benefit programs | | | 24 | |
| 25 Excess exempt expenses (Schedule I) | | | 25 | |
| 26 Excess readership costs (Schedule J) | | | 26 | |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

27

28

29

30

31

instructions)

27

28

29

30

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

0.

0.

-22,295.

-22,295.

| Form 000 T (2010) NUCCRUBC | INITIEDE | TMV | | | | | | | 41-069 | | ENTITY 3 |
|-----------------------------------|--------------------|--|--|-------------------------------|--|---|---|-----------------------------------|--|---------------------|---|
| Schedule F - Interest, A | Annuitie | s. Rovali | ies, and | Rents | From Co | ntrolle | d Organiza | tions | | struction | Page 4 |
| | | | | | Controlled O | | | | (366 111 | 13 | <u> </u> |
| 1. Name of controlled organizati | ion | 2. Em identifi num | cation | 3. Net uni | related income e instructions) | 4. To | tal of specified ments made | includ | t of column 4 ed in the cont ation's gross | that is | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | • | <u> </u> | | | |
| (2) | | | | | | | | | - | | |
| (3) | | | | | | | . | | | | |
| (4) | | | | | | | | | | | ····· |
| Nonexempt Controlled Organia | zations | | | | | | | | | | - |
| 7. Taxable Income | 8. Net u | unrelated incom see instructions | | 9 . Total | of specified payr made | nents | 10. Part of colur in the controlli gross | nn 9 thai ng organ i income | ization's | 11. Dec | ductions directly connected income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | · - , - , · · · · · · · · · · · · · · · · | | | | | | · |
| (4) | | | | | | | | | | | |
| Totals | | | | | | • | | | 1, Part I, | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Schedule G - Investme | | me of a S | ection | 501(c)(7 | 7), (9), or ([.] | 17) Org | | | | | 1 |
| 1. Descr | ription of inco | ome | | | 2. Amount of | income | 3. Deduction directly conne (attach sched | cted | 4 Set- (attach s | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | ļ | | | | | | |
| (3) | | | | | <u> </u> | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and of Part I, line 9, col | | • | | , | | Enter here and on page 1, Part I, line 9, column (B) |
| Schedule I - Exploited I | - | Activity | Income | , Other | Than Adv | ertisin | g Income | | | · • - | - |
| (see instru | ictions) | | | | 1 . | | | 1 | | ··· | 1 |
| Description of exploited activity | unrelated incom | Gross I business ie from business | 3. Exp directly co with pro- of unre- business STMT 6 | onnected duction elated | 4. Net incom from unrelated business (co minus columi gain, compute through | trade or lumn 2 3) If a cols 5 | 5. Gross inco from activity to is not unrelate business inco | hat ed | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) CONFERENCES | | 80,970. | 1 | 03,265. | -22 | 2,295. | | 0. | | 0 | . 0. |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | <u>—</u> . | | | | |
| (4) | | | | | | | | | | | |
| | | re and on i, Part I, col (A) | Enter here page 1, line 10, c | Part I, | | | - | | | | Enter here and on page 1, Part II, line 25 |
| Totals - | | 80,970. | | 03,265. | | <u> </u> | A - 1 - 1 - 1 - 1 | | | - | 0. |
| Schedule J - Advertisir | | | | | | | | | | | |
| Part I Income From F | Periodic | als Repo | orted on | a Con | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | Direct rtising costs | 4. Adverti or (loss) (co col 3) If a ga cols 5 th | d 2 minus in, comput | 5. Circulati | ion | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | | s = |
| (2) | | | | , | 7 | | | | | | • |
| (3) | | | | · · · · · · | 7. | | | | | | |
| (4) | | | | | - | | | $\neg \neg$ | | | u |
| | | | | | | | 1 | | | | " |

Form **990-T** (2019)

Totals (carry to Part II, line (5))

| SCHEDULE M | NE | OPERATING LOSS | DEDUCTION | STATEMENT 5 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 05/31/19 | 17,464. | | 17,464. | 17,464. |
| NOL CARRYOV | ER AVAILABLE THIS | S YEAR | 17,464. | 17,464. |

14 400

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--------------------------|--------------------|---------|---------|
| EVENTS EXPENSE | | 57,098. | |
| ADMINISTRATIVE PAYROLL | | 24,427. | |
| STUDENT COMPENSATION | | 14,464. | |
| BENEFITS | | 3,467. | |
| BUSINESS MEETINGS | | 1,095. | |
| SUPPLIES AND OTHER | | 913. | |
| DUES, FEES, REGISTRATION | | 865. | |
| PAXES AND FEES | | 244. | |
| PRAVEL | | 225. | |
| PRINTING | | 221. | |
| SOFTWARE | | 129. | |
| DEPRECIATION EXPENSE | | 95. | |
| MAIL SERVICES | | 22. | |
| - SUBI |)TAL - 3 | | 103,265 |