15	οόο τ	E	cempt Organization	Bu		Tax Retui	$r^{0.9}$	ОМВ No 1545-0687	
Forn	990-T				der section 6033		ľ		
-	, .	For cale	ndar year 2017 or other tax year begin	nning_	$\frac{10/01}{}$, 2017, and end	ing 09/30, 2	0 1 8	2017	
	rtment of the Treasury		► Go to www.irs.gov/Form990				7	> coorde Data la constant de la colonia	
Intern	al Revenue Service	▶ Do	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Organizations Only S						
A	Check box if address changed	Name of organization (Check box if name changed and see instructions) D Employer Identification number (Employees' trust, see instructions)							
		THE BOARD OF TRUSTEES OF							
	empt under section	D-:4	THE UNIVERSITY OF A						
X	501(C)(3)	Print or	Number, street, and room or suite no					001138	
ļ	408(e) 220(e)	Туре	C/O STAN ACKER, 500	UNI	VERSITY BLVD			ated business activity codes structions)	
	408A530(a)		P.O. BOX 870136				,		
ـــا	529(a)		City or town, state or province, countr	•	ZIP or foreign postal code				
	ok value of all assets end of year		TUSCALOOSA, AL 3540				7139	40 525990	
	0025702005		up exemption number (See instruct			1			
	9935702205.		ck organization type ► X 501			trust	401(a)		
			rimary unrelated business activity						
			corporation a subsidiary in an affili			controlled group?		▶ Yes X No	
			identifying number of the parent colling. STAN ACKER	rporati			C 340	2070	
_				-		ne number ▶ 20	-		
			6,024,852.	Γ	(A) Income	(B) Expens	ses Pathological	(C) Net	
1a					6,024,852.				
ь 2.	Less returns and allowa		c Balance ▶ ule A, line 7)	1c 2	972,820.	2007/07/07/07/07/07		ASSESSMENT AND ASSESSMENT OF THE SECOND OF T	
3				3	5,052,032.	177527707647963867		5,052,032.	
з 4а	·		2 from line 1c	4a	279,534.	AND DESCRIPTION	MARONANIA Nasional	279,534.	
→a b			Part II, line 17) (attach Form 4797)	4a 4b	-91,437.	THE STATE OF THE S	が大きれる	-91,437.	
c			rusts	4c	32,137.	NATIONAL DES		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5			is and S corporations (attach statement)	5	-2,419,152.	ATCH 1		-2,419,152.	
6			· · · · · · · · · · · · · · · · · · ·	6	2,122,22	3,42111,C11,41	# - CO-44-OF AF.	3,133,233	
. 7			come (Schedule E)	7					
. 8			ts from controlled organizations (Schedule F)	8				,	
9			(c)(7), (9), or (17) organization (Schedule G)	9				···	
10			come (Schedule I)	10					
11		-	ule J)	11					
12	Other income (Se	e instruct	nons, attach schedule) [12	2,364,698.	ATCH 2		2,364,698.	
13	Total Combine lin	es 3 thro	ough 12	13	5,185,675.			5,185,675.	
Par	t II Deduction	s Not 1	Taken Elsewhere (See instr	uctio	ns for limitations on o	leductions) (E	xcept fo	or contributions,	
	deductions	s must	be directly connected with the	ne ur	related business inco	me.)			
14			directors, and trustees (Schedule K)						
15	Salaries and wages	s					. 15	1,705,671.	
16						· · · · · · · · · ·		149,986.	
17									
18								20,242.	
19	Taxes and licenses		ee instructions for limitation rules)			יייי אַ ייייי	. 19		
20							. 20	<u> </u>	
21	Depreciation (attac	ch Form 4	on Schedule Man Celsey Ners on De		21	475,390		475 300	
22	D 1-4				22a		22b	475,390.	
23	Depletion		ompensation plans 2·1·2019·	၁၀၀					
24 25	Employee benefit	reareme	AUG 2.1 2019	P	• • • • • • • • • • • • • •		· /	233,245.	
26	Excess exempt exp	-		ES.			1	233,243.	
27		•					-		
28	Other deductions /	attach so	hedule J) (لن	тиноветь по поставить по поставить по поставить по поставить по поставить по п По по	ENT 5	28	3,187,319.	
29			14 through 28					5,771,853.	
			e income before net operating					-586,178.	
			n (limited to the amount on line 30)						
			income before specific deduction					-586,178.	
			lly \$1,000, but see line 33 instructi						
			le income. Subtract line 33 fro					· · · · · · · · · · · · · · · · · · ·	
			ne 32					-586,178.	
For Pa	aperwork Reduction	on Act No	tice, see instructions.			(10)		Form 990-T (2017)	
174/40	² 46140K ^{JSA} 857	7 8/9	/2019 2:42:02 PM	V 17	7-7.10	9/1		1 1/7	

Pa	rt V	Statements Regarding Certain Activities and Other Information (see instructions)		
51	over a	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country	م موافق تن	No X
52	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
	If YES,	see instructions for other forms the organization may have to file	77	
53	Enter ti	ne amount of tax-exempt interest received or accrued during the tax year ▶ \$	1.00	上档
	U	nder penalties of penury. I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge is	and beli	ef. it is

ign lere	true, correct, and complete Declaration of preparer (wher than to	axpayer) is based on all information of which or	reparer has any knowledge	May the IRS	discuss this return
aid	Signature of officer Print/Type preparer's name TRAVIS L PATTON	Prepareta signature	Date 08/12/2019	(see instructions) Check If self-employed	7 X Yes No PTIN P00369623

Preparer **Use Only**

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's address ▶ 600 13TH STREET NW, STE 1000, WASHINGTON, DC 20005-3005 Phone no

Firm's EIN > 13 - 4008324 202-414-1000

Form 990-T (2017)

Farm 990-T (2017)	١						Page	
Schedule A - Cost of G	oods Sold. E	nter method	of inver	ntory valuation	>			
1 Inventory at beginning of y						ar	. 6	
2 Purchases	2	972	,820.			old Subtract line	e [toj]	
3 Cost of labor	3			6 from	line 5 Er	nter here and in	ີ * ້ ບໍ່ ໄ	
4a Additional section 263A co	osts			Part I, line	2		7 972,820	
(attach schedule)	4a			1			(with respect to Yes No	
b Other costs (attach schedu				1			or resale) apply	
5 Total. Add lines 1 through		972	,820.				X	
Schedule C - Rent Income					Leased V	With Real Prop	ertv)	
(see instructions)	•					•	• /	
Description of property						-		
(1)								
(2)							•	
(3)			-					
(4)								
	2. Rent rece	ived or accrue	d					
(a) From personal property (if the				d personal property			directly connected with the income	
for personal property is more th more than 50%)	an 10% but not			for personal propert is based on profit or		in columns 2	2(a) and 2(b) (attach schedule)	
		<u></u>						
(1)				. <u> </u>				
(2)		<u> </u>						
(3)		ļ						
(4)		 				ļ		
Total		Total				(b) Total deducti	ons.	
(c) Total income. Add totals of co	• •					Enter here and o	n page 1,	
here and on page 1, Part I, line 6,						Part I, line 6, colu	ımn (B)	
Schedule E - Unrelated De	ebt-Financed I	ncome (see	instruct	tions)		Saduation disease in	and a dead with an attack to the	
1 December of deb	• Spended amounts			income from or	3.		onnected with or allocable to ced property	
1 Description of deb	t-imanced property			to debt-financed property	(a) Straight line depreciation		(b) Other deductions	
/4\			<u> </u>		(atta	ch schedule)	(attach schedule)	
(1)								
(2)								
(3)								
(4)	E Avenue adv							
4 Amount of average acquisition debt on or	5 Average adju of or alloca			Column	7 Gross	ncome reportable	8 Allocable deductions	
allocable to debt-financed	debt-financed			divided column 5		2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
property (attach schedule)	(attach scho	edule)						
(1)				%				
2)				%				
3)				%				
4)				%				
						e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
P=4=4-				.			. ,	
Totals				. l				

Form **990-T** (2017)

Schedule F - Interest, Ann				_	ontrolled Or							
Name of controlled organization	2. Employer identification num	nber			elated income instructions)	1	of speci ents ma	fied inclu	5 Part of column 4 that included in the controllorganization's gross incompanization.		lling	6. Deductions directly connected with income in column 5
(1)								•				
2)												
3)												
4)										′		
Nonexempt Controlled Organ	zations											
7 Taxable Income	8 Net unrelated (loss) (see instru				Total of specific payments made		inc	luded in th				Deductions directly nected with income in column 10
1)												
2)												
3)												<u> </u>
1)												
otals						>	En Pa	dd columns ter here and ort I, line 8,	l on page column (/	e 1, A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (8)
roneddie O - nivesunent n	Tome or a se	CHOIL	<u> </u>	<u>,,,,</u>	3. Deduct		mzau					5 Total deductions
1. Description of income	2 Amount o	of income			directly con (attach sch	nected		4. Set-asides (attach schedule)			_	and set-asides (col 3 plus col 4)
1)												
2)					- 	•		-			-	
3)											+	
4)	Enter here and	00.0000	1	\$ "M	The state of the s	- nativities car	V 62 - 18 - 6	Charles 1861	aminging weeks	W villa i man	35 C) C	Inter here and on page 1
otals	Part I, line 9, o		·	r Th	an Advertis	sing In	come	(see ins	truction	ns)		Part I, line 9, column (B)
. 1 Description of exploited activity	2. Gross unrelated business income from trade or business	conn prod ur	Expense directly ected widuction direlated ess inco	nth of	4 Net incom from unrelate or business (2 minus colu If a gain, col cols 5 throu	d tradé column mn 3) mpute	from	ross income activity tha of unrelated ness income	t a	6. Expens ttributab column	le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)				-	 					-		
?)	,				 				\dashv			
3)					 				-			<u> </u>
)					 		-					-
otals	Enter here and on page 1, Part I, line 10, col (A)	page line 1	here and e 1, Part 0, col (l,								Enter here and on page 1, Part II, line 26
chedule J - Advertising In												
Part I Income From Peri	odicals Report	ed on	a Cor	<u>ısol</u>	idated Basi	s						
1. Name of periodical	2 Gross advertising income		Direct tising co	sts	4 Advertis gain or (loss 2 minus col a gain, com cols 5 throu) (col 3) If pute		irculation ncome	6.	. Readers costs	ship.	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
)						27,35						
)									+			
)												
)											-	
						_ ~~ ~~ ~~			_		•	Control of the Contro
tals (carry to Part II, line (5))												
												Form 990-T (2017)

Page 5

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)

Z trilough / On a	T		1 A Advantage	T	T	7 Excess readership
1 Name of periodical	2 Gross advertising 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	costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I			表现籍************************************	(1) (最終的)	ALT MAR	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				Endra Cola	对副队都	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

UNRELATED BUSINESS TAXABLE INCOME FROM PASS-THROUGH INVESTMENT PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS

-2,419,152.

-2,419,152.

PART I - LINE 12 - OTHER INCOME

BARTOW ARENA RENTAL
UA RECREATION CENTER RENTAL
UAH ADVERTISING
SECTION 512(A)(7) QUALIFIED FRINGE INCLUSION

27,660. 175,998. 127,054.

PART I - LINE 12 - OTHER INCOME

2,364,698.

2,033,986.

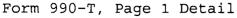
FORM 990T - PART II - LINE 18 - INTEREST

UAH FITNESS CENTER

20,242.

PART II - LINE 18 - INTEREST

20,242.



Line 20 - Contributions deduction

1.	Taxable income	(excluding	contributions	and
	domestic produc	tion activ	ities deduction	a)

2. Less: NOL carryover

eduction) -586,178. 14,417,801.

3. Plus: Capital Loss carryback

4. Taxable income without regard to contributions, special deductions, domestic production activities deduction, NOL carrybacks, and capital loss carrybacks

-15,003,979. NONE

5. Contribution deduction limitation (Taxable income x 10%)
6. Amount of deductible contributions

7,262.

7. Contribution deduction (Lesser of line 5 or line 6)

NONE

Line 20 - 5 Year contribution carryover - 10% income cap

Year ending	Amount Available	Amount Utilized	Converted to NOL Carryover	Carryover to Next Year
09/30/2014	7.	NONE		7.
09/30/2015	2,419.	NONE		2,419.
09/30/2016	1,413.	NONE		1,413.
09/30/2017	1,228.	NONE		1,228.
09/30/2018	2,195.	NONE		2,195.
Total	7,262.	NONE		7,262.
	=======================================	=======================================	=======================================	

Line 20 - Current year contributions

FROM SCHEDULES K-1 (FORM 1065)

2,195.

Total

2,195.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

INDIRECT COST RECOVERY	35,685.
MANAGEMENT FEES	75,000.
CONFERENCES/MEETINGS	3,399.
TRAVEL	17,468.
ADVERTISING	103,871.
SUPPLIES	298,588.
COMPUTER/TELECOMMUNICATIONS	9,445.
UTILITIES	401,465.
PRINTING COSTS	13,939.
TAX PREPARATION FEES	32,000.
OTHER EXPENSES	2,196,459.

3,187,319.

Form 900-T, Page 1 Detail

Line 31 - Non-SRLY NOL deduction

Carryover to Next year	11,528. 607,035. 647,024. 119,247. 105,021. 2,093,741. 1,464,835. 388,779. 407,339. 257,088. 3,665,753. 2,681,520. 1,968,891. 586,178.	
Converted		
Amount Used		
Amount Available	111074100000000000000000000000000000000	
Original NOL	348, 63 647, 02 119, 24 105, 02 105, 02 464, 83 407, 33 257, 08 665, 75 681, 52 968, 89	
Year ending	9/30/2 9/30/2 9/30/2 9/30/2 9/30/2 9/30/2 9/30/2 9/30/2	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No 179

OMB No 1545-0172

identifying number

THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA

63-6001138

Business or activity to which	ch this form relates								
GENERAL DE	PRECIATIO	N			_				
		Certain Property sted property, cor			e you com	plete Part I			
1 Maximum amount	(see instructions)							1	
2 Total cost of section	on 179 property p	laced in service (see in	structions).					2	
		erty before reduction i						3	
4 Reduction in limits 5 Dollar limitation for tax	ition Subtract line year Subtract line 4 from	3 from line 2 If zero on line 1 If zero or less, enter	or less, enter -0 -0- If mamed filing)				5	
6	(a) Description				usiness use or		ted cost		
		- <u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	······································		· ·		
7 Listed property Er	nter the amount fro	om line 29			7	,			
		operty Add amounts i						8	Total Control of the
		er of line 5 or line 8						9	
10 Carryover of disalle	owed deduction fr	om line 13 of your 20	16 Form 4562				• • •	10	
		e smaller of busines						11	
		d lines 9 and 10, but o						12	
		2018 Add lines 9 ar							
Note. Don't use Part II	or Part III below fo	or listed property. Instead	ad, use Part V						The case of the heavy arrangement of the case of the c
Part II Special D	Depreciation A	Ilowance and Ot	her Deprec	iation (D	on't includ	e listed prope	rty) (S	See ir	nstructions)
14 Special depreciati	on allowance for	or qualifièd property	(other that	n listed	property) p	laced in servi	ce		
			•					14	
= :		election						15	<u> </u>
		<u> </u>						16	
		Don't include listed							
			Sect	ion A					
17 MACRS deductions	for assets place	d in service in tax yea	rs beginning be	fore 2017				17	475,390
-		assets placed in ser	_	-		-	ral		
		Placed in Service					reciat	ion S	ystem
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see ins	stment use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a 3-year property		STATE OF THE SERVICE OF	J, 333 3				1		
b 5-year property	· · · · · · · · · · · · · · · · · · ·				_				
c 7-year property							1		
d 10-year property	" " -						†		
e 15-year property			·						
f 20-year property							·		
g 25-year property					25 yrs		S/	'L	
h Residential rental		30 00 00 00 00 00 00 00 00 00 00 00 00 0			27 5 yrs	ММ	S/	'L	
property				_	27 5 yrs	ММ	S/	L	
i Nonresidential real	L .	†			39 yrs	ММ	S/	L	<u>'</u>
property						ММ	S/	L	
	on C - Assets P	laced in Service D	uring 2017 T	ax Year	Using the	Alternative De	precia	ition	System
20a Class life		PARE IN HALL PARE			T		S/		
b 12-year					12 yrs		S/	L	
c 40-year		Section 1 (2) Tentonic Curve and			40 yrs	MM	S/	L	-
Part IV Summary	(See instruction	ons)					1		'
21 Listed property Ent								21	
22 Total. Add amount				 '20 in co	olumn (a) a	nd line 21 Fnt	er 📑	<u></u>	
		our return Partnership						22	475,390.
23 For assets shown						T	.·	_ - _	
		ction 263A costs							

63-6001138

For	m 4562 (2017)												5 000.		Page
Pa		operty (Include ntertainment, rec				r ve	hicles	s, cei	rtain air	craft,	certair	com	puters,	and	oroper
		any vehicle for whos (a) through (c) o									lease	expens	e, com	olete o	nly 24a
	Section A -	Depreciation and	Other Inform	nation (C	Caution:	See	the in	struct	ions for	limits fo	or pass	enger a	utomobi	les)	
24	a Do you have eviden	ce to support the bus	siness/investme	nt use cla	ımed?	Ye	s X	No	24b	Yes," ıs	the evid	ence wri	tten?	Yes	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		d) ther basis		(e) s for depi ness/inve	estment	(f) Recovery period	Me	(g) thod/ vention		(h) reciation luction		(i) section 179 cost
25	Special depreciati		qualified list				n ser	vice d		<u> </u>	T_	-			, , ,
26		sed more than 50%			ss use (s	see in	struct	ions)	· · · · ·		. 25	<u> </u>			
20	Property used mo	re man 50% in a q								T -		 			
			%							-		 		 	
			%	-		 .				<u> </u>		-		 	
	D	<u> </u>	<u> </u>	L		l					<u>-</u>			L	
27	Property used 50%	% or less in a qualif	7							T		1		 	
			%							S/L -		1		.	
	· · · · · · · · · · · · · · · · · · ·		%			<u> </u>				S/L -]	•
			%							S/L -				_	
	Add amounts in co						21, p	age 1			. 28			i	
29	Add amounts in co	olumn (ı), line 26 E	nter here and	d on line	7, page	1							. 29		
			Section	B - Info	ormatio	n on	Use	of Ve	hicles						
Сол	nplete this section fo	or vehicles used by	a sole proprie	etor, part	ner, or o	other	"more	than	5% owne	er," or r	elated	person	If you p	rovided	vehicle
to y	our employees, first an	swer the questions in	n Section C to s	ee if you i	meet an o	ехсер	tion to	compl	eting this	section	for thos	e vehicle	s		
		· · · · · · · · · · · · · · · · · · ·		(a)		(b)			(c)	(d)	1	(e)		(f)
3 0	Total business/inve	actment miles dru	on during	Vehicle	1	Vehic	e 2	Ve	hicle 3	Veh	icle 4	Vet	vicle 5		icle 6
30	the year (don't incl	estinent innes anv lude commutina m	en during												
2 1	Total commuting m							_				<u> </u>			
		personal (nonco									-	 			
34		•	minuting)							1					
	miles driven		: : : : : : : : -					 		 		 			
33	Total miles drive													ĺ	
	lines 30 through 33			<u> </u>	- V		NI-	V	T A1 =	V	No.	Vaa	l Na	V	N.
34	Was the vehicle		P0.00a.	res N	io Ye	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty								<u> </u>		ļ		 		ļ
35	Was the vehicle					ı							1		1
	than 5% owner or r	•									_	ļ	ļ		
36	ls another vehicles														
	Sec	ction C - Questic	ns for Emp	lovers V	Vho Pr	ovid	e Veh	icles	for Use	by Th	eir Em	plove	es		•
	wer these question e than 5% owners o	s to determine if	you meet an	exception						-		-		who a	ren't
					مالم ما				b.oloo	ميرامم	·		- b.	Yes	No
	Do you maintain a your employees? Do you maintain a														
0	•				•					-			-		
	employees? See th	e instructions for t	renicies usea	by corpo	rate off	icers,	airec	tors, o	r 1% Or 1	nore ov	wners				
9	Do you treat all use	e of venicles by em	pioyees as pe	rsonai us	e'										ļ
U	Do you provide m		-		yees, o	otain	Intor	matior	i from y	our en	npioyee	es abo	it the		
1	use of the vehicles, Do you meet the re	quirements conce	rning qualified	automo	bile dei	mons	tratio	n use?	 (See ins	truction	s)				
	Note: If your answe	er to 37, 38, 39, 4	0, or 41 is "Ye	es," don'i	comple	ete S	ection	B for	the cove	red veh	ncles				1 4
Pai	rt VI Amortizati	on					-		-						
			(b)								(е			40	
	(a) Description of	ficasts	Date amortizat	וסח	Amortiza	(C) able ar	nount		(d) Code sed	tion	Amorti: perio		Amortiza	(f) tion for th	uc vear
		. 55515	begins		Amortiza	abic di	. rount		Code Set	AIOI I	percer		Amortiza		na yedi
2	Amortization of cos	ts that begins duri	ng your 2017	tax year	(see ins	struct	tions)	_							
		<u> </u>					<i>-</i>	-[-				
	 · · · · · · · · · · · · · · · · · · 							$\neg \uparrow \neg$	_						
3	Amortization of cos	ts that began befo	re your 2017	tax vear								43	-		
	Total. Add amount	-	-	-		repo	ort .	· · · ·			• • • •	44		_	
		(,, ==		<u></u>		- 1- 1	• •		- • • • •				For	m 456	2 (2017)

Alternative Minimum Tax - Corporations

OMB No 1545-0123

2017

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return

► Go to www.irs.gov/Form4626 for instructions and the latest information.

Employer identification number THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA 63-6001138 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) -586,178. Adjustments and preferences: 15,027. 2e -24,689. 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h 2i Passive activities (closely held corporations and personal service corporations only) 2i 2k 21 381. Tax-exempt interest income from specified private activity bonds 2m 2n 131,225. -164. 535,602. Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: 535,602 a ACE from line 10 of the ACE worksheet in the instructions..... b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference c Multiply line 4b by 75% (0 75) Enter the result as a positive amount . . . d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an amount on line 4d (even if line 4b is positive) e ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT. <u>5</u>35,602. Alternative tax net operating loss deduction See instructions . . . ATTACHMENTS 8 & 9 480,975. Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 54,627. Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) a Subtract \$150,000 from line 7 If completing this line for a member of a Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, 40,000. 14,627. 10 10 737. 11 11 737. 12 12 Tentative minimum tax Subtract line 11 from line 10................ 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Form 4626 Detail		=======================================	:======================================	
Line 2o - Other A	djustments - Contri	butions Deduction		
1. AMTI (excludi domestic prod 2. Less: NOL car 3. Plus: Capital 4. AMTI without deductions, d	541,672. 480,975.			
5. Contribution	s, and capital loss deduction limitatio uctible contributio	n (AMTI x 10%)	60,697. 6,070. 7,255.	
7. Contribution	deduction (Lesser o	f line 5 or line 6)	6,070.	
5 Year Contributi	ons carryover - 10% Amount Available		Carryover to Next Year	
09/30/2015 09/30/2016 09/30/2017 09/30/2018	2,419. 1,413. 1,228. 2,195.	2,419. 1,413. 43. 2,195.	1,185.	
Total	7,255.	6,070.	1,185.	
Line 20 - Contrib	utions Adjustment			
Regular Contribut: AMT Contributions	ions		NONE 6,070.	
Contribution adjus	stment		-6,070.	

-6,070.

5,906.

-164.

Line 20 - Other Adjustments

Contributions

Total

Other adjustments

Form 4626 Detail

Line 6 - AMT Net Operating Loss Deduction

Total NOL deduction available for this year	9,158,118.
Total preferences included in carryover Alternative tax NOL before limitation	9,158,118.
AMTI recomputed for NOL	480,975.
Section 382 NOL deduction SRLY NOL deduction	
Non-SRLY NOL deduction	480,975.
AMT Net operating loss deduction	480,975.
	=======================================

Form 4626 Detail

Line 6 - Non-SRLY AMT NOL Deduction

Year ending	g Original NOL	Amount Available	Amount Used	Carryover to Next year
09/30/2006 09/30/2007 09/30/2009 09/30/2010 09/30/2011 09/30/2012 09/30/2014 09/30/2015 09/30/2016 09/30/2017	119,247. 105,021. 2,093,741. 1,464,835. 388,779. 407,339. 630,009. 1,048,461. 1,331,087. 1,605,769.	83,077. 105,021. 2,093,741. 1,464,835. 388,779. 407,339. 630,009. 1,048,461. 1,331,087. 1,605,769.	83,077. 105,021. 292,877.	1,800,864. 1,464,835. 388,779. 407,339. 630,009. 1,048,461. 1,331,087. 1,605,769.
Total	9,194,288.	9,158,118.	480,975.	8,677,143.

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs gov/Form1120 for Instructions and the latest information.

OMB No 1545-0123

Name THE BOARD OF TRUSTEES OF

Employer identification number

THE UNIVERSITY OF ALABAMA 63-6001138 Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 405. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 405. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (g) the result with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949. leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 279,129. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 14 15 279,129. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Summary of Parts I and II Part III Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 405. 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). 279,129. 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 279,534. 18 Note: If losses exceed gains, see Capital losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

63-6001138

Name(s) shown on return THE BOARD OF TRUSTEES OF

THE UNIVERSITY OF ALABAMA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term Part I transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a lif you enter a co- enter a co- See the sepa	(h) Gain or (loss). Subtract column (e	
(Example 100 sh XYZ Co)	(Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULES K-1 (FORM 1065)							405
		,					
						_	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

orm	8949	(2017)	

Attachment Sequence No 12A

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA

63-6001138

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

				•		•	
You must check Box D, E, or F b a separate Form 8949, page 2, fo more of the boxes, complete as m (D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions r	r each applic any forms wit eported on F eported on F	able box. If y th the same to form(s) 1099 orm(s) 1099-	ou have more look checked as y -B showing basis -B showing basis	ong-term transa ou need was reported t	o the IRS (se	will fit on this pa	ctions, complete ge for one or
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions.	

(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo, day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM SCHEDULES K-1 (FORM 1065)							279,129
	† ·						
							· ·
	ļ						
·							
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and including checked), line	e on your 9 (If Box E					279,129

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2017)