| 2     |                  | · 11- 39   |           |  |               |   | 2939301                                   | E 0 0 0 7 0 0  |
|-------|------------------|--|-----------|--|---------------|---|---|--|
| y     |                  | .990-T   |           | Exempt Organization Bus  | ine           |   |   | OMB No 1545-0047   |
|       | Form             | .990-1   | <b>-</b>  | and proxy tax und  | er se         | ction 6033(e))                          | 7.00°                                     |  |
|       |                  |  | For ca    | lendar year 2019 or other tax year beginning JUN 1, 20                                   | 19            | , and ending M                          | AY 31, 2020                               | 2019   |
|       |                  | tment of the Treasury                            |           | ► Go to www.irs.gov/Form990T for in<br>• Do not enter SSN numbers on this form as it may |               |   |   | Open to Public Inspection for 501(c)(3) Organizations Only |
| ***   | A                | Check box if address changed                     |           | <del></del>  |               | and see instructions.)                  | D   | Employer identification number                             |
|       | ——<br>В Е        | xempt under section                              | Print     | AUGSBURG UNIVERSITY  |               |   | '   | nstructions )<br>41-0694721                                |
|       |                  | ] 501(c <b>()</b> (3 )                           | or        | Number, street, and room or suite no. If a P.O. box                                      | x, see II     | nstructions.                            |   | Unrelated business activity code<br>See instructions )     |
|       |                  | 408(e) 220(e)                                    | Туре      | 2211 RIVERSIDE AVENUE  | r forms       | n neetel ande                           |   | •  |
|       |                  | 408A 530(a) 529(a)                               |           | City or town, state or province, country, and ZIP o MINNEAPOLIS, MN 55454-1351           | i ioreig      | ii postai code                          | 53  | 1190   |
|       | C Bo             | ok value of all assets<br>and of year            |           | F Group exemption number (See instructions.)   | <u> </u>      | 5044.34                                 | 104414                                    |  |
|       | H En             |  |           | G Check organization type X 501(c) corp<br>tion's unrelated trades or businesses.        | ooratioi<br>3 |   | t 401(a) trube the only (or first) unrela |  |
|       |                  | de or business here                              | -         |  | <del>-</del>  |   | ne, complete Parts I-V. If n              |  |
|       |                  |  |           | ce at the end of the previous sentence, complete Pa                                      | rts I an      |   |   |  |
|       |                  | siness, then complete I                          |           |  |               |   |   |  |
| /     | Du               | iring the tax year, was                          | the corp  | oration a subsidiary in an affiliated group or a parer                                   | nt-subs       | idiary controlled group                 | ? •                                       | Yes X No   |
| _ '   |                  |  |           | ifying number of the parent corporation.   |               |   |   |  |
|       |                  | e books are in care of                           |           | OHN COSKRAN<br>le or Business Income   |               |   | , , , , , , , , , , , , , , , , , , ,     | -330-1032  |
|       |                  |  |           | le of Business income  | <u> </u>      | (A) Income                              | (B) Expenses                              | (C) Net  |
|       |                  | Gross receipts or sale<br>Less returns and allov |           | c Balance  | 1c            |   |   |  |
|       | 2                | Cost of goods sold (S                            |           |  | 2             |   |   | <del>                                     </del>           |
|       | 3                | Gross profit. Subtract                           |           | •  | 3             |   |   |  |
|       | 4 a              | Capital gain net incom                           | ne (attac | h Schedule D)  | 4a            |   |   |  |
|       | b                | Net gain (loss) (Form                            | 4797, P   | art II, line 17) (attach Form 4797)  | 4b            | <u> </u>                                |   |  |
|       |                  | Capital loss deduction                           |           |  | 4c            |   |   |  |
|       |                  | , ,  |           | hip or an S corporation (attach statement)   | 5             | 710 490                                 | 543.90                                    | 175 506  |
|       |                  | Rent income (Schedul<br>Unrelated debt-finance   | •         | on (Schadula E)  | <u>6</u><br>7 | 719,480                                 | 543,89                                    | 175,586.   |
|       | 8                |  |           | nd rents from a controlled organization (Schedule F)                                     | 8             |   | <del></del>                               |  |
|       | -                | -  |           | n 501(c)(7), (9), or (17) organization (Schedule G)                                      | $\overline{}$ |   |   |  |
|       | 10               | Exploited exempt activ                           |           |  | 10            |   |   |  |
|       | 11               | Advertising income (S                            | chedule   | J)   | 11            |   |   |  |
|       | 12               | Other income (See ins                            | truction  | s; attach schedule)  | 12            |   |   |  |
|       |                  | Total. Combine lines                             | 3 throu   | gh 12  t Taken Elsewhere (See instructions fo  | 13            | 719,480                                 |   | 175,586.   |
|       | Ра               | rt II Deduction (Deductions                      | must b    | e directly connected with the unrelated busin  | ess inc       | come.)                                  | ·)  |  |
|       | 14               | Compensation of offi                             | cers, dır | ectors, and trustees (Schedule K) RECI   | EIVE          | D                                       |   | 4  |
|       | 15               | Salaries and wages                               |           | Internal Rev   | venu          | e Service                               | _   | 5  |
|       | 16               | Repairs and maintena                             | апсе      | /1   |               | <u> </u>                                |   | 6  |
|       | 17<br>18         | Bad debts Interest (attach sched                 | dulo) (co | MAY 2  | 4 2           | UZ1                                     |   | 8  |
|       | 19               | Taxes and licenses                               | uule) (Sc |  |               | İ                                       |   | 9  |
|       | 20               | Depreciation (attach I                           | Form 45   | 62) Area (<br>Field C  |               |   | <u> </u>                                  |  |
|       | 21               |  |           | Schedule A and elsewhere on return Blooming  |               | · • · · · · · · · · · · · · · · · · · · | 2   | 1b_  |
|       | 22               | Depletion  |           | <u></u>  |               |   | 2   | 2  |
|       | 23               | Contributions to defe                            | /         | npensation plans   |               |   | _2  | 3  |
|       | 24               | Employee benefit pro                             |           |  |               |   |   | 4  |
|       | 25               | Excess exempt expen                              |           |  |               |   |   | 25   |
|       | 26<br>27         | Excess readership co<br>Other deductions (att    | -         | •  |               |   |   | 7  |
|       | 2 <i>1</i><br>28 | Total deductions, Ac                             |           | •  |               |   |   | 8 0.   |
|       | 20<br>29 _       |  |           | come before net operating loss deduction. Subtract                                       | line 28       | 3 from line 13                          | <del></del>                               | 9 175,586.   |
|       | 30               |  |           | oss arising in tax years beginning on or after Januar                                    |               |   | Γ   |  |
| /     | /                | (see instructions)                               |           |  |               |   |   | 0.   |
| - 1 - | 31               |  |           | come. Subtract line 30 from line 29  |               |   |   | 1 175,586.   |
| J     | 92370            | 1 01-27-20 LHA Fo                                | r Paperv  | work Reduction Act Notice, see instructions.   |               |   |   | Form <b>990-T</b> (2019)                                   |

|             | T (2019) AUGSBURG UNIVERSITY  |  | 41-059472                 | 1 Page 2          |
|-------------|---|--|---------------------------|-------------------|
| Part        | If Total Unrelated Business Taxable Income  |  |                           |                   |
| 32 1        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  | [                                      | 32                        | 175,586.          |
|             | Amounts paid for disallowed fringes   |  | 33                        |                   |
|             | Charitable contributions (see instructions for limitation rules)  |  | 34                        | 0.                |
|             | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of   |  | 35                        | 175,586.          |
|             |   |  | 36                        |                   |
| 00 L        | Deduction for net operating loss arising in tax <u>years</u> beginning before January 1, 2018 (see instructions)  Total of unrelated business taxable income before <u>specific deduction</u> , Subtract line 36 from line 35 | <b>.</b>                               | 37                        | 175,586.          |
| 37 1        | local of uniferated dusiness taxable income before Specific deduction, Submact time 50 month line 55  | · ····· · · · · · · · · · · · · · · ·  | 11                        | 1,000.            |
|             | Specific deduction (Generally \$1,000, but see line 38 Instructions for exceptions)   | ····· 75                               | 38                        |                   |
| η-(         | Inrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,   | - 11                                   | 1 ( )                     |                   |
|             | enter the smaller of zero or line 37  | <u> </u>                               | 39                        | 174,586.          |
| ~           | Tax Computation   | <del></del>                            | <del> </del>              |                   |
| 40 /        | Organizations Taxable as CorporationsMultiply line 39 by 21% (0.21)   | 床 .                                    | _40_                      | 36,663.           |
| 41 1        | Frusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 39 from:  |  |                           |                   |
|             | Tax rate schedule or Schedule D (Form 1041)   | 🕨                                      | 41                        | <del> </del>      |
| 42 F        | Proxy tax. See instructions   | . •                                    | 42                        |                   |
|             | Alternative minimum tax (trusts only)   |  | 43                        |                   |
|             | Tax on Noncompliant Facility Income. See instructions   |  | 44                        |                   |
| 45/1        | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | ·······                                | 45                        | 36,663.           |
| Part        | ✓ Tax and Payments  |  | 12.10                     |                   |
| ·           | oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  |  | 3,5                       | -                 |
|             |   | _                                      | 1 ;                       |                   |
|             |   |  | 1 , .                     |                   |
|             | General business credit. Attach Form 3800   |  | 1 31                      |                   |
|             | Credit for prior_year_minimum tax (attach Form 8801 or 8827)  |  | الم                       |                   |
|             | Total credits. Add lines 46a through 46d  |  | 46e                       |                   |
| 47 8        | Subtract line 46e from line 45  Other taxes, Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other   |  | 47                        | 36,663.           |
| 48 (        | Other taxes. Check If from:   Form 4255   Form 8611   Form 8697   Form 8866   Other l   | (attach schedule)                      | 48                        |                   |
|             | Total tax. Add lines 47 and 48 (see Instructions)   | Ŋ                                      | 49                        | 36,663.           |
| 50 2        | 2019 net 965 tax liability paid from Form 965-A or <u>Form 965-B. Part</u> II, column (k), line 3   |  | 50                        | 0.                |
|             | Payments: A 2018 overpayment credited to 2019   |  | <u> </u>                  |                   |
|             | 2019 estimated tax payments 51b   | -                                      | ] 、]                      |                   |
|             | ax deposited with Form 8868   |  | ] , [ ]                   |                   |
|             | oreign organizations; Tax paid or withheld at source (see instructions) 51d   |  | 1 1                       |                   |
|             | Backup withholding (see Instructions) 51e   | <del></del>                            | h                         |                   |
|             | Credit for small employer health insurance premiums (attach Form 8941)  |  | 154                       |                   |
|             | ,   |  | # H                       |                   |
| . 9 .       | Other credits, adjustments, and payments: Form 2439   |  | `` 8"                     |                   |
|             |   |  | 1:41                      |                   |
| . 52 T      | otal payments. Add lines 51a through 51g  | ······································ | 52<br>±                   | 100               |
| <b>53</b> E | stimated tax penalty (see instructions). Check if Form 2220 is attached   [ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | ······ · · · · · · · · · · · · · · · · | 53                        | 129.              |
|             |   |  | 54                        | 36,792.           |
|             | Dverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 🕨 '                                    | 55                        |                   |
|             |   | funded 🕨                               | 56                        |                   |
| Part \      | VI Statements Regarding Certain Activities and Other Information (see instru  | ctions)                                |                           |                   |
| 57 A        | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority   |  |                           | Yes No            |
|             | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file   |  |                           | 130, 475          |
|             | INCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |  |                           |                   |
| _           | 1879 SEE STATEMENT 3  |  |                           | X                 |
| -           | During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a forei  | nn trust?                              | <del></del>               | ×                 |
|             | f "Yes," see instructions for other forms the organization may have to file.  | yıı u döti , ,, ,                      |                           | 225 8.77          |
|             |   |  |                           | [美計奏法]            |
| _ 59 E      | Linday papalities of parking I declare that I have examined this course including appropriate substituting and statements, and to the   | best of my knowler                     | dge and belief. It is tru | <u>rs 1 7 7 1</u> |
| Sign        | correct, and explicite Decignation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  |  |                           |                   |
| Here        | 1/2.23.20 VICE PRESIDENT AND CO   |  | ay the IRS discuss this   |                   |
|             |   | j ~"                                   | e preparer shown belo     | •                 |
|             | Signature of officer Date Title   |  | structions)? X Y          | 8 No              |
|             | Print/Type preparer's name Preparer's signature Date  | Check I                                | f PTIN                    |                   |
| Paid        |   | self- employed                         |                           |                   |
| Prepa       | Aren Gries KAREN GRIES 12/17/20   |  | P00078514                 |                   |
| Use (       | FIGURE A CTYPHONT NOCOMNITED ITD  | Firm's EIN                             | 41-0746                   | 749               |
| - 30 C      | 220 S 6TH STREET, SUITE 300   |  |                           |                   |
|             | Firm's address MINNEAPOLIS, MN 55402  | Phone no. 6:                           | 12-376-4500               |                   |
|             | -27-20  |  | Earm 9                    | 90-T (2019)       |

| Schedule A - Cost of Good  | s Sold. Ente         | method of inver  | ntory va                                   | luation >  | N/A         |        |   | · · · · · · · · · · · · · · · · · · ·                                     |
|--|----------------------|--|--|--|-------------|--------|---|---|
| 1 Inventory at beginning of year   | 1                    |  |  | Inventory at end   | of year     |        |   | 6   |
| 2 Purchases  | 2                    |  | 7 7  | Cost of goods se   | old. Subtr  | ract I | ine 6   | 73.   |
| 3 Cost of labor  | 3                    |  |  | from line 5. Ente  | r here and  | d in F | Part I,   | <u> </u>  |
| 4a Additional section 263A costs   |                      |  | 7  | line 2   |             |        |   | 7   |
| (attach schedule)  | 4a                   |  | 8  | Do the rules of s  | ection 26   | 3A (\  | with respect to   | Yes No  |
| b Other costs (attach schedule)  | 4b                   |  | 1  | property produc  | ed or acqi  | uıred  | for resale) apply to  | 7 1 2 2   |
| 5 Total. Add lines 1 through 4b  | 5                    |  | 7  | the organization   |             |        | ,   |   |
| Schedule C - Rent Income   | (From Real           | Property and   | Pers                                       | onal Prope   | rty Lea     | se     | 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  |  |  |             |        | O(a) Dadustiana dasattu   | annual and with the second  |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | e than               | of rent for p  | personal p                                 | nal property (if the p<br>property exceeds 50<br>d on profit or income | % or⊓       |        | columns 2(a) an   | connected with the income in id 2(b) (attach schedule)  T 4               |
| (1)  |                      |  |  |  | 310,14      | 2.     |   | 226,610.  |
| (2)  | =                    |  |  |  | 409,33      | 8.     |   | 317,284.  |
| (3)  | -                    | 1  |  |  |             |        |   |   |
| (4)  |                      |  |  |  |             |        |   |   |
| Total  | 0.                   | Total  |  |  | 719,48      | 0.     |   |   |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                         |                      | ter  |  | · <del>· · · ·</del>   | 719,48      | 0.     | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6 column (B) | <b>▶</b> 543,894.   |
| Schedule E - Unrelated Det   | t-Financed           | Income (see  | ınstruc                                    | tions)   | <del></del> |        |   | · f. · · · · · · · · · · · · · · · · · ·                                  |
|  |                      |  |  | Gross income from  |             |        | 3. Deductions directly cont<br>to debt-finance                                  |   |
| 1. Description of debt-fit   | nanced property      |  | or allocable to debt-<br>financed property |  |             | (a)    | Straight line depreciation (attach schedule)                                    | (b) Other deductions (attach schedule)                                    |
| (1)  |                      | <del></del>  | † · · · ·                                  |  |             |        |   |   |
| (2)  |                      |  |  |  |             |        |   |   |
| (3)  |                      |  |  |  |             |        |   |   |
| (4)  |                      |  |  |  |             |        |   |   |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)             | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>n schedule) | 6.   | Column 4 divided<br>by column 5  |             |        | 7. Gross income reportable (column 2 x column 6)                                | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |
| (1)  |                      |  |  |  | %           |        | •   |   |
| (2)  |                      |  |  |  | %           |        |   |   |
| (3)  |                      |  |  |  | %           |        |   |   |
|  |                      |  |  |  | %           |        |   |   |
| (4)  |                      |  |  |  | /0          |        |   |   |
| (4)  |                      |  | <u> </u>                                   |  |             |        | nter here and on page 1,<br>Part I, line 7 column (A)                           | Enter here and on page 1,<br>Part I, line 7, column (B)                   |
| (4)<br>Totals  |                      |  | <u> </u>                                   |  | <b>•</b>    |        |   | Part I, line 7, column (B)  |
|  | icluded in column    | 8  |  |  | <b>&gt;</b> |        | Part I, line 7 column (A)   | Part I, line 7, column (B)  |

|                                     | T  |                                   |                  | Exempt   | Controlled O  | ganızatı                               | ons   |           |                                    |  |   |
|-------------------------------------|--|-----------------------------------|------------------|--|---|--|---|-----------|------------------------------------|--|---|
| 1. Name of controlled organization  |  | 2. Emj<br>identific<br>num        | cation           |  |   | al of specified<br>nents made          | 5. Part of column 4 included in the con organization's gross        |           | rolling                            | 6. Deductions directly connected with income in column 5 |   |
|                                     |  |                                   |                  |  | -   |  | <u> </u>  |           | <del></del>                        |  |   |
| )<br>)                              |  |                                   |                  | <u> </u>   |   |  | _   |           | -                                  |  |   |
| 2)                                  |  |                                   |                  | <u> </u>   |   |  |   | i         |                                    | - +  |   |
| 3)                                  |  |                                   |                  | <del>                                     </del>       |   |  |   |           |                                    |  | <u> </u>  |
| 1)                                  |  |                                   |                  | <u> </u>   |   |  |   | <b>!</b>  |                                    |  |   |
| onexempt Controlled Organiz         |  |                                   |                  | T  |   | <del></del> 1                          |   |           |                                    |  |   |
| 7. Taxable Income                   |  | elated incom                      |                  | 9. Total   | of specified payn<br>made   | ents                                   | 10. Part of column the controlling gross                            |           | nization's                         |  | ductions directly connecte<br>n income in column 10   |
| )                                   |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 2)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 3)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 4)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
|                                     |  |                                   |                  |  |   |  | Add colun<br>Enter here and<br>line 8, c                            |           | 1, Part I,                         |  | dd columns 6 and 11<br>here and on page 1, Part I,<br>line 8, column (B)                    |
| tals                                |  |                                   |                  |  |   | ▶                                      |   |           | 0.                                 |  |   |
| chedule G - Investmer<br>(see instr |  | e of a S                          | ection           | 501(c)(7   | '), (9), or (1  | 7) Org                                 | janization  |           |                                    |  |   |
| 1. Descr                            | iption of incom                                | ө                                 |                  |  | 2. Amount of  | ncome                                  | <ol> <li>Deduction directly conne (attach sched)</li> </ol>         | cted      | 4. Set-<br>(attach s               | asides<br>ichedule)                                      | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| 1)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 2)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 3)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 4)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
|                                     |  |                                   |                  |  | Enter here and o<br>Part I, line 9, col   | ımn (A)                                |   |           |                                    |  | Enter here and on page<br>Part I, line 9, column (E   |
| chedule I - Exploited I             | -  | Activity                          | Incom            | e, Other   | Than Adv  | 0. <br>ertisin                         | g Income  |           |                                    |  |   |
| (see instru                         | - Cuoris)                                      | ı                                 |                  |  | T   | 1                                      |   |           |                                    |  | <del></del>   |
| Description of exploited activity   | 2. Gro<br>unrelated b<br>income<br>trade or bu | usiness<br>from                   | directly of unit | penses<br>connected<br>oduction<br>related<br>s income | 4. Net incom<br>from unrelated<br>business (col<br>minus column<br>gain, compute<br>through | trade or<br>umn 2<br>3) If a<br>cols 5 | 5. Gross inco<br>from activity t<br>is not unrelat<br>business inco | hat<br>ed | <b>6.</b> Exp<br>attribut<br>colur | able to  | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| 1)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 2)                                  |  | j                                 |                  |  | Ī   | 1                                      |   |           |                                    |  |   |
| 3)                                  |  | İ                                 |                  |  |   |  |   |           |                                    |  |   |
| 4)                                  | -  | 1                                 |                  | -  |   |  |   |           |                                    |  |   |
|                                     | Enter here<br>page 1, F<br>line 10, co         | Partl,<br>ol(A)                   | page 1           | re and on<br>i, Part I,<br>col (B)                     |   |  |   |           |                                    |  | Enter here and<br>on page 1,<br>Part II, line 25  |
| tals ► <br>chedule J - Advertisin   | a lacer  | 0.                                |                  | 0.   | L   |  | _   | _         |                                    |  |   |
|                                     |  |                                   |                  |  | odidata d   | 2acia                                  |   |           |                                    |  |   |
| Part I Income From F                | eriodica                                       | iis Repo                          | ortea o          | n a Cons   | solidated   | oasis<br>                              | <del> </del>  |           | ·                                  | ,  |   |
| 1. Name of periodical               |  | 2. Gross<br>advertising<br>income |                  | 3. Direct entising costs                               | 4. Adverti<br>or (loss) (co<br>col 3) If a ga<br>cols 5 th                                  | l 2 minus<br>in, comput                | 5. Circulat income  |           | 6. Reade                           |  | Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4)      |
| )                                   |  |                                   |                  |  |   |  |   |           |                                    |  | ,   |
| 2)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 3)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| 4)                                  |  |                                   |                  |  |   |  |   |           |                                    |  |   |
| <u> </u>                            |  |                                   | <u> </u>         |  |   |  |   |           |                                    |  |   |
| tals (carry to Part II, line (5))   | •  |                                   | 0.               | · 0  | , <u> </u>  |  |   |           |                                    |  |   |

| Part II Income From Per | •  | •  | ate Basis (For eac  | ch periodical liste   | d in Part II, fill in |  |
|-------------------------|--|--|---|-----------------------|-----------------------|--|
| 1. Name of periodical   | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                              | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs   | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1)                     |  |  |   |                       |                       |  |
| (2)                     |  |  |   |                       |                       |  |
| (3)                     |  |  | Ĭ   | •                     |                       |  |
| (4)                     |  |  |   | ·                     | <u> </u>              |  |
| otals from Part I       | 0.   | 0.   |   | · <del>-</del>        |                       | 0.   |
|                         | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (8) |   |                       |                       | Enter here and<br>on page 1,<br>Part II, line 26                                 |

| Totals, Part II (lines 1-5) | 0.                 | 0.                |                    |  | 0.  |
|-----------------------------|--------------------|-------------------|--------------------|--|---|
| Schedule K - Compensation   | of Officers, Direc | tors, and Trustee | s (see instruction | ns)  |   |
| 1. Name                     |                    | 2, Titl           | 3                  | 3. Percent of<br>time devoted to<br>business | Compensation attributable to unrelated 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 STATEMENT 1
BUSINESS ACTIVITY

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 STATEMENT 3
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

MEXICO GUATEMALA EL SALVADOR NICARAGUA NAMIBIA

STATEMENT 4

| DESCRIPTION ACTIVITY NUMBER               | AMOUNT   | TOTAL   |
|---|----------|---------|
| ADMINISTRATIVE PAYROLL                    | 19,150.  |         |
| BENEFITS                                  | 4,520.   |         |
| STUDENT COMPENSATION                      | 7,812.   |         |
| BUILDING REPAIR AND MAINTENANCE           | 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.     |         |
| 3RD PARTY SERVICES                        | 2,297.   | •       |
| MAINTENANCE SUPPLIES                      | 713.     |         |
| CABLE                                     | 14.      |         |
| OH ALLOCATION                             | 34,918.  |         |
| DEPRECIATION                              | 76,228.  |         |
| TAXES AND FEES                            | 2,651.   | 226 610 |
| - SUBTOTAL - 10                           | 31,929.  | 226,610 |
| ADMINISTRATIVE PAYROLL                    | 7,536.   |         |
| BENEFITS<br>STUDENT COMPENSATION          | 13,026.  |         |
| BUILDING REPAIR AND MAINTENANCE           | 6,606.   |         |
| ELECTRICITY                               | 57,278.  |         |
| NATURAL GAS .                             | 21,871.  |         |
| STEAM                                     | 14,567.  |         |
| WATER                                     | 7,689.   | •       |
| SUPPLIES AND OTHER                        | 71.      |         |
| COMMUNICATION                             | 36.      |         |
| PRINTING                                  | 38.      |         |
| BUSINESS MEETINGS                         | 58.      |         |
| DUES, FEES, REGISTRATION                  | 175.     |         |
| 3RD 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, SCHEDULE C, COLUMN 3 | _        | 543,894 |

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME

## 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

ENTITY

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  $\ \ JUN\cdot 1\,,\ \ 2019$ 

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

| Name of the organization  AUGSBURG UNIVERSITY  | Employer identification 41-0694721 | Employer identification number 41-0694721 |                      |            |  |
|--|------------------------------------|---|----------------------|------------|--|
| Unrelated Business Activity Code (see instructions) > 90                                   | 0004                               |   | <del></del>          |            |  |
| Describe the unrelated trade or business CONFEREN  | CES                                | <del></del>                               |                      |            |  |
| Part I Unrelated Trade or Business Income  |                                    | (A) Income                                | (B) Expenses         | (C) Net    |  |
| 1 a Gross receipts or sales  |                                    |   |                      |            |  |
| b Less returns and allowances c Baia   | nce ▶ 1c                           |   |                      |            |  |
| 2 Cost of goods sold (Schedule A, line 7)  | 2                                  |   | ,                    |            |  |
| 3 Gross profit Subtract line 2 from line 1c  | 3                                  |   |                      |            |  |
| 4 a Capital gain net income (attach Schedule D)  | 4a                                 | <u>_</u> _                                |                      |            |  |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479                           | 7) <b>4b</b>                       |   |                      |            |  |
| c Capital loss deduction for trusts  | 4c                                 |   |                      |            |  |
| 5 Income (loss) from a partnership or an S corporation (attach                             |                                    |   |                      |            |  |
| statement)   | 5                                  |   |                      |            |  |
| 6 Rent income (Schedule C)   | 6                                  |   |                      |            |  |
| 7 Unrelated debt-financed income (Schedule E)  | 7                                  |   |                      |            |  |
| 8 Interest, annuities, royalties, and rents from a controlled                              | 1 1                                |   |                      |            |  |
| 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 indirectly connected with the unrelated busing |                                    |   | uctions.) (Deductior | ns must be |  |
| 14 Compensation of officers, directors, and trustees (Schedule                             | к)                                 |   | 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  |                      | 1          |  |
| 21 Less depreciation claimed on Schedule A and elsewhere on                                | return                             | 21a                                       | 21b                  | -          |  |
| 22 Depletion   |                                    |   | 22                   |            |  |
| 23 Contributions to deferred compensation plans  |                                    |   | 23                   |            |  |
| 24 Employee benefit programs   |                                    |   | 24                   |            |  |
| 25 Excess exempt expenses (Schedule I)   |                                    |   | 25                   | <u> </u>   |  |
| 26 Excess readership costs (Schedule J)  |                                    |   | 26                   |            |  |
| 27 Other deductions (attach schedule)  |                                    |   | 27                   | •          |  |
| 28 Total deductions. Add lines 14 through 27   |                                    |   | 28                   | 0.         |  |
| 29 Unrelated business taxable income before net operating los                              |                                    |   | 3 29                 | -22,295.   |  |
| 30 Deduction for net operating loss arising in tax years beginning                         | ng on or after Ja                  | anuary 1, 2018 (see                       |                      | -          |  |
| instructions)  |                                    |   | 30                   | 0.         |  |
| 31 Unrelated business taxable income Subtract line 30 from lin                             | ne 29                              |   | 31                   | -22,295.   |  |

Schedule M (Form 990-T) 2019

LHA For Paperwork Reduction Act Notice, see instructions.

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

| OMB No | 1545-0047 |
|--------|-----------|
|        |           |

ENTITY

For calendar year 20

For calendar year 2019 or other tax year beginning JUN 1, 2019

\_\_, and ending MAY 31, 2020

2019

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).

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

| Ivairie       | AUGSBURG UNIVERSITY  | 41-06947 | 21                            |                |          |          |
|---------------|--|----------|-------------------------------|----------------|----------|----------|
| $\overline{}$ | Inrelated Business Activity Code (see instructions) > 900099   |          |                               |                |          |          |
|               | Describe the unrelated trade or business PARTNERSHIP I   | NCOME    |                               |                |          |          |
| Pa            | t I Unrelated Trade or Business Income   |          | (A) Income                    | (B) Expenses   |          | (C) Net  |
| 1 a           | Gross receipts or sales  |          |                               |                |          |          |
| b             | Less returns and allowances c Balance ▶  | 1c       |                               |                |          |          |
| 2             | Cost of goods sold (Schedule A, line 7)  | 2        |                               |                |          |          |
| 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 4797)   | 4b       |                               |                |          |          |
| С             | Capital loss deduction for trusts  | 4c       |                               |                |          |          |
| 5             | Income (loss) from a partnership or an S corporation (attach   |          |                               |                |          |          |
|               | statement)   | 5        | -6,116.                       |                | -        | -6,116.  |
| 6             | Rent income (Schedule C)   | 6        |                               |                |          |          |
| 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)   | ا ہا     |                               |                |          |          |
|               | organization (Schedule G)  | 9        |                               |                |          |          |
| 10            | Exploited exempt activity income (Schedule I)  | 10       |                               |                | +-       |          |
| 11            | Advertising income (Schedule J)  | 11       |                               |                |          |          |
| 12            | Other income (See instructions, attach schedule)   | 12<br>13 | -6,116.                       |                |          | -6,116.  |
| 13            | Total. Combine lines 3 through 12  |          |                               |                |          | <u> </u> |
| Par           | <b>Text III</b> Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in |          |                               | tions.) (Deduc | ctions r | nust be  |
| 14            | Compensation of officers, directors, and trustees (Schedule K)   |          |                               | Τ,             | 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   |          |                               |                | 19       |          |
| 20            | Depreciation (attach Form 4562)  |          | 20                            |                |          |          |
| 21            | Less depreciation claimed on Schedule A and elsewhere on return  |          | 21a                           | 2              | 1b       |          |
| 22            | Depletion  |          |                               |                | 22       |          |
| 23            | Contributions to deferred compensation plans   |          |                               | 2              | 23       |          |
| 24            | Employee benefit programs  |          |                               | 2              | 24       |          |
| 25            | Excess exempt expenses (Schedule I)  |          |                               | [2             | 25       |          |
| 26            | Excess readership costs (Schedule J)   |          |                               |                | 26       |          |
| 27            | Other deductions (attach schedule)   |          |                               | 2              | 27       |          |
| 28            | Total deductions. Add lines 14 through 27  |          |                               | 2              | 28       | 0.       |
| 29            | Unrelated business taxable income before net operating loss dedu   | ction S  | Subtract line 28 from line 13 | 2              | 29       | -6,116.  |
| 30            | Deduction for net operating loss arising in tax years beginning on o   | or after | January 1, 2018 (see          |                |          |          |
|               | instructions)  |          |                               | STMT 5         | 30       | 0.       |
| 31            | Unrelated business taxable income Subtract line 30 from line 29  |          |                               | 3              | 31       | -6,116.  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| SCHEDULE M | NET                | OPERATING LOSS I              | DEDUCTION         | STATEMENT 5            |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR   | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 05/31/19   | 17,464.            |                               | 17,464.           | 17,464.                |
| NOL CARRYO | VER AVAILABLE THIS | YEAR                          | 17,464.           | 17,464.                |

Page 4

|   |  |                                   | Exempt Controlled Organizations                          |   |  |  |   |                         |  |   |  |
|---|--|-----------------------------------|--|---|--|--|---|-------------------------|--|---|--|
| Name of controlled organiza                   | iden   | 2. Employer identification number |  | elated income<br>instructions)  | 4. Total                                 | l of specified<br>ents made  | 5. Part of column 4 that is included in the controlling organization's gross income |                         | iling  | 6. Deductions directly connected with income in column 5                                    |  |
| )   |  |                                   |  |   |  |  |   |                         |  |   |  |
| )   |  |                                   |  |   |  |  | l   |                         |  |   |  |
| )   |  |                                   |  |   |  |  |   |                         |  |   |  |
| 1)  |  |                                   |  |   |  |  |   |                         |  |   |  |
| nexempt Controlled Organ                      | izations   |                                   |  |   |  |  |   |                         |  |   |  |
| 7. Taxable Income                             |  |                                   | 9. Total of specified payment made                       |   | nents                                    | 10. Part of column 9 that is included in the controlling organization's gross income |   | is included<br>zation's | 11. Deductions directly connect with income in column 10 |   |  |
|   | <u> </u>   |                                   |  |   |  |  |   | ļ                       |  |   |  |
| 1)  | +  |                                   | <del>                                     </del>         |   |  |  |   | 1                       |  |   |  |
| 2)  | <del>                                     </del>                   |                                   | <del>                                     </del>         |   | -  | -  |   |                         |  |   |  |
| 3)  | 1  |                                   | 1  |   | <del></del>                              |  |   |                         |  |   |  |
| 1)  |  |                                   |  |   |  | _  |   |                         |  |   |  |
|   |  |                                   |  |   |  | Add colum<br>Enter here and<br>line 8, c   |   | 1, Part I,              | Enter he   | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                      |  |
| tals  |  |                                   |  |   |  |  |   |                         |  |   |  |
| chedule G - Investme                          | ent Income of a<br>tructions)                                      | Section                           | 501(c)(7   | ), (9), or ( <sup>·</sup>   | 17) Org                                  | anization  |   |                         |  |   |  |
| · · · · · · · · · · · · · · · · · · ·         | 1. Description of income   |                                   |  | 2. Amount of inco   |  | 3. Deduction<br>directly conne<br>(attach sched                                      | ted 4. Set-as   |                         |  | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |  |
| )   |  |                                   |  |   |  |  |   |                         |  | , ,   |  |
| ?)<br>?)                                      |  |                                   |  |   |  |  |   |                         |  | 1   |  |
|   |  |                                   |  |   |  |  | <del>  </del>   |                         |  |   |  |
| 3)  |  |                                   |  |   |  |  | <del> </del>  |                         |  | <del> </del>  |  |
| 4)  |  |                                   |  | Enter here and  |  |  | l   |                         |  | Enter here and on page  |  |
| otals   |  |                                   |  | Part I, line 9, co  |  |  |   |                         |  | Part I, line 9, column (B   |  |
| chedule I - Exploited<br>(see instr           | -  | y Incom                           | e, Other   | Than Adv  | ertisin                                  | g Income   |   |                         |  | •   |  |
| Description of exploited activity             | 2. Gross<br>unrelated business<br>income from<br>trade or business | directly with pr<br>of un         | spenses<br>connected<br>oduction<br>related<br>is income | 4. Net incomfrom ururelated business (cominus columi gain, compute through            | trade or<br>lumn 2<br>13) If a<br>cols 5 | 5. Gross inco<br>from activity t<br>is not unrelat<br>business inco                  | ctivity that attribu  |                         | enses<br>ible to<br>nn 5                                 | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |  |
| 1) CONFERENCES                                | 80,970   |                                   | 103,265.   | -2:   | 2,295.                                   |  | 0.  |                         | 0  |   |  |
| 2)  | 1  |                                   |  |   |  |  |   |                         |  |   |  |
| 3)  | 1  | 1                                 |  |   | <del></del>                              | <del></del>  |   |                         |  |   |  |
| (4)   | +  | +                                 |  |   |  |  |   |                         |  | <del> </del>  |  |
|   | Enter here and on<br>page 1, Part I,<br>line 10, col (A)           | page<br>line 10                   | ere and on<br>1, Part I,<br>, col (B)                    |   |  |  |   |                         |  | Enter here and<br>on page 1,<br>Part II, line 25  |  |
| otals • Advantici                             | 80,970   |                                   | 103,265.   | <u> </u>  |  |  |   |                         |  | 1 (   |  |
| Schedule J - Advertisi<br>Part I ⊟Income From | Periodicals Re   |                                   |  | hetebilos   | Racie                                    |  |   |                         |  |   |  |
| -art i income From                            |  | porteu o                          | ii a Oolis   | solidated   | Dasis                                    |  |   |                         |  |   |  |
| 1. Name of periodical                         | 2. Gross advertising income  |                                   | 3. Direct vertising costs                                | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 |  | 5. Circulation income  |   | 6. Readership costs     |  | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4)   |  |
| 1)  |  | İ                                 |  |   |  |  |   |                         |  |   |  |
|   |  | İ                                 |  | 1   |  |  |   |                         |  |   |  |
| 2)  | 1  |                                   |  | -   |  |  |   |                         |  |   |  |
|   |  |                                   |  | 1   |  |  | I   |                         | I  |   |  |
| 3)  |  |                                   |  | $\dashv$  |  |  |   |                         |  |   |  |
| 2)<br>3)<br>4)                                |  |                                   | _  |   |  |  |   |                         |  |   |  |
| 3)  | •  |                                   |  |   | <u> </u>                                 |  |   |                         |  |   |  |

923731 01-27-20

|   | SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH SPRODUCTION OF UNRELATED BUSINESS INCOME |         |         |  |  |  |
|---|--|---------|---------|--|--|--|
| DESCRIPTION                             | ACTIVITY<br>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.     |         |  |  |  |
| - SUBTOTAL                              | _ 3  |         | 103,265 |  |  |  |
| TOTAL OF FORM 990-T, SCHEDULE I, COLUMN | 1 3  |         | 103,265 |  |  |  |