

OGDEN UT 84201-0038

In reply refer to: 0441669846 June 24, 2010 LTR 333C 0 63-6000724 200909 34 Input Op: 0441669846 00006813 BODC: TE

AUBURN UNIVERSITY
% PAYROLL & EMPLOYEE BENEFITS
212 INGRAM HALL
AUBURN AL 36849-0.001

024595

Taxpayer Identification Number: 63-6000724

Tax Period(s): Sep. 30, 2009

Form: 990T

Dear Taxpayer:

Thank you for the inquiry dated June 15, 2010.

We considered your request for an extension of time to file your Form 990T for the tax period Sep. 30, 2009.

We have approved your application and have extended the time to Aug. 15, 2010.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Nu	ımber (Hours	
				•

We apologize for any inconvenience we may have caused you.

	, 990-T	Ex	cempt Organization Busi	ness	Income	Tax	Returr	า -	ON	ИВ No. 1545-068	
Form			(and proxy tax unde	r sec	tion 6033(e))				20 00	
	rtment of the Treasury al Revenue Service	F	or calendar year 2009 or other tax year ending 9/30 , 20 09	begin	ning 10/1` ► See separate		2009, and uctions.	fo	Open or 501	to Public Inspector)(3) Organization	ction as Only
$\overline{\Delta}$	Check box if		Name of organization (Check box if name	e change	ed and see instruc	tions.)				r identification nu	
B Ex	address changed empt under section	1	Auburn University							trust, see instructions for	or Block D
7		Print	Number, street, and room or suite no. If a P.C	D. box, s	ee page 8 of instr	uctions		6	age 9.) 3	6000724	4
一	408(e) 220(e)	or	321 Ingram Hall - Financial Report	ing						d business activity	
	408A 530(a)	Туре	City or town, state, and ZIP code					(Se	e instruc	ctions for Block E on p	page 9.)
	529(a)		Auburn University, Alabama 36849	9-5161					See	Attacl	ned
C Bo	ook value of all assets	F Gr	oup exemption number (See instruct	ions fo	r Block F on p	page 9	9.) ▶				
a.	1,044,435,194	G Ch	neck organization type ✓ 501(c)	corpor	ation 🗌 50	1(c) tr		101(a)	trus	t 🗌 Other	trust
Н	Describe the orga	nizatior	n's primary unrelated business activit	y. ► A	Airport, Books	store &	& Web Sal	es -			
1	During the tax year,	was the	e corporation a subsidiary in an affiliated	group c	or a parent-subs	idiary o	controlled gi	roup?		► ☐ Yes	✓ No
	lf "Yes," enter the n	ame and	d identifying number of the parent corpor					•			
J	The books are in a	care of	➤ Marcie Smith		Te	lepho	ne number	• 🕨 (334	4) 844-55	88
Pa	rt I Unrelate	ed Tra	de or Business Income		(A) Income		(B) Expe	enses		(C) Net	
1a	Gross receipts of	or sales	2,211,602				al sage				
b	Less returns and a		0 1	1c	2,211,602	2					
2	Cost of goods s	old (Sc	chedule A, line 7)	2	1,172,772	-					
3	-	-	line 2 from line 1c	3	1,038,830			. '	- 1	1,038,830	
4a	•		e (attach Schedule D)	4a					* :	,	
b	· =		'97, Part II, line 17) (attach Form 4797)	4b							
С	Capital loss ded			4c							
5	•		hips and S corporations (attach statement)	5	(437,701)					(437,701)	
6	Rent income (So	-		6	470,929	_	(357,81	12)		113,117	
7	-		d income (Schedule E)	7						I	
8			yalties, and rents from controlled								
	organizations (S	chedule	e F)	. 8				_			
9			f a section 501(c)(7), (9), or (17)	9							
40	organization (So		· ·	10				-	-+		
10			ity income (Schedule I)	11	-						
11 12	Advertising incom		hedule J)	12	47,764	1		-		47,764	
13	Total. Combine				1,119,822		(357,81	2)		762,010	
			ot Taken Elsewhere (See page 11			for lim			tucti.		
			tributions, deductions must be dire								
14			ers, directors, and trustees (Schedule			***			14		
15				N) .		• •		· -	15	555,755	
16	Repairs and mai	gos . intenan		• •				·	16	27,274	
17								· -	17	1,310	
18			· · · · · · · · · · · · · · · · · · ·					. -	18	,	
19									19		
20			s (See page 13 of the instructions for						20		
21			orm 4562)			•	33,164	Ė	- 1		
22	Less depreciatio	n claim	ned on Schedule A and elsewhere or	returr	22a			2	2b	33,164	
23								2	23		
24		deferre	ed compensation plans						24		
25			rams						25		
26	Excess exempt e	expens	es (Schedule I)						26		
27			s (Schedule J)						27		
28			ch schedule)					2	28	288,802	
29			lines 14 through 28						29	906,305	
30			ble income before net operating loss of						30	(144,295)	
31			uction (limited to the amount on line						31		
32			able income before specific deductio						2	(144,295)	
33			nerally \$1,000, but see line 33 instruc						3		
34	Unrelated busin	iess ta	xable income. Subtract line 33 from	line 3	32. If line 33 is	great	ter than lin	e	.a	(1// 205)	J

Pai	t III	Tax Computation	-	
35	Contro	zations Taxable as Corporations. See instructions for tax computation on page 15 lled group members (sections 1561 and 1563) check here ► ☐ See instructions and:).	
а	(1) \$	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (2) \$ (3) \$		
b		rganization's share of: (1) Additional 5% tax (not more than \$11,750)		
-		litional 3% tax (not more than \$100,000)		
。 c		tax on the amount on line 34	35c	
36		Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax or		
		ount on line 34 from: $\ \square$ Tax rate schedule or $\ \square$ Schedule D (Form 1041)		
37		tax. See page 16 of the instructions		
38 39		tive minimum tax	. 38	
		Tax and Payments	. 39	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 40a		
b	_	eredits (see page 16 of the instructions)	- 1	
c		business credit. Attach Form 3800		
d		or prior year minimum tax (attach Form 8801 or 8827)		
е		redits. Add lines 40a through 40d	. 40e	
41		pt line 40e from line 39	. 41	
42		es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
43		ax. Add lines 41 and 42	. 43	
44a		nts: A 2008 overpayment credited to 2009		
b		stimated tax payments		
d		organizations: Tax paid or withheld at source (see instructions)		
e		withholding (see instructions)		
f		redits and payments: Form 2439		
	☐ For	n 4136 ☐ Other Total ▶ 44f		
45		ayments. Add lines 44a through 44f	. 45	
46		ed tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . \blacktriangleright		
47 48		 e. If line 45 is less than the total of lines 43 and 46, enter amount owed > yment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid > 	47	
49		yment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ amount of line 48 you want: Credited to 2010 estimated tax ▶ Refunded ▶		
Par		Statements Regarding Certain Activities and Other Information (see instruction		<u></u>
1	At any	time during the 2009 calendar year, did the organization have an interest in o	r a signature	Yes No
	or oth	er authority over a financial account (bank, securities, or other) in a fore	eign country?	
		, the organization may have to file Form TD F 90-22.1, Report of Foreig		
		al Accounts. If YES, enter the name of the foreign country here ▶ Uganda		V
2	During t	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a see page 5 of the instructions for other forms the organization may have to file.	1 foreign trust? .	Y
		e amount of tax-exempt interest received or accrued during the tax year > \$		
		—Cost of Goods Sold. Enter method of inventory valuation ▶		
		y at beginning of year 1 6 Inventory at end of year	6	
		ses	(4)	
3	Cost of		in Line	
4a	Additio	al section 263A costs Part I, line 2		2,272
	•	schedule) 4a 8 Do the rules of section 263A (w		
		osts (attach schedule) 4b property produced or acquired fo		ا ا
		dd lines 1 through 4b 5 1,172,272 to the organization? penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best		helief it is true
Sign		t, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my knowledge and	bellet, it is true,
Her	1 -	would Li Lun - a 12/12/15 Exec VP, CFO	May the IRS discuss to the preparer shown be	
		ture of officer Date Title	instructions)? Y	
Paid		Preparer's Date Check if	Preparer's SSN o	or PTIN
	arer's	signature self-employed]	
-	Only	Firm's name (or yours if self-employed),		· · · · · · · · · · · · · · · · · · ·
	y	address, and ZIP code Phone no.	()	

Schedule C-Rent Inco		al Property	and Perso	nal Prope	erty L	eased With Rea	Property)	
(see instructions on page	18)							
1. Description of property (1) Jule Collins Smith Muse	alim							
(2) Ag Heritage Park Barn	- uili							
(3) Student Center								
	· · · · · · · · · · · · · · · · · · ·							
(4) Auburn University Mont								
	2. Rent receive	ed or accrued						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percentage of	eal and personal rent for personal rent is based or	l property exc	eeds		tly connected with the income and 2(b) (attach schedule)	
(1)				3(0,778		3,378	
(2)					8,375		3,089	
(3)					5,355		64,995	
					6,421		286,350	
(4) Total		Total			0,929		200,000	
(c) Total income. Add totals of c	columns 2(a) and 2	(b). Enter			0,929	(b) Total deduce Enter here and on p	page 1,	
here and on page 1, Part I, line			<i>.</i>			Part I, line 6, columi	n (B) ► 357,812	
Schedule E-Unrelated	Debt-Finance	d Income	(see instructi	ons on pag	·			
1. Description of de	ebt-financed property	′	2. Gross including allocable to contains	ome from or lebt-financed			nnected with or allocable to bed property (b) Other deductions	
			prop	erty	(a) O	(attach schedule)	(attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average	5. Average adj	usted basis						
acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloc debt-financed (attach sci	able to d property	6. Co 4 div by col	ided		ross income reportable olumn 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				<u></u> %				
(4)				%				
Totals		 1 column 8		•		here and on page 1, , line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Schedule F-Interest, Ar			Rents From	Controlle	d Or		nstructions on page 20)	
			t Controlled			30,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noticiono di pago 20)	
Name of controlled organization	2. Employer identification numb	er 3. Net ur	related income ee instructions)	4. Total of sp	ecified	5. Part of column 4 tha included in the controll organization's gross inco	ing connected with income	
(1)								
(2)								
(3)								
		-						
(4)			***************************************			· · · · · · · · · · · · · · · · · · ·		
Nonexempt Controlled Organ	nizations		1		—т			
7. Taxable Income	8. Net unrelate (loss) (see ins			of specified ents made		10. Part of column 9 that included in the controlli organization's gross inco	ng connected with income in	
(1)								
(2)								
(3)								
(4)								
						Add columns 5 and 10. Enter here and on page Part I, line 8, column (A)	1, Enter here and on page 1,	
Totals					>			

Schedule G-Investment In	come of a Sec	tion 50	1(c)(7),	(9), or (17) Or	rganization (se	e instru	ctions o	n page 20)
1. Description of income	2. Amount of inc		3 dire	Deductions ctly connected tach schedule)	4. Set-aside (attach sched	es	5. T and s	otal deductions set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colun							re and on page 1, ne 9, column (B).
Totals							<u> </u>	
Schedule I-Exploited Exer	npt Activity Inc	ome, C	other I	T	ng Income (see	instruc	ctions or	n page 21)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ited with ction of elated s income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	re and on , Part I, col. (B).				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter here and on page 1, Part II, line 26.
Totals	oomo (ooo inatuu	otions o		04)			 	
Part I Income From Pe	riodicais Repor	tea on	a Cons	1	IS			1
1. Name of periodical	2. Gross advertising income		irect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								1 y 1 (%)
(2)								
(3)								
(4)								
()								
Totals (carry to Part II, line (5)) . •	<u> </u>							
Part II Income From Pe columns 2 through	riodicals Repo			parate Basis	(For each peri	odical	listed in	n Part II, fill in
1. Name of periodical	2. Gross advertising income	3. Di advertisii		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)						-		
(4)								
Totals from Part I				F11135.4440 8				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here page 1, line 11,	Part I,					Enter here and on page 1, Part II, line 27.
Schedule K—Compensatior	of Officers, Di	irectors	s, and	Trustees (see i	nstructions on p	age 21)		
1. Name	,		;	2. Title	3. Percent of time devoted to business	4. C		on attributable to d business
1)					%	,		
(2)					. %			
3)					%			
4) /					%			
rotal. Enter here and on page 1, Pa	rt II, line 14				>			

AUBURN UNIVERSITY EIN: 63-6000724 Form 990-T (2009) Schedule Attachment Page 1

Box E

Unrelated Business	Activity Codes
Bookstore	451211
Aviation	480000
Off Campus Communication	517000
Pharmaceutical Care Center	621990
Rehabilitation Center	624310
Credit Card - Commisions	561499
Rental Income	900002

Part I, line 1a, b and c

Total	\$2,211,602 0	\$2,211,602
Museum Gift Shop	\$41,979 0	\$41,979
Rehabilitation Center	\$80,114	\$80,114
Pharmaceutical Care Center	\$36,045	\$36,045
Off Campus Communication	\$125,120 0	\$125,120
Aviation	\$1,116,275 0	\$1,116,275
Bookstore	\$812,069	\$812,069
	Gross receipts or sales Less returns and allowances	Balance

Part I, line 2

Schedule A-Cost Of Goods Sold	- -	:	Off Campus	Pharmaceutical	Rehabilitation	Museum	
2. Purchases/Cost Of Goods Sold	Bookstore \$553,942	Aviation \$570,577	Communication	Care Center \$26,981	Center \$0	Giff Shop \$21,272	les-
							11
Part 1, line 5							
	EIN	UBIT					
Natural Gas Partners VIII, LP	20-3701566	\$ (206,817)					
Natural Gas Partners IX, LP	26-0632609	(63,677)					
Lexington Capital Partners VI-A, LP	34-2047994	(828)	,				
BayNorth Realty Fund VII, LP	20-5943631	(154,403)					
Walton Street Real Estate Fund V,LP	•	(11,945)					
Total		\$ (437,701)					

Part 1, line 12 Other Income:

47.	\$47
Credit Card Sales - Commissions	Total Other Income

AUBURN UNIVERSITY EIN: 63-6000724 Form 990-T (2009) Schedule Attachment Page 2

Part II, line 15

\$374,565 \$50,010 \$2,397 \$51,953 \$25,751 \$854 \$85 Aviation Off Campus Pharmaceutical Rehabilitation Credit Card Museum Aviation Off Campus Pharmaceutical Rehabilitation Credit Card Museum Aviation Communication Care Center Center Commission Gift Shop \$28,314 \$11,304 Pharmaceutical Rehabilitation Credit Card Museum Aviation Communication Care Center Center Commission Gift Shop \$28,314 \$11,304 Pharmaceutical Rehabilitation Credit Card Museum \$28,314 \$11,304 \$11,304 \$1,705 \$1,705 \$1,705 \$3,555 25 25 \$3,996 \$6,005 \$1,705 \$3,505 27 4,742 180 \$3,005 3,005 3,005 3,005 \$1,073 1,215 3,348 86,005 \$1,217 3,348 86,005		Bookstore	Aviation	Off Campus Communication	Pharmaceutical Care Center	Rehabilitation Center	Credit Card Commission	Museum Gift Shop	Total
Bookstore Aviation Communication Care Center Center Commission Gift Shop String Stri	Wages	\$50,225	\$374,565	\$50,010	\$2,397	\$51,953	\$25,751	\$854	\$555,755
Bookstore Aviation Communication communication Pharmaceutical Center St.3.67 Pharmaceutical Center St.3.67 Pharmaceutical Center St.3.67 Commission of Gift Shop St.3.69 Gift Shop St.3.60 Pharmaceutical Center St.3.61 Commission of Gift Shop St.3.61 Commission of Gift Shop St.3.61 Pharmaceutical Center	16								
Section		Bookstore	Aviation	Off Campus Communication	Pharmaceutical Care Center	Rehabilitation Center	Credit Card Commission	Museum Gift Shop	Total
Bookstore Aviation 51,310 Communication care Center 51,310 Pharmaceutical Center Center Commission 6/1f Shop 51,310 Pharmaceutical Center Center 55,396 Pharmaceutical Center 55,396 Commission 6/1f Shop 56,005 Museum 6/1f Shop 57,396 Aviation 52,8314 Pharmaceutical Center 556 Aviation 6/1f Shop 77 Pharmaceutical Center 556 Pharmaceutical Center 556 Pharmaceutical Shop 77 Pharmaceutical Center 556 Pharmaceutical Center 556 Pharmaceutical Shop 77	d Maintenance	\$252	\$18,062	\$4,128		\$71	\$3,961	\$800	\$27,274
Bookstore Aviation Communication care Center \$1,310 Center Center Center Center Commission Center Center Center Center Center Store Store Store Store Center	17								
Bookstore Aviation 5:09 Off Campus 5:09 Pharmaceutical center 5:10,710 Rehabilitation of Care Center 5:09 Credit Care Genter 5:09 Museum 6:11,304 Museum 7:12,305 Signer 6:11,304 Signer 6:		Bookstore \$1.310	Aviation	Off Campus Communication	Pharmaceutical Care Center	Rehabilitation Center	Credit Card Commission	Museum Gift Shop	Total
Bookstore Aviation \$\frac{4}{1}\$ Off Campus \$\frac{4}{1}\$ Pharmaceutical \$\frac{4}{1}\$ Rehabilitation \$\frac{4}{1}\$ Credit Card \$\frac{4}{1}\$ Museum \$\frac{6}{1}\$ \$\frac{4}{1}\frac{7}{10}\$ \$\frac{2}{1}\frac{3}{1}\frac{4}{2}\$ \$\frac{4}{1}\frac{3}{2}\frac{4}{3}\$ \$\frac{4}{1}\frac{7}{2}\$ \$\frac{6}{1}\frac{6}\frac{6}{1}\frac{6}{1}\frac{6}{1}\frac{6}{1}\frac{6}{1}\frac{6}{1}\frac{6}{1}\frac{6}{1}\fra	•								\$1,310
Bookstore Aviation \$1,314 Communication can center Pharmaceutical center Rehabilitation Center Commission of Expoperation Communication (Giff Shop) (G	. 28								
Bookstore Aviation Communication \$28,314 Care Center Center Commission \$60 Glift Shop \$60 \$10,710 \$28,314 \$11,304 \$1,304 \$7 4,742 \$8,005 \$8,005 \$8,005 \$180 \$3,308 \$23,822 \$67 \$359 \$7 \$7 \$185 \$25				Off Campus	Pharmaceutical	Rehabilitation	Credit Card	Museum	
\$10,710 \$28,314 \$11,304 \$56 \$3,996 \$6,005 \$8 27,948 14,259 25 3 24 25 3,308 3,555 25 67 4,742 180 1,389 5,303 27 27 27 1,389 5,303 176 185 661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 691 70 78 755 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 38 1,217 53 10,280 3,581 \$130,124 \$10,259 \$13,149 \$10,259 \$2		Bookstore	Aviation	Communication	Care Center	Center	Commission	Gift Shop	Total
27,948 14,259 3,308 3,555 25 3 24 25 609 23,822 67 359 27 1,389 5,303 463 176 185 661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 691 157 70 758 38 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 3,348 859 755 654 7,618 1,215 3,348 859 755 654 7,618 1,215 3,348 859 755 654 7,618 1,215 3,348 859 755 654 7,618 1,215 3,348 859 755 657 8,35,71 \$130,124 \$3581 \$13,149 \$10,259 \$51	Legal, & Admin.	\$10,710	\$28,314	\$11,304		\$56	\$3,996	\$6,005	\$60,385
3,308 3,555 25 609 23,822 1,389 5,303 220 3,398 661 17,073 162 530 9,438 650 4,215 8,605 4,215 8,605 654 7,618 10,280 3,581 10,280 3,581 \$59,714 \$10,280 \$58,774 <t< td=""><td></td><td>27,948</td><td>14,259</td><td></td><td></td><td>7</td><td>4,742</td><td>180</td><td>47,136</td></t<>		27,948	14,259			7	4,742	180	47,136
609 23,822 67 359 1,389 5,303 77 185 220 3,398 463 176 185 661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 691 1,714 922 3,348 859 755 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 3,581 1,217 38 1,217 53 10,280 3,581 \$10,259 \$13,149 \$10,259 \$2		3,308	3,555	25		က	24	25	6,940
1,389 5,303 220 3,398 661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 691 155 742 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 38 1,217 53 3,581 3,581 615 \$10,269 \$13,149 \$10,259 \$20		609	23,822			29	359		24,857
3,398 463 176 185 661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 650 1,714 922 3,348 859 755 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 38 1,217 53 10,280 3,581 813,149 \$10,259 \$2	Advertising	1,389	5,303				27		6,719
661 17,073 17,873 34,215 (672) 812 162 530 2 70 758 338 9,438 650 691 1,714 922 3,348 859 742 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 53 3,581 3,581 38 1,217 53 3,581 \$13,149 \$10,259 \$2	Dues & Iraining	220	3,398			463	176	185	4,442
162 530 2 70 758 338 9,438 650 691 155 742 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 277 2,842 3,581 1,217 53 3,581 615 \$13,149 \$10,259 \$2	•	661	17,073	17,873		34,215	(672)	812	69,962
9,438 650 123 3,822 691 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 277 2,842 3,581 53 3,581 645 \$130,124 \$36,405 \$229 \$13,149 \$10,259 \$2	Inting & Copying	162	530	2		70	758	338	1,860
123 3,822 691 155 742 4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 38 1,217 277 2,842 3,581 3,581 615 1,217 53 3,581 \$36,714 \$130,124 \$10,259 \$10,259 \$20,072	Services	9,438	650						10,088
4,215 8,605 1,714 922 3,348 859 755 654 7,618 1,215 2,072 277 2,842 38 1,217 53 10,280 3,581 615 \$59,714 \$130,124 \$36,405 \$38,229 \$13,149 \$10,259 \$2		123	3,822	691			155	742	5,533
654 7,618 1,215 2,072 277 2,842 38 1,217 53 3,581 615 \$59,714 \$130,124 \$36,405 \$922 \$38,229 \$13,149 \$10,259 \$2		4,215	8,605	1,714	922	3,348	859	755	20,418
277 2,842 53 3,581 10,280 3,581 \$59,714 \$130,124 \$36,405 \$922 \$38,229 \$13,149 \$10,259 \$2		654	7,618	1,215			2,072		11,559
53 10,280 \$130,124 \$36,405 \$922 \$38,229 \$13,149 \$10,259 \$28	ertainment	277	2,842				38	1,217	4,374
10,280 3,581 615 \$130,124 \$36,405 \$922 \$38,229 \$13,149 \$10,259 \$2			53						53
\$130,124 \$36,405 \$922 \$38,229 \$13,149 \$10,259		ł		3,581			615		14,476
		- 11	\$130,124	\$36,405	\$922		\$13,149	\$10,259	\$288,802

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates 451211, 480000, 517000, 561499

Identifying number

	ourn University		45121	1, 480000, 5	17000, 5614	99		636000724	
Pa			ertain Property Unsted property, com			complete Part I.	,		
1	Maximum amount.	See the instruct	ions for a higher limit	for certain bu	sinesses .		1	\$250,000	
2	Total cost of section	on 179 property	placed in service (se	e instructions	s)		2		
3	Threshold cost of s	section 179 pro	perty before reductio	n in limitation	(see instruc	tions)	3	\$800,000	
4				•			4		
5	/	•	btract line 4 from lir	ne 1. If zero	or less, ent	er -0 If married filing			
	separately, see ins	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			5		
6	(a)	Description of prop	perty	(b) Cost (busi	iness use only)	(c) Elected cost			
7			from line 29					*	
8			property. Add amoun		c), lines 6 an	d7	8		
9			naller of line 5 or line				9		
10			from line 13 of your				10	<u></u>	
11			naller of business income	•		· · · · · · · · · · · · · · · · · · ·	11		
12	•		dd lines 9 and 10, bu			***************************************	12		
13			to 2010. Add lines 9			13		, jea	
			v for listed property.						
						nclude listed property.)	(See	instructions.)	
14	•			/ (other than	listed prop	erty) placed in service			
	during the tax year	•	•				14		
15			1) election				15		
	Other depreciation					<u> </u>	16		
Pai	MACRS L	epreciation (Do not include list		.) (See inst	ructions.)			
17	MACDC deductions	n for annata plac	and in anning in tour	Section A	- h -f 00	20	47	24.007	
						o one or more general	17	21,907	
10	asset accounts, che		•	_	-				
			ed in Service During			e General Depreciation	Svete	unight a security of the secur	
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention		(g) Depreciation deduction		
19a	3-year property		, , , , , , , , , , , , , , , , , , , ,						
b	5-year property		25,644	5 yrs	M	/M S/L		3,014	
С	7-year property		19,618	7 yrs	М	/M S/L		409	
d	10-year property								
е	15-year property								
f	20-year property				<u></u>				
g	25-year property			25 yrs.		5/L			
h	Residential rental			27.5 yrs.	MM	5/L			
	property			27.5 yrs.	ММ	5/L			
i	Nonresidential real			39 yrs.	ММ	S/L			
	property	-			ММ	S/L			
	Section C-	-Assets Place	d in Service During	2009 Tax Yea	ar Using the	Alternative Depreciation	n Sys	tem	
20a	Class life	「大学を引」と発動				S/L			
b	12-year			12 yrs.		S/L			
	40-year			40 yrs.	ММ	S/L			
Par	t IV Summary	(See instruction	ons.)						
	Listed property. En						21	7,834	
22	Total. Add amounts	s from line 12, lir	nes 14 through 17, line	es 19 and 20	in column (g)	and line 21. Enter here			
	and on the appropria	ite lines of your r	eturn. Partnerships an	d S corporatio	ns—see instr	uctions	22	33,164	
				•					

Form	n 4562 (2009)														Page	
		d Property (Include a	utomo	biles.	certai	n othe	r vehi	cles. c	ellular 1	teleph	ones. c	ertain c	mpute		
	prope	rty used for e	ntertainm	ent, re	creation	on, or a	amuse	ment.) .		•	•		•	,	
		For any vehicle										ase exp	ense, con	plete d	only 24	
		olumns (a) throu														
		-Depreciation										•		·		
_24	a Do you have evi	dence to support th	<u>ne business/</u> (c)	investme	ent use c	laimed?		es 🔲 I	No 24	Ib If "Ye	s," is the	e evidenc	e written?	Y Ye	s 🗌 No	
Ty	(a) pe of property (list	(b) Date placed in	Business/		(d)		asis for d	eprecia		(f) ecovery	(g) Meth		(h) Depreciatio	n Elect	(i) ted section	
ĺ	vehicles first)	service	investment use percentage	Cost o	r other b	asis (t	ousiness/ use	investm only)		eriod	Conve		deduction		79 cost	
25	Special depre	ciation allowan		lified lis	ted pro	operty p			ice duri	ng the	 -	T			i ya .	
		used more than										25				
26	Property used	more than 509	% in a qua	lified bu	usiness	use:										
Sec	e Attached		%	ļ									7,8	34		
			%													
		15004	%													
_27	Property used	50% or less in			ess use	e: 			17	la	/1					
			<u>%</u> %						-		/L – /L –			-		
							* *				/L —			- '		
28	Add amounts	in column (h), li		ouah 2	7. Ente	r here a	and on	line 21	. page 1			28	7,8	34		
		in column (i), lir												9		
				Section	n B—Ir	nforma	tion on	Use	of Vehic	les						
Com	nplete this sectio	n for vehicles use	ed by a sole	e propri	etor, pa	artner, o	r other '	'more t	han 5%	owner,"	or relat	ed perso	n. If you p	rovided	vehicle	
to yo	our employees, ti	rst answer the q	uestions in	Section	C to se	ee if you	ı meet a	ın exce	eption to	complet	ing this	section	for those v	ehicles.		
30	O Total business/investment miles driven				a) cle 1		(b) Jicle 2	Ve	(c) hicle 3	(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6		
	during the year (do not include commuting miles)					VC11	Vehicle 2 V			vehici		, vei	A HOLE O		Vehicle 6	
31	_	miles driven during														
		ersonal (noncor						 		<u> </u>						
33	Total miles driv	en during the y	ear. Add				_									
	lines 30 throug	n 32														
34	Was the vehic use during off-	le available for duty hours? .	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35		cle used primar owner or related	· ·													
36		le available for p							1	<u> </u>					 	
		<u> </u>														
		Section C-Q	uestions	for Em	ployer	s Who	Provide	e Vehi	cles for	Use by	Their	Employ	/ees			
٩ns١	wer these quest	ions to determi	ne if you m	neet an	excep	tion to	comple	ting S	ection E	for vehi	cles us	sed by e	mployees	who a	re not	
		ers or related pe													1	
37	Do you mainta your employee	uin a written poli es?	icy statem	ent tha	t prohil	bits all	persona 	al use	of vehic	les, inclu	uding a	ommuti	ng, by	Yes	No	
38		in a written pol ee the instructior												_		
39		Il use of vehicle			-								- ⊢			
40		e more than five icles, and retain					obtain ir	าforma	ation fro	m your e	employ	ees abo	out the			
41	Do you meet t	he requirements	s concerni	ng qual	lified au	utomob	ile dem	onstra	ation use	e? (See i	nstruct	ions.)			A 1,500	
Par		nswer to 37, 38, ization	03, 40, 01 4	+115 1	es, ao	HUL COL	приесе S	ecuon	o ior th	e covere	u venic	ies.				
	Amort	ization	n.	`	1						1	(e)	1			
	(a) Description o	of costs	Date amo begi	rtization	A		c) le amoun	it		d) section	pe	ortization eriod or centage	Amortiza	(f) tion for th	his year	

42 Amortization of costs that begins during your 2009 tax year (see instructions):

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43

44

AUBURN UNIVERSITY

EIN: 63-6000724

Form 4562 Schedule Attachment

2009

Part V, Line 26

а	b	С	d	е	f	g
Type Of Property	Date Placed in Service	Business Use Percentage	Basis	Recovery Period	Method Convention	Depreciation Deduction
International 4300 Truck International 4200 Truck	9/21/2004 8/27/2004	100 100	4,765 3,069	-	SL-MM SL-MM	4,765 3,069 7,834

						Date				
Activity	Ļ	Percentage	Original	Original	i i	Placed in	Placed in Business Use		Recovery Method	_
Activity	i ype	Olifeiated	Dasis	Depre	Depreciation Type Of Property		Percentage	Basis	Period Convention	n Deduction
Avlation	Listed	0.59	40,999		5,201 International 4200 Truck	8/27/2004	100	24,189	5 SL-MM	3.069
Aviation	Listed	0.59	57,370		8,076 International 4300 Truck		100	33,848	MM-18.3	755 V
Aviation	SOS 60	0.59	33,251		693 7-year Property			19,618	Z SI -MM	60 / 1
Aviation	Line 17	0.59		22				0		13 015
										21,258
Bookstore	SOS 60	0.022	7,400	986	986 5-vr Property			163		22
Bookstore	Line 17	0.022		2,380				0		52
										74
1										
Off Campus Communication	Line 17	~		8,688				0		8,688
						,				8,688
Tiger Card	SO5 60	0.1		29,917	29,917 5-yr Property			25,644	5 SL-MM	2 992
Tiger Card	Line 17	0.1		1,520				O .		152
										3,144

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990 T (09) Form 4562

Activity	Type	Percentage Unrelated	Original Basis	Original Depreciation	Type Of Property	Date Placed in Service	Date Placed in Business Use Service Percentage	Basis	Recovery Period	Recovery Method Period Convention	Depreciation Deduction
Bookstore Tiger Card	09 GDS 09 GDS	0.022	7,400 256,436	986 29,917	5-year property 5-year property			163 25,644		1 11	22 2,992 3,014
Aviation	SOS 60	0.59	33,251	693	693 7-year property			19,618	_	- SL-MM -	409
Bookstore Aviation Tiger Card Off Campus Communications	Line 17 Line 17 Line 17 Line 17	0.022 0.59 0.1 1.00		2,380 22,060 1,520 8,688				ø			52 13,015 152 8,688 21,907
Aviation Aviation	Listed Listed	0.59		5,201 8,076	International 4200 Truck International 4300 Truck	8/27/2004 9/21/2004	100	00	ນນ	5 SL-MM 5 SL-MM	3,069 4,765 7,834

33,164

Check Figure