TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

May 31, 2019

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Prepared for	Abilone Christian University
	Abilene Christian University ACU Box 29120
	Abilene, TX 79699-9120
Prepared by	Eide Bailly LLP 400 Pine St, Ste 600 Abilene, TX 79601-5190
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	April 15, 2020
Special Instructions	The return should be signed and dated.

Form	990-T	E	xempt Organiza	ntion Bus	ine	ss Income T	ax Return	ı L	OMB No. 1545-0687
		l				ction 6033(e))	7 21 201	ا ۵	2018
		For cal	endar year 2018 or other tax year beginn					<u> </u>	Z U 10
Depa	rtment of the Treasury	▶	GO to www.irs.gov Do not enter SSN numbers on th			ons and the latest information and the latest in		<u> </u>	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Ch					DEmplo	oyer identification number
^ _	address changed		Name of organization (CON DOX II HAIHC CI	langou	and see mondedions.			oyees' trust, see ctions.)
B E	xempt under section	Print	ABILENE CHRIST	IAN UNIV	ERS	ITY		7	5-0851900
] 501(c)(3)	_ or	Number, street, and room or suit	te no. If a P.O. box	, see in	structions.		E Unrela	ated business activity code nstructions.)
	408(e) 220(e)	Туре	ACU BOX 29120					(000)	iod doctorio.)
	408A 530(a)		City or town, state or province, c	ountry, and ZIP or	foreigr	n postal code			
	529(a)		ABILENE, TX 7	9699-912	0			451	211
C Bo	ook value of all assets end of year	٥.	F Group exemption number (See G Check organization type	e instructions.)	<u> </u>				
	750,011,1	35.	G Check organization type	X 501(c) corp			401(a)		Other trust
			tion's unrelated trades or busines	ses.	5		he only (or first) uni		
			EE STATEMENT 1	1 . 5			complete Parts I-V.		•
		-	ce at the end of the previous sente	ence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	ai trade	or
	usiness, then complete		-v. oration a subsidiary in an affiliated	d group or a paron	ıt cubci	diany controlled group?		Ye	s X No
			tifying number of the parent corpo		เเ-ธนมธา	ulary controlled group?		16	5 <u>21</u> NU
			KEVIN CAMPBELL	ration: P		Telepho	ne number > 3	25-	674-6552
			de or Business Income			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale	S	35,546.						
b	Less returns and allow	vances	c Bala	ance ►	1c	35,546.			
2	Cost of goods sold (S	chedule	A, line 7)		2	25,759.			
3	Gross profit. Subtract			ī	3	9,787.			9,787.
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a				
			art II, line 17) (attach Form 4797)		4b				
C			sts		4c				
5	Income (loss) from a	partners	ship or an S corporation (attach st	atement)	5				
6	Rent income (Schedu	, ,			6				
7			ne (Schedule E)	T T	7				
8	· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled organiz	t	8				
9			on 501(c)(7), (9), or (17) organizat		-				
10			me (Schedule I)		10				
11	Advertising income (S	struction	; J)		11				
12	Total Combine lines	2 throu	s; attach schedule) gh 12		12	9,787.			9,787.
Pa	rt II Deductio	ns No	ot Taken Elsewhere (See	e instructions fo	r limits				5,101.
			utions, deductions must be dir				income.)		
14	Compensation of off	icers, di	rectors, and trustees (Schedule K))				14	
15								15	13,768.
16								16	
17								17	
18	Interest (attach sche	dule) (s	ee instructions)					18	
19	Taxes and licenses							19	
20			e instructions for limitation rules)					20	
21			562)						
22			n Schedule A and elsewhere on ret					22b	
23	Depletion							23	
24			mpensation plans					24	
25 26	Employee benefit pro	ograms	shadula I)					25	
26 27	Excess exempt expen	11562 (2) nete (60	chedule I)					26 27	
2 <i>1</i> 28	Other deductions (at	tach ect	hedule J)					28	
20 29	Total deductions A	dd linge	nedule) 14 through 28					29	13,768.
20	I laveleted by since t	au iii103	name before not energing loss d	aduation Cubtrasi) from line 10		20	_3 081

30

31

32

-3,981.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Unrelated business taxable income. Subtract line 31 from line 30

29

30

31

32

Part I	II 7	Total Unrelated Business Taxa	ble Income							
33	Total	of unrelated business taxable income comput	ed from all unrelated trac	des or businesses	(see instruct	ions)	33	70	, 4:	11.
34	Amou	ints paid for disallowed fringes					34			
35	Dedu	ction for net operating loss arising in tax years	STMT 3	35	70	,4:	11.			
36		of unrelated business taxable income before s								
	lines :	33 and 34	36							
37	Speci	fic deduction (Generally \$1,000, but see line 3	37	1	.,00	00.				
38		ated business taxable income. Subtract line			_					
	enter	the smaller of zero or line 36	38			0.				
Part I	V I	ax Computation								
39		nizations Taxable as Corporations. Multiply l	ine 38 by 21% (0.21)			•	39			0.
40		s Taxable at Trust Rates. See instructions for								
		Tax rate schedule or Schedule D (Fo					40			
41		tax. See instructions					41			
		ative minimum tax (trusts only)					42			
43	Taxo	n Noncompliant Facility Income. See instruc	tions				43			
44	Total	Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies				44			0.
Part \		Tax and Payments								
		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a					
		al business credit. Attach Form 3800					_			
4		t for prior year minimum tax (attach Form 880					_			
		credits. Add lines 45a through 45d					45e			
46							46			0.
47		taxes. Check if from: Form 4255	Form 9611 Form				47			••
48							48			0.
49		tax. Add lines 46 and 47 (see instructions) net 965 tax liability paid from Form 965-A or					49			0.
		ents: A 2017 overpayment credited to 2018					45			••
							_			
		estimated tax payments					_			
C .	Tax u	eposited with Form 8868	(!tt!)		. 50c		_			
		gn organizations: Tax paid or withheld at sour					_			
		up withholding (see instructions)					_			
		t for small employer health insurance premiur			50f		_			
g	$\overline{}$	credits, adjustments, and payments:		Total N						
			ther	Total						
51	Total	payments. Add lines 50a through 50g	0000 is attached				51			
		ated tax penalty (see instructions). Check if Fo					52			
53		ue. If line 51 is less than the total of lines 48,					53			
54		payment. If line 51 is larger than the total of line					54			
55 Dort \		the amount of line 54 you want: Credited to 2			tion (Refunded >	55			
Part \	_	Statements Regarding Certain							, T	
56		time during the 2018 calendar year, did the	· ·	ŭ		,		- 1	Yes	No
		a financial account (bank, securities, or other)			-					
		N Form 114, Report of Foreign Bank and Fina	ncial Accounts. It "Yes," (enter the name of t	ne toreign c	ountry			.	
		► UNITED KINGDOM							Х	- 77
57		g the tax year, did the organization receive a c	•	it the grantor of, or	transferor t	o, a foreign trust?				Х
		s," see instructions for other forms the organi	,							
58		the amount of tax-exempt interest received or								
Sian	Un	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other that	a tnis return, including accom n taxpayer) is based on all inf	panying schedules ar ormation of which pre	nd statements, parer has any	and to the best of my knowledge.	owledge and	belief, it is t	rue,	
Sign	١,					N	May the IRS d	iscuss this	eturn w	/ith
Here		Cianatura of officer	Doto		OPER		he preparer s		_	1
	<u> </u>	Signature of officer	Date	Title		i i	nstructions)?	X Yes		No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid						self- employed				
Prepa	rer	JOE MELSON CPA	JOE MELSON	CPA ()1/14/			01581		
Use C			LLP			Firm's EIN ▶	45	-0250	958	3
	,		T, STE 600							
		Firm's address ► ABILENE, T	X 79601-519	90		Phone no.	<u>325</u> -6'	7 <u>2-4</u> 0	00	

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation 🕨 FIF	0				
1 Inventory at beginning of year	1	0.	6	Inventory at end of yea	r		6		0.
2 Purchases	2	25,759.		Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2					25,	<u>759.</u>
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	s No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b		25,759.							X
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
Description of property									
(1) (2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				24.5			
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	` 'of rent for pe	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the incom attach schedule)	e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(a) and 2(b). En (A)	ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb			nstru	ctions)					
		,	,	Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fina	anced property		-	or allocable to debt-	(a)	Straight line depreciation		(b) Other deducti	ons
The Description of dest fine	anced property			financed property		(attach schedule)		(attach schedule	e)
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
<u> </u>					Е	nter here and on page 1,		Enter here and on pa	age 1,
					F	Part I, line 7, column (A).		Part I, line 7, colum	n (B).
Totals				>]		0	•		0.
Total dividends-received deductions inc	luded in columr	18		······································					0.

Form **990-T** (2018)

				Exempt	Controlled C	rganizat	ions				
1. Name of controlled organization	ation	2. Emidentifi	cation		related income e instructions)		tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations					l					
7. Taxable Income	8. Net u	unrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ling orga s income	nization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
_(/	•						Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals									0.		0 .
Schedule G - Investme	ent Inco	me of a	Section	n 501(c)	(7), (9), or	(17) O	rganization	า			
(see ins	tructions)				1		3. Deduction	ne	Ι		5. Total deductions
1. Des	scription of inco	ome			2. Amount of	income	directly conne (attach sched	ected	4. Set-	asides schedule)	and set-asides (col. 3 plus col. 4)
(1)							(undon conce				(coi. o pius coi. 4)
(2)											
(2)											
(3)											
(4)					Fator have and	1					Enter have and an name of
					Enter here and Part I, line 9, co	oli page 1, olumn (A).					Enter here and on page Part I, line 9, column (B).
Totals						0.					0 .
Schedule I - Exploited (see instr	-	t Activity	/ Incon	ne, Othe	r Than Ad	dvertis	ing Income	е			
// // // // // // // // // // // // //	1				4. Net incor	no (logo)			1		1_
1. Description of exploited activity	unrelated incom	Gross d business ne from business	directly with pi of ur	xpenses connected roduction nrelated ss income	from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3). If a de cols. 5	5. Gross income from activity is not unrelated business income.	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	page '	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Totals		0 .	11110 10	0 •							0
Schedule J - Advertis	ing Inco		notu intin								0
Part I Income From		•		•	solidated	l Basis	1				
Tart Income From	i criodic	odio riep	or tou t	311 u 001	ioonaatee	. Duoid	•				
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu hrough 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))			0.).						0
iviais (varry to Fart II, IIIIE (3))	>		<u> </u>	U	/ •		_1				

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

			1	1		
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	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	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)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to 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** (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

RETAIL SALES, RENTALS, INVESTMENT INCOME

TO FORM 990-T, PAGE 1

2 FOOTNOTES STATEMENT

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/11 05/31/14 05/31/16 05/31/17	174,228. 73,974. 49,326. 56,125.	52,311. 0. 0. 0.	121,917. 73,974. 49,326. 56,125.	121,917. 73,974. 49,326. 56,125.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	301,342.	301,342.

SCHEDULE M (Form 990-T)

Unrelated business activity code (see instructions)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUN~1, 2018, and ending MAY~31, 2019

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

OMB No. 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). **Employer identification number** Name of the organization ABILENE CHRISTIAN UNIVERSITY 75-0851900

531120

	Describe the unrelated trade or business RENTAL AC	TIV.	ITIES			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	5	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	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	Rent income (Schedule C)	6	139,607.	80,2	82.	59,325.
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	139,607.	80,2	82.	59,325.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrela	ted business incom	ne.)		r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			ī	14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19 20	Taxes and licenses Charitable contributions (See instructions for limitation rules)				19	

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Depreciation (attach Form 4562)

Less depreciation claimed on Schedule A and elsewhere on return

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

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

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Schedule M (Form 990-T) 2018

59,325

22b

23

24

25

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22 23

24 25

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28

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Page 3

ABILENE CHRISTIAN UNIVERSITY

7	5 –	0	8	5	1	9	0	(
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Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation >				
1 Inventory at beginning of year			_	Inventory at end of yea	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here	and in F	art I,		
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section				Yes No
b Other costs (attach schedule)			1	property produced or a	,	·		
5 Total. Add lines 1 through 4b			1		•			
Schedule C - Rent Income		Property and	Pe	rsonal Property	Lease	ed With Real Pro	pertv)
(see instructions)	•	. ,		, ,		'	. ,,	,
1. Description of property								
(1) TOWER RENTALS								
(2) HWC CONFERENCE R	OOMS							
(3) CHAPEL ON THE HI								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than T	` 'of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) an SEE STAT	d 2(b) (att	tach schedule)
(1)	0.			67,6	10.	222 21111		0.
(2)	0.			69,7				75,674.
(3)	0.			2,2				4,608.
(4)	-			•				,
Total	0.	Total		139,6	07.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		_		139,6	07.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	80,282.
Schedule E - Unrelated Deb			instru		• • •	· · · · · · · · · · · · · · · · · · ·		
			Ι.			3. Deductions directly control to debt-finance		
4			'	Gross income from or allocable to debt-	(a)	Straight line depreciation		(b) Other deductions
Description of debt-fin	nanced property			financed property	(4)	(attach schedule)	`	(attach schedule)
(1)							1	
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	b. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, art I, line 7, column (A).		ter here and on page 1, art I, line 7, column (B).
Totals				>]				
Total dividends-received deductions in	cluded in column	18		······································		>		

Form **990-T** (2018)

FORM	990-т	(M)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	6
DESCF	RIPTIO	N				CTIVITY NUMBER	AMOUNT	TOTAL	
		— EXPENS EXPENS					41,560. 34,114.		
		EXPENS EXPENS		- SUBTOTA	<u> </u>	6	2,008.	75,6	74.
OF ERF	TIING	EXFENS	пD	- SUBTOTAL	<u> </u>	7	2,000.	4,6	08.
TOTAL	TO F	ORM 99	0-т, schedui	LE C, COLUI	MIN 3			80,2	82.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\,$ JUN $\,$ 1 , $\,$ 2018 $_{\mbox{\scriptsize , and ending}}$ MAY 31 , $\,$ 2019

► 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). OMB No. 1545-0687

ENTITY

501(c)(3) Organizations Only

Name	of the organization ABILENE CHRISTIAN UNIVE	RSI	TY	Employer idea 75 – 08	ntification	number 0
	Inrelated business activity code (see instructions) 90009 Describe the unrelated trade or business PASSTHROU	9		1		
Pai			(A) Income	(B) Expense	s	(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					00 510
	statement) STATEMENT 4	5	-80,512.			-80,512.
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)					
	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				
13	Total. Combine lines 3 through 12	13	-80,512.			-80,512.
14	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrel	ated business incom	e.)	14	Contributions,
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	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	0.
30	Unrelated business taxable income before net operating loss dedu				30	-80,512.
31	Deduction for net operating loss arising in tax years beginning on					
	instructions)				31	
32	Unrelated business taxable income. Subtract line 31 from line 30				32	-80.512.

Form 990-T (2018) Page **3**

Schedule A - Cost of Goods	s Sold. Enter r	nethod of inver	itory valuation					
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases			7 Cost of goods sold. St	ubtract line 6				
3 Cost of labor	3		from line 5. Enter here	and in Part I,	- 1			
4a Additional section 263A costs			line 2		7			
(attach schedule)			8 Do the rules of section	263A (with resp	pect to		Yes	No
b Other costs (attach schedule)			property produced or a	-	,			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	(From Real I	Property and	d Personal Property	Leased Wi	th Real Pro	perty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
. ,	2. Rent receive	d or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age '	Deductions directly columns 2(a) an			n
(1)								
(2)								
(3)								
(4)								
Total		Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	2(a) and 2(b). Ento (A)	er >		Ènter he	tal deductions. ere and on page 1, ne 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from	3. Dec	luctions directly conr to debt-finance		allocable	
1. Description of debt-fin	nanced property		or allocable to debt- financed property		line depreciation		ther deduction	ıs
·	,		inanosa proporty	(attach	n schedule)	(att	ach schedule)	
(1)						1		
(1) (2)								
(3)						1		
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	6. Column 4 divided by column 5	reportal	ss income ole (column olumn 6)	(column	ocable deduct 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					and on page 1, 7, column (A).		ere and on pag ine 7, column (
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	8				1		0.

Form **990-T** (2018)

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
TOTAL INCLUDED ON SCH	EDULE M, PART I, LINE 5	

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\,$ JUN $\,$ 1 , $\,$ 2018 $_{,\,and\,ending}$ MAY $\,$ 31 , $\,$ 2019

► 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).

ENTITY

OMB No. 1545-0687

501(c)(3) Organizations Only

Name	e of the organization ABILENE CHRISTIAN UNIVE	RSI	TY	Employer iden 75-08		
	Unrelated business activity code (see instructions) > 90009					
	Describe the unrelated trade or business OIL AND G	AS	INCOME			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
1a	Gross receipts or sales18,670.					
b	Less returns and allowances c Balance ▶	1c	18,670.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3	18,670.			18,670.
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	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)					
	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				
13	Total. Combine lines 3 through 12	13	18,670.			18,670.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrel	ated business incon	ne.)	· 	contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	4,784.
16	Repairs and maintenance				16	4,/04.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)					
22	Less depreciation claimed on Schedule A and elsewhere on return				22b	2,800.
23	Depletion				23	2,000.
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	7,584.
29	Total deductions. Add lines 14 through 28				29	
30	Unrelated business taxable income before net operating loss dedu	uction.	Subtract line 29 from lin	e 13	30	11,086.

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

11,086.

31

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUN~1, 2018, and ending MAY~31, 2019

► 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).

OMB No. 1545-0687

ENTITY

2018

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

Name	ABILENE CHRISTIAN UNIVE	RSI	ГY	75-08		
	Unrelated business activity code (see instructions) 71394	. 0		•		
	Describe the unrelated trade or business WELLNESS	CEN	rer	_		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 37,980.					
b	Less returns and allowances c Balance ▶	1c	37,980	•		
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3	37,980	,		37,980.
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	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)					
	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	25 000			25 200
<u>13</u>	Total. Combine lines 3 through 12	13	37,980	•		37,980.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrela	ted business inco	me.)	· 	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21 22	Depreciation (attach Form 4562)				22b	
23	Less depreciation claimed on Schedule A and elsewhere on return		-		23	
23 24	Depletion Contributions to deferred componentian plans				24	
25	Contributions to deferred compensation plans				25	
26	Employee benefit programs Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STAT	CEMENT 5	28	56,625.
29	Total deductions. Add lines 14 through 28				29	56,625.
30	Unrelated business taxable income before net operating loss dedu				30	-18,645.
31	Deduction for net operating loss arising in tax years beginning on o					
-	instructions)		, ,== := (300		31	

Unrelated business taxable income. Subtract line 31 from line 30

-18,645.

Page 3

75-	n	8	5	1	9	U	n
13	v	u	J	_		v	u

Form 990-T (2018) ABILENE C					75-0851	. 900
Schedule A - Cost of Good		method of inver				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2		7 Cost of goods sold.	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter her	e and in I	Part I,	
4 a Additional section 263A costs						7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes
b Other costs (attach schedule)	4b		property produced or		,	
5 Total. Add lines 1 through 4b			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	/ Leas	ed With Real Prop	erty)
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			0/->	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percer personal property exceeds 50% or nt is based on profit or income)	ntage if	columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr	2(a) and 2(b). Er n (A)	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•
Schedule E - Unrelated Del			instructions)			
		•			3. Deductions directly conn	
_			Gross income from or allocable to debt-	(a)	to debt-finance	(b) Other deductions
1. Description of debt-fi	nanced property		financed property	(4)	(attach schedule)	(attach schedule)
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))
(1)			%	+		
(2)			%			
(3)			%			
(4)			%	1		
			1 /		inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					0.	
Total dividends-received deductions in					<u></u>	
	ioiaaoa ili boldiili					i .

Form **990-T** (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OPERATING EXPENSE		56,625.
TOTAL TO SCHEDULE M, PART	II, LINE 28	56,625.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

► Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service Name of person filing this return

JAN 1 , 2018, and ending **DEC** 31 , 2018 beginning

Name of perso	on filing this return					Filer	's identifica	tion numbe	r	
						7	5-085	1900		
	ENE CHRISTIAN U									
Filer's address	s (if you aren't filing this form with	ı your tax retu	ırn)	A Category	of filer (see Categories of			and check ap	plicable b	ox(es)):
				1 L	2		X	4	21	2010
				b beginning	OON I	, 201	, апа опа	9	31,	2019
	re of liabilities: Nonrecourse \$		Qualified nonre		<u> </u>		Other	\$		
	member of a consolidated group	but not the pa	arent, enter the following in	ntormation ab	out the parent:	Lew				
Name						EIN				
Address Chack if or	ay avaantad anaaifiad faraign finar	acial acceta as	ra ranartad an thia farm. C	'aa inatrustian						-
	ny excepted specified foreign finar In about certain other partners (se		•	bee mstruction	S					<u>. L </u>
F IIIIOIIIIalio	The about certain other partiters (se	ic ilisti uctionis	5)				(4)	Check applica	ble box(e	<u></u>
	(1) Name		(2) Address		(3) Identification nu	ımber	Category 1	Category 2		ctive owner
G1 Name and	address of foreign partnership						2(a) EIN	(if any)		
							98	-1049	602	
ENCAP	FLATROCK MIDSTR	REAM FU	JND II-C, LP)			2(b) Refe	rence ID nu	mber	
1100 L	OUISIANA, SUITE	7900					3 Country	under who	se laws o	organized
HOUSTO								N ISL		
4 Date of organization	5 Principal place of business		activity code number	7 Principal bus	siness	ourre curre	tional ncy	8b Excha	inge rate	: ns)
			523900 I	NVESTM	ENTS U	S DC	LLAR			
H Provide th	e following information for the for	reign partners	ship's tax year:							
3 Name and	address of foreign partnership's	agent in coun	try of organization, if any	E-FI Name and a partnership	LE address of person(s) with , and the location of such	custody on books ar	of the books and records, if d	nd records of t lifferent	he foreign	i
allowed If "Yes,"	the tax year, did the foreign partne under section 267A? See instruct enter the total amount of the disa	tions llowed deduct	tions					Yes		∑ No
	artnership a section 721(c) partne			ions section 1	./21(c)-11(b)(14)?			Yes	X	Ω No Ω No
	y special allocations made by the	• .						Yes		<u>⊾</u> NO
	no. of Forms 8858, Info Return of U.S. F this partnership classified under th			:10		_	to this return LIMIT		ртит	ERSHI
-	e filer have an interest in the foreig		,		uraian nartnarchin, th				******	1110111
	ler Reg. 1.1503(d)-1(b)(4) or part	, , ,	,	•	0 1			Yes	X	No Z
	does the separate unit or combine		•	. ,	. , , , , ,			Yes		No
	is partnership meet both of the fol			ou 1000, ao ao		u) 1(b)(c	/)(II)·			
2. The v	artnership's total receipts for the alue of the partnership's total ass don't complete Schedules L, M-1	ets át the end , and M-2.	of the tax year was less th	•	J		>	Yes		□ No
Sign Here Only if You're Filing	Under penalties of perjury, I declare th correct, and complete. Declaration of p									
This Form	oon oon, and completel postal allon or p	or openior (ourse u	nan general partitor of minioa ii	asiny company						,
Separately and Not With Your										
Tax Return.	Signature of general partner or I	imited liability c			I Data		, ,		Date	
Paid	Print/Type preparer's name		Preparer's signature	~	Date		Check	if PTIN	4 = 6 -	
Preparer	JOE MELSON CPA		JOE MELSON	CPA	01/14		self-employed		1581	
Use	Firm's name EIDE BA						s EIN 🕨	45-02	5095	, g
	Firm's address \triangleright 400 PIN					Phor	Phone no. 325-672-4000			
	ABILENE, TX 796	0 T - 2 T 7	<i>7</i> U			1	ა⊿5	-b/2-	4000)

Sch	edul		-			-						
		address, and U.S. taxpayer identificatio	n numbe		_	-	-		inst	ructions.		
		a X Owns a direct interest		b	Ow	ns a constructi	ve interest	İ			Ob1: 'f	011-1
		Name		Address			Identifi	cation nu	mber	(if any)	Check if foreign person	Check it direct partner
Sch	redule	le A-1 Certain Partners of Foreign Partnersh	ip (see in	structions)								
		Name		Address			lc	lentificati	on nu	mber (if any)		Check it foreign
		Namo		71441000				- CITAMOGA	011110	moor (ii uriy)		person
Sch	redule	le A-2 Foreign Partners of Section 721(c) Pa	rtnership			0. +						
Na	me of top	f foreign Address		Country of organization		S. taxpayer ication number		if related transferor			age intere	
	Parti	.iid		(if any)		(if any)	0.3.	ransieror	_	Capital	+	rofits
									\perp		6	9
				_					Щ	_	6	9
		partnership have any other foreign person as a dir							<u></u>	Yes		_ No
Scr	redule	le A-3 Affiliation Schedule. List all partnershi	ıps (forei	gn or domestic) in which the	toreign	partnership ow	ns a direc	t interes	st or			
		indirectly owns a 10% interest.										Charle
		Name		Address				IN any)		Total or income of		Check foreig partne
								arry)	_	income (JI 1000	ship
_	m > r	TEMENT 7							\dashv			
	redule		o Incomo									
		Include only trade or business income and expens			the inet	ructions for me	oro inform	ntion				
au						Tuctions for the	JI & IIII OI IIII	alion.				
		Gross receipts or sales			1a 1b			_	4.			
		Less returns and allowances							1c 2			
•								⊢	3			
Income		Gross profit. Subtract line 2 from line 1c Ordinary income (loss) from other partnerships, 6		and trusts (attach statement)				—	4			
uč		Net farm profit (loss) (attach Schedule F (Form 10							5			
_		Net gain (loss) from Form 4797, Part II, line 17 (a	,,	 m /1707)					6			
		Other income (loss) (attach statement)							7			
		Total income (loss). Combine lines 3 through 7							8			
		Salaries and wages (other than to partners) (less							9			
		Guaranteed payments to partners							10			
(SL	11	Repairs and maintenance							11			
itatio		Bad debts						···· —	12			
for lin		Rent						⊢	13			
tions		Taxes and licenses						⊢	14			
ıstruc		Interest (see instructions)							15			
Deductions (see instructions for limitations)		Depreciation (if required, attach Form 4562)										
suc		Less depreciation reported elsewhere on return						_ 1	6c			
ctic									17			
pdu	18	Retirement plans, etc.						[18			
۵	19	Employee benefit programs							19			
		Other deductions (attach statement)							20			
		Total deductions. Add the amounts shown in the							21			
		Ordinary business income (loss) from trade or b							22			
	23	Interest due under the look-back method - compl	eted long	-term contracts (attach Form					23			
ent	24	Interest due under the look-back method - income	e forecas	t method (attach Form 8866)					24			
λΨ	25	BBA AAR imputed underpayment (see instruction	ıs)						25			
Ра	26	Other taxes (see instructions)							26			
pue	27	Total balance due. Add lines 23 through 27						[_:	27			
ax e	28	Payment (see instructions)							28			
۳I	20	Amount owed. If line 28 is smaller than line 27 a	nter amo	unt owed				- 1 -	og l			

Overpayment. If line 28 is larger than line 27, enter overpayment

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero		E CHR	TSTTAI	N UNIVI	RSTTY				Filer's ident	itying numbe 851900	Γ	
Name of foreign p				CK MIDS		FUND		EIN (if any) 98-104		Reference I	D number	(see instr
b If "Yes," wa2 Was any in time therea	nership a section 7: s the gain deferral tangible property t ifter, a platform col ransfers Reportab	method app ransferred c ntribution as	lied to avoic considered o defined in l	I the recognition or anticipated to Regulations se	on of gain upo o be, at the tim	n the contrib ne of the trar	1.721(c)- oution of p nsfer or at	1T(b)(14))? property? any	See instruction		Yes Z	X No No No
Type of property	(a) Date of transfer	(b) Description of property	(Fair mar	c) ket value of transfer	(d) Cost or o basis		(e Recover		(f) Section 704 allocation me		(g) Gain reco on trans	
Cash	12/31/18		176	,064.								
Stock, notes receivable and payable, and other securities				,								
Inventory						+						
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property						#						
Totals			17	6,064.								
	ansferor's percent formation Require				ore the transfe	r 1.5	385	%	(b) After	the transfer	1.5	385 %
Part II D	ispositions Report	able Under	Section 60	38B								
(a) Type of property	(b) Date of original transfer		(c) Date of position	(d) Manner of disposition	recogi	(e) Sain nized by nership	re rec	(f) preciation capture ognized artnership	(g) Gain alloc to partn		(h) Deprecia recapture a to part	llocated
Part III Is	anv transfer repor	ted on this s	chedule sul	piect to gain re	cognition und	er section 9	<u>I</u> 04(f)(3) ո	r section 904	1 4(f)(5)(F)?		Yes	X No

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Information furnished for the foreign partnership's tax year JAN 1 2018 , 2018, and ending **DEC** 31

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

beginning Name of person filing this return Filer's identification number 75-0851900 ABILENE CHRISTIAN UNIVERSITY Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 2 | 3 X -iler's tax vea JUN 2018 and ending MAY beginning C Filer's share of liabilities; Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; Name EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 2 Constructive owner 2(a) EIN (if any) G1 Name and address of foreign partnership 98-1276355 2(b) Reference ID number AXIOM ASIA IV, LP COLLAS CRILL CORPORATE SERVICES WILLOW HOUSE, CRICKET SQUARE, PO BOX 709 3 Country under whose laws organized GRAND CAYMAN, CAYMAN ISLANDS KY1-1107 CAYMAN ISLANDS 5 Principal place of business 6 Principal business activity code number 4 Date of organization 8a Functional currency 8b Exchange rate (see instructions) 7 Principal business activity 02/02/2016CAYMAN ISLANDS 523900 INVESTMENTS USD H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: **X** Form 1065 ____ Form 1042 Form 8804 Service Center where Form 1065 is filed: E-FILE 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any MISSION CAPITAL GP IV, LP STATE STREET FUND SERVICES ZEPHYR HOUSE, 122 MARY ST 68/F, 8 FINANCE ST CAYMAN ISLANDS KY1-110 CENTRAL HONG KONG GRAND CAYMAN, During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions Yes If "Yes," enter the total amount of the disallowed deductions X No Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? X No Yes Were any special allocations made by the foreign partnership? Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return How is this partnership classified under the law of the country in which it's organized? 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b X No Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. Yes The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, if You're Filing correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge. This Form Separately and Not With Your Signature of general partner or limited liability company member Tax Return Date Print/Type preparer's name **Paid** 01/14/20 self-employed JOE MELSON CPA P00158111 JOE MELSON CPA Preparer 45-0250958 Firm's name ►EIDE BAILLY LLP Firm's EIN Use Firm's address 400 PINE ST, STE 600 Phone no. Only ABILENE, TX 79601-5190 325-672-4000

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Interest due under the look-back method - completed long-term contracts (attach Form 8697)

Interest due under the look-back method - income forecast method (attach Form 8866)

BBA AAR imputed underpayment (see instructions)

Other taxes (see instructions)

Total balance due. Add lines 23 through 27

Payment (see instructions)

Overpayment. If line 28 is larger than line 27, enter overpayment

Amount owed. If line 28 is smaller than line 27, enter amount owed

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SCHEDULE O (Form 8865)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero			T C C T 3 3 1		D C T TTY				fying number			
Name of foreign p	ABILEN		SIA IV		KSITY		EIN (if any)		851900 Reference ID	number (see	instr)	
rtamo or foroign p				-	ATE SERVI	CES	98-127		TOTOTOTIOO ID	nambor (000	,	
b If "Yes," wa2 Was any in time therea	nership a section 73 s the gain deferral tangible property t	21(c) partno method app ransferred o ntribution a	ership (as defi blied to avoid t considered or s defined in Re	ned in Tempo the recognition anticipated to	rary Regulations sect n of gain upon the co be, at the time of the tion 1.482-7(c)(1)?	tion 1.721(c) ntribution of transfer or a	r-1T(b)(14))? s property?	See instructions			lo lo	
i diti		1			(-1)		(-)	(6)		()		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair marke on date of	et value	(d) Cost or other basis		(e) ery period	(f) Section 704 allocation me		(g) Gain recognized on transfer		
Cash	12/31/18		1,601,	000.								
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals			1,601	,000.								
	ansferor's percent formation Require				re the transfer	.4816	%	(b) After	the transfer	.4804	<u>1 %</u>	
Part II D	ispositions Report	able Under	Section 6038	BB								
(a) Type of property	(b) Date of original transfer	1	(c) Date of sposition	(d) Manner of disposition	(e) Gain recognized by partnership	re	(f) epreciation ecapture ecognized partnership	(g) Gain alloca to partne		(h) Depreciation ecapture allocate to partner	ed	
											_	
Don't III						004(0)(0)		1(0/5)/5/2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Part III Is	any transfer repor	ted on this	schedule subj	ect to gain rec	ognition under section	on 904(t)(3)	or section 904	ŀ(⊺)(5)(⊦)?	🕨 📖	Yes X	No	

Return of U.S. Persons With Respect to Certain Foreign Partnerships

► Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

JAN 4 , 2018, and ending **DEC** 31 , 2018 beginning Name of person filing this return Filer's identification number

					75	-085	1900	
ABILENE CH	RISTIAN UNIVERS	SITY						
Filer's address (if you aren't	filing this form with your tax retu	urn)	A Category of file	er (see Categories of Fi	lers in the ir	nstructions	and check ap	plicable box(es)):
			1 🗆	2	3 [4	
			B Filer's tax year beginning	JUN 1	2018	, and endi	ng MAY	31, 2019
C Filer's share of liabilities:	Nonrecourse \$	Qualified nonred	course financing	\$		Other	\$	
D If filer is a member of a c	onsolidated group but not the pa	arent, enter the following ir	nformation about	the parent:				
Name				[EIN			
Address								
E Check if any excepted sp	ecified foreign financial assets ar	re reported on this form. S	ee instructions .					
F Information about certain	other partners (see instructions	s)						
						(4) (heck applica	ble box(es)
(1) Name		(2) Address		(3) Identification num	iber C	Category 1	Category 2	Constructive owner
G1 Name and address of for	eign partnership				2	2(a) EIN (- /	
							-1420	
AXIOM ASIA V	, LP				2	2(b) Refer	ence ID nu	mber
		_						
	, CRICKET SQUAF		09			-		se laws organized
	, CAYMAN ISLANI		Daine in all broaders				N ISL	
4 Date of organization 5 of O1/04/2018CA	incipal place business /MAN ISLANDS		Principal busines activity NVESTMEN	^{ss} 8a NTS US	Function currency D	nai y	8b (see in	inge rate nstructions)
H Provide the following info	ormation for the foreign partners	ship's tax year:		•				
1 Name, address, and iden	tification number of agent (if any	y) in the United States	2 Check if the fo	oreign partnership	must file:			
			Form	1042 Fo	orm 8804	X] Form 106	55
			Service Cente	r where Form 1065	is filed:			
			E-FILE					
	eign partnership's agent in coun			ess of person(s) with co I the location of such b				ne foreign
MISSION CAPIT				TREET FUN		RVIC	ES	
-	LOW HOUSE, PO E			FINANCE				
	, CAYMAN ISLAN			HONG KON	IG			
	the foreign partnership pay or a					_		37
	267A? See instructions						└── Yes	X No
	amount of the disallowed deduct						5 	V
	ction 721(c) partnership, as defi						Yes	X No
	ations made by the foreign partn 8, Info Return of U.S. Persons With Re						Yes	LAL NO
	s, into Return of O.S. Persons with Re o classified under the law of the c		Chari				ED DA	RTNERSHI
	nterest in the foreign partnership	,		un nartnarchin, that				
	B(d)-1(b)(4) or part of a combine	,	o o				Yes	X No
	rate unit or combined separate u	-	. , . , .		•		Yes	No
	neet both of the following requir		, a 1000, ao	, iii 110g. 1.1000(u)	1(0)(0)(1	.,.		
	tal receipts for the tax year were		,)			•	Yes	□ No
	tnership's total assets at the end s Schedules L, M-1, and M-2.	of the tax year was less th	ian \$1 million.				103	110
Sign Here Only Under penalties	of perjury, I declare that I have examin							
if You're Filing correct, and con	nplete. Declaration of preparer (other the	han general partner or limited li	ability company men	nber) is based on all in	formation o	of which prepared	parer has any	knowledge.
Separately and								
Not With Your Signature	of general partner or limited liability c	company member					- 🖊	Date
Print/Type prepa	rer's name	Preparer's signature		Date	Che	eck	PTIN	
	LSON CPA	JOE MELSON	CPA	01/14/		-employed	P00	158111
Use Firm's name	►EIDE BAILLY I	LLP			Firm's E	IN >		50958
Only Firm's address	s▶400 PINE ST,	STE 600			Phone r			
ABILENI	E, TX 79601-519	90			1	325	-672-	4000

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Interest due under the look-back method - completed long-term contracts (attach Form 8697)

Interest due under the look-back method - income forecast method (attach Form 8866)

BBA AAR imputed underpayment (see instructions)

Other taxes (see instructions)

Total balance due. Add lines 23 through 27

Payment (see instructions)

Overpayment. If line 28 is larger than line 27, enter overpayment

Amount owed. If line 28 is smaller than line 27, enter amount owed

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SCHEDULE 0 (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information.

varrie or transferor								lying number	
	ABILEN	E CHR	ISTIA	N UNIVEF	RSITY		75-0	851900	
Name of foreign pa	artnership AX	IOM A	SIA V	, LP		EIN (if any)		Reference ID n	umber (see instr)
						98-142	0337		
1 a le the nartn	erchin a cection 7	21(c) nartne	rehin (as d	efined in Tempors	ary Regulations section	1.721(c)-1T(b)(14))? S		S Ye	s X No
					of gain upon the contri				
	-			_				16	S NU
					e, at the time of the tra				
					on 1.482-7(c)(1)?			Ye	s No
Part I Tr	ansfers Reportab	le Under Se	ction 6038	В					
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) rket value of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704 allocation med		(g) ain recognized on transfer
Cash	12/31/18		120	,000.					
Stock, notes	,,			, , , , ,					
eceivable									
and payable,									
and other									
securities									
nventory									
nventory									
Fangibla									
Fangible property									
used in trade									
or business									
ntongiblo									
ntangible property									
described in									
section									
197(f)(9)									
ntangible									
oroperty, other han intangible									
property									
described in									
section 197(f)(9)									
211									
Other									
property									
Totals			12	0,000.					
3 Enter the tra	ansferor's percent	age interest	in the partr	nership: (a) Before	e the transfer • (0000 %	(b) After	the transfer	.2957 %
	ormation Require								
Dowt II D:	anasitiana Danasi	lahla lladar	Cootion 60	200					
	spositions Report	Iaule Ulluer			1			-	
(a) Type of property	(b) Date of original		(c) Date of sposition	(d) Manner of disposition	(e) Gain recognized by	(f) Depreciation recapture	(g) Gain alloca to partne		(h) Depreciation apture allocated
	transfer				partnership	recognized by partnership			to partner
					1				
Part III Is	any transfer renor	ted on this	schedule eu	hiect to gain reco	Innition under section (1 904(f)(3) or section 904(f)(5)(F)?		Ves X No

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 7
NAME	ADDRESS	IDENTIFYING NUMBER	CK TOTAL IF ORDINARY FOR- INCOME EIGN OR (LOSS) P'SH
ENCAP FLATROCK MIDST	1100 LOUISIANA, SUITE 4900	45-5057812	
EAGLECLAW MIDSTREAM	HOUSTON, TX 77002 414 W. TEXAS AVE, STE 315	45-5431151	
RANGELAND ENERGY II LLC	MIDLAND, TX 79701 2150 TOWN SQUARE, STE 700	90-0920212	
TRADITION MIDSTREAM LLC	SUGARLAND, TX 77479 10077 GROGANS MILL STE 590	90-0919350	
GRAVITY MIDSTREAM	THE WOODLANDS, TX 77380 1100 LOUISIANA, STE 5025	46-3043174	
CARDINAL MISTREAM	HOUSTON, TX 77002 815 N CENT EXP, STE 1725	82-1546582	
TALL OAK MIDSTREAM	DALLAS, TX 75206 2575 KELLEY POINTE STE 34	46-4347243	
	EDMOND, OK 73013		

Form **926**(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
ABILENE CHRISTIAN UNIVERSITY	, , ,
	75-0851900
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
five or fewer domestic corporations?	Yes No
b Did the transferor remain in existence after the transfer?	
	L res L NO
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
	0 N
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	n? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation E	IN of parent corporation
·	
d Have basis adjustments under section 367(a)(4) been made?	Yes No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such unde	r section 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
92NODMU TIT ODDODMINITMY LIMITMED DADMNEDGUID 00 14	42704
83NORTH III OPPORTUNITY LIMITED PARTNERSHIP 98-14	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
c Is the partner disposing of its entire interest in the partnership?	Yes X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
CELONIS CE	
6 Address (including country)	5b Reference ID number
THERESIENSTRASE 6, 80333	1002
MUNICH, HR B 225439, GERMANY	1003
7 Country code of country of incorporation or organization	
GM	
8 Foreign law characterization (see instructions)	
CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

Page 2

Part III Information	Regarding Tran	sfer of Property (see in	istructions)		
Section A - Cash					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
	07/16/2018	property	186,383.	Buolo	transion
10 Was cash the only pro If "Yes," skip the rema	perty transferred?	go to Part IV.		[X Yes No
Section B - Other Pro	perty (other tha	n intangible property	subject to section	367(d))	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with					
built-in loss					
Totals					
 Were any assets of a foreign corporation? If "Yes," go to line 12b Was the transferor a dincluding a branch that if "Yes," continue to line Immediately after the transferee foreign corporation. Enter the transferred between transferred line 	foreign branch (included). Iomestic corporation at is a foreign disregance 12c. If "No," skip transfer, was the dorporation? The 12d. If "No," skip loss amount included sfer property describ	(/(/	all of the assets of a fore %-owned foreign corpor ine 13.	eign branch ation?	Yes No Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length p life on date of tran		(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)					
Totals					

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)

c Did the domestic corporation not recognize gain or loss on the distribution of property because the

Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?

Form **926** (Rev. 11-2018)

Yes

X No

X No

If "Yes." complete lines 20b and 20c.

covered by section 367(e)(1)? See instructions

Form **926**(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	-		
Name of transferor	Identifying number (see instructions)		
ABILENE CHRISTIAN UNIVERSITY			
	75-0851900		
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	n? Yes X No		
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) b			
five or fewer domestic corporations?			
b Did the transferor remain in existence after the transfer?	X Yes No		
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Identifying number		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpo	oration? X Yes No		
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN of parent corporation		
Name of parent corporation	EIN of parent corporation		
	Yes X No		
d Have basis adjustments under section 367(a)(4) been made?	Yes X No		
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such	under section 367)		
complete questions 3a through 3d.	runder section 507),		
a List the name and EIN of the transferor's partnership.			
<u> </u>			
Name of partnership	EIN of partnership		
<u> </u>	-1276355		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			
c Is the partner disposing of its entire interest in the partnership?			
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
Part II Transferee Foreign Corporation Information (see instructions)	Yes X No		
4 Name of transferee (foreign corporation)	5a Identifying number, if any		
A4J LTD			
6 Address (including country)	5b Reference ID number		
WILLOW HOUSE, CRICKET SQUARE, PO BOX 709	Tiererenee 12 maniber		
GRAND CAYMAN, KY1-1107, CAYMAN ISLANDS	1000		
7 Country code of country of incorporation or organization	•		
CJ			
8 Foreign law characterization (see instructions)			
CORPORATION	F-1		
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No		

Page 2

Part III Information	Regarding Tran	i sfer of Property (see i	nstructi	ons)		
Section A - Cash						
Type of property	(a) Date of	(b) Description of		(c) arket value on e of transfer	(d) Cost or other	(e) Gain recognized on
Cash	transfer 12/31/2018	property		216,902.	basis	transfer
Jasii	12/31/2010			210,502.		
10 Was cash the only pro If "Yes," skip the rema		go to Part IV.			[X Yes No
Section B - Other Pro	perty (other tha	an intangible property	subjec	t to section 3	67(d))	
Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and		p p y				
securities						
nventory						
,						
Other property						
not listed under						
another category)						
another dategory)						
Property with						
ouilt-in loss						
Totals						
 Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a control (including a branch that If "Yes," continue to line transferee foreign corporate foreign corporate for the transferree for line to line described in the transferree of line for /li>	foreign branch (included) domestic corporation at is a foreign disregane 12c. If "No," skip transfer, was the dorporation? ne 12d. If "No," skip oss amount included insfer property describes.	that transferred substantiall arded entity) to a specified 1 lines 12c and 12d, and go to mestic corporation a U.S. shalline 12d, and go to line 13. I in gross income as required the discount of the section 367(d)(4)?	y all of the 0%-owned line 13. areholder	e assets of a foreig d foreign corporati	erred to a	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subj	ect to Section 367(d)			_	
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pric on date of transfe		(f) Income inclusion for year of transfer
Property described						
n sec. 367(d)(4)			1			
V 1V:1						
						1
						+
			1			+
Totals					+	1

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)

c Did the domestic corporation not recognize gain or loss on the distribution of property because the

Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?

Form **926** (Rev. 11-2018)

Yes

_ Yes

X No

X No

21

If "Yes." complete lines 20b and 20c.

covered by section 367(e)(1)? See instructions

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 75-0851900 ABILENE CHRISTIAN UNIVERSITY File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your ACU BOX 29120 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ABILENE, TX 79699-9120 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 KEVIN CAMPBELL The books are in the care of ► ACU BOX 29120 -ABILENE, TX 79699 Telephone No. ► 325-674-6552 Fax No. > 325-674-6713 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. APRIL 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUN 1, 2018 , and ending MAY 31, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

instructions.