Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2006 or other tax year beginning 06/01, 2006, and ending 05/31, 2007. ▶ See separate instructions.

OMB No. 1545-0687

2006

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

A [ ] Check box if address changed

Name of organization ([ ] Check box if name changed and see instructions.)

ABILENE CHRISTIAN UNIVERSITY

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

75-0851900

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

ACU BOX 29120

E Unrelated business activity codes (See instructions for Block E on page 9.)

City or town, state, and ZIP code

ABILENE, TX 79699-9120

451211 211110

C Book value of all assets at end of year

389,820,388.

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ RETAIL SALES, OIL AND GAS WORKING INTEREST

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ STACEY MCGEE Telephone number ▶ 325-674-2539

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 483,821.				
b	Less returns and allowances	c Balance ▶ 1c	483,821.		
2	Cost of goods sold (Schedule A, line 7)	2	272,527.		
3	Gross profit. Subtract line 2 from line 1c	3	211,294.		211,294.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	50,824.	STMT 1	50,824.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (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 page 11 of the instructions; attach schedule.)	12	43,987.	STMT 2	43,987.
13	**Total.** Combine lines 3 through 12	13	306,105.		306,105.

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	96,278.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	8,885.
20	Charitable contributions (See page 14 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562) 21 NONE		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	22,127.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 3	28	60,438.
29	**Total deductions.** Add lines 14 through 28	29	187,728.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	118,377.
31	Net operating loss deduction (limited to the amount on line 30)	31	118,377.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	

Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) (2) (3)		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) (2) Additional 3% tax (not more than $100,000)		
c	Income tax on the amount on line 34 ▶	35c	NONE
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	Proxy tax. See page 16 of the instructions ▶	37	
38	Alternative minimum tax	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	NONE

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit. Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify) ▶	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	Total credits. Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	NONE
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	Total tax. Add lines 41 and 42			43	NONE
44a	Payments: A 2005 overpayment credited to 2006	44a			
b	2006 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for federal telephone excise tax paid (attach Form 8913)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	Total payments. Add lines 44a through 44g			45	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ▶ ☐			46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	NONE
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	NONE
49	Enter the amount of line 48 you want: Credited to 2007 estimated tax ▶ Refunded ▶			49	NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶ UNITED KINGDOM	X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	305,764.	6	Inventory at end of year	6	273,303.
2	Purchases	2	240,066.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	272,527.
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No: X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	545,830.				

Sign Here

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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [signature] Date: 4/14/08 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 4/9/08 Check if self-employed ☐ Preparer's SSN or PTIN: P00133134

Firm's name (or yours if self-employed), address, and ZIP code ▶ GRANT THORNTON LLP, 1717 MAIN STREET, SUITE 1500, DALLAS, TX 75201

EIN 36-6055558

Phone no. 214-561-2300

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Form **8868**
(Rev. April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [X]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization: ABILENE CHRISTIAN UNIVERSITY	Employer identification number: 75-0851900
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.: ACU BOX 29120	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.: ABILENE, TX 79699-9120	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	[X] Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ STACEY MCGEE

Telephone No. ▶ 325-674-2539 FAX No. ▶

- 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 box ▶ ☐. 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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 04/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or
▶ [X] tax year beginning 06/01, 2006, and ending 05/31, 2007.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)

1 Description of property

(1)
(2)
(3)
(4)

	2 Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

	1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . ▶					
Total dividends-received deductions included in column 8 . . . ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

	1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations: 3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals . . . ▶					

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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 23)

Part I Income From Periodicals Reported on a Consolidated Basis

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 (carry to Part II, line (5)) . . . . . ▶						

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

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) . . . ▶	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.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 13		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 . . . . ▶			NONE

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

BLUESTEM PARTNERS, LP	46,541.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP	-6.
ENDOWMENT VENTURE PARTNERS IV, LP	770.
ENDOWMENT VENTURE PARTNERS III, LP	29.
ENDOWMENT VENTURE PARTNERS V, LP	-2,283.
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP	-14.
JP MORGAN US POOLED CORPORATE FINANCE INSTITUTIONAL INVESTORS II LLC	4,823.
SIGLER GUFF DISTRESSED OPPORTUNITIES FUND II, LP	-40.
SVB STRATEGIC INVESTORS FUND III, LP	-94.
SPECIAL SITUATIONS PARTNERS II, LP	1,098.
INCOME (LOSS) FROM PARTNERSHIPS	50,824.

PART I - LINE 12 - OTHER INCOME

OIL AND GAS WORKING INTEREST	43,987.
PART I - LINE 12 - OTHER INCOME	43,987.

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

ADVERTISING	22,603.
MISCELLANEOUS	4.
POSTAGE	9,566.
PRINTING	-249.
SERVICES	4,275.
SUPPLIES	6,155.
CREDIT CARD FEES	3,984.
TELEPHONE	1,875.
TRAVEL EXPENSE	546.
OIL AND GAS EXPENSE	11,679.
PART II - LINE 28 - OTHER DEDUCTIONS	60,438.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ROYCE MONEY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	PRESIDENT	NONE	NONE
JACK RICH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	SR. VP & CHIEF INVST. OFFICER	NONE	NONE
DWAYNE VANRHEENEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	PROVOST	NONE	NONE
GARY MCCALEB 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF UNIVERSITY	NONE	NONE
PHIL SCHUBERT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF FINANCE	NONE	NONE
CHARLES SIBURT 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT CHURCH RELATION	NONE	NONE
MICHELLE MORRIS 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT UNIVERSITY REL.	NONE	NONE
WILLIAM TEAGUE 208A HARDIN ADMINISTRATION	CHANCELLOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120			
SLADE SULLIVAN 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	GENERAL COUNSEL	NONE	NONE
JOHN TYSON 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF DEVELOPMENT	NONE	NONE
DWANE HART 208A HARDING ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	PROVOST EMERITUS	NONE	NONE
BILL HILTON 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF FINANCE	NONE	NONE
BOB HUNTER 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	SPECIAL ASST. TO PRESIDENT	NONE	NONE
JOHN STEVENS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	CHANCELLOR EMERITUS	NONE	NONE
LOUIS WELCH 208A HARDIN ADMINISTATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	CONSULTANT	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DAN GARRETT 208A HARDIN ADMINISTRATION BULIDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE-CHANCELLOR	NONE	NONE
MR. ABELARDO ALVAREZ, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. APRIL K. ANTHONY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. F. TODD BARFIELD, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. LANCE W. BARROW 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. CYNTHIA R. BROWN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. DALE A. BROWN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. MARY PRUDIE BROWN 208A HARDIN ADMINISTRATION	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120			
MR. WILLIAM D. BUSCH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. HERBERT L. BUTRUM 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. MICHAEL R. CALVERT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. VIRGINA P. CHAMBERS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. TERRY L. CHILDERS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. MARY F. CLARK 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. C.E. CORNUTT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MR. DON W. CRISP 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. BILLY C. CURL 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. JENNIFER H. DOAN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. A. DON DRENNAN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. N. SHARRON DRURY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JOHN M. DUNCUM 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. CHARLES W. EZZELL 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 796999120	TRUSTEE	NONE	NONE
MR. DEON B. FAIR 208A HARDIN ADMINISTRATION	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120			
MR. HERIBERTO GUERRA 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. RAY V. HANSEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. WILLIAM F. HOOTEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JASPER HOWARD 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. MARSHAL KELLAR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JEFFREY D. KNIGHT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. L. ROGER KNIGHT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MR. GUY M. LEWIS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. RICHARD H. LUNSFORD 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. THOMAS K. LYONS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. STEVEN SCOTT MACK 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. JANICE M. MASSEY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. C. TODD MILLER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. G. RANDY NICHOLSON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. ROBERT K. OGLESBY, SR. 208A HARDIN ADMINISTRATION	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120			
MR. JAMES M. ORR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. BARRY D. PACKER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. PATSY F. PARKER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JOHN W. PETTY II 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. TOMMY D. PHILLIPS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. HUBERT PICKETT, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JAMES R. PORTER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MR. CHARLES M. RIX 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TS 79699-9120	TRUSTEE	NONE	NONE
MR. EDDIE L. SHARP, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. BETTYE SKELTON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. GARY SKIDMORE 208A HARDIN ADMINISTRATION BUIDLING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. S. D. SMITH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. STEVEN L. SMITH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JOSEPH L. SMITH III 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MR. JOHN D. STITES II 208A HARDIN ADMINISTRATION	TRUSTEE	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120			
MR. ROBERT J. STRADER, SR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
MRS. MELINDA A. WORLEY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE	NONE	NONE
TOTAL COMPENSATION			NONE

Abilene Chrisitan University
NOL Schedule
Form 990-T

Year		Original NOL	NOL Utilized	NOL Carryover
	1998	65,532		65,532
	1999	4,220		4,220
	2000	67,035		67,035
	2001	174,775		174,775
	2002	114,901		114,901
	2003	105,146		105,146
	2004	41,233	(41,233)	-
	2005	244,861	(77,144)	167,717
	2006	-		-
Total NOL Available		817,703	(118,377)	699,326