

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2006Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 06/01, 2006, and ending 05/31/2007**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ABILENE CHRISTIAN UNIVERSITY

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

ACU BOX 29120

City or town, state or country, and ZIP + 4

ABILENE, TX 79699-9120

D Employer identification number

75-0851900

E Telephone number

(325) 674-2000

F Accounting method:☐ Cash☒ Accrual

Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ WWW.ACU.EDU**J Organization type** (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 199,642,447.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a	547,366.	
b Direct public support (not included on line 1a)	1b	17,684,240.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d	2,936,693.	
e Total (add lines 1a through 1d) (cash \$ 18,855,534. noncash \$ 2,312,765.)	1e	21,168,299.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	84,426,409.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	54,344.	
5 Dividends and interest from securities	5	2,409,995.	
6 a Gross rents	6a	184,067.	
b Less: rental expenses	6b	52,802.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	131,265.	
7 Other investment income (describe ▶ STMT 8)	7	11,898,905.	
8 a Gross amount from sales of assets other than inventory	8a	362,540.	
b Less: cost or other basis and sales expenses	8b	357,930.	
c Gain or (loss) (attach schedule)	8c	4,610.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	20,840,761.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10 a Gross sales of inventory, less returns and allowances	10a	5,085,868.	
b Less: cost of goods sold	10b	3,751,585.	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	1,334,283.	
11 Other revenue (from Part VII, line 103)	11	1,376,059.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	143,640,320.	
13 Program services (from line 44, column (B))	13	72,160,492.	
14 Management and general (from line 44, column (C))	14	31,454,013.	
15 Fundraising (from line 44, column (D))	15	2,927,052.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	106,541,557.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	37,098,763.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	226,634,664.	
20 Other changes in net assets or fund balances (attach explanation)	20	11,976,692.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	275,710,119.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>286,975.</u> , noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 286,975.	286,975.	STMT 13	
22b Other grants and allocations (attach schedule) (cash \$ <u>19,393,667.</u> , noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 19,393,667.	19,393,667.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 1,559,114.	154,676.	1,118,878.	STMT 14 285,560.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 215,382.	NONE	193,845.	STMT 16 21,537.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c NONE	NONE	NONE	NONE
26 Salaries and wages of employees not included on lines 25a, b, and c	26 35,793,244.	28,652,975.	6,196,782.	943,487.
27 Pension plan contributions not included on lines 25a, b, and c	27 2,197,818.	1,758,254.	373,629.	65,935.
28 Employee benefits not included on lines 25a - 27	28 6,386,225.	5,108,980.	1,085,658.	191,587.
29 Payroll taxes	29 2,402,135.	NONE	2,402,135.	NONE
30 Professional fundraising fees	30 239,702.			239,702.
31 Accounting fees	31 102,023.	NONE	102,023.	NONE
32 Legal fees	32 75,189.	11,190.	63,999.	NONE
33 Supplies	33 2,793,075.	1,844,535.	898,480.	50,060.
34 Telephone	34 328,917.	209,943.	104,261.	14,713.
35 Postage and shipping	35 539,390.	375,587.	125,015.	38,788.
36 Occupancy	36 3,559,519.	1,704,385.	1,840,507.	14,627.
37 Equipment rental and maintenance	37 179,430.	74,306.	103,124.	2,000.
38 Printing and publications	38 1,221,516.	844,461.	160,854.	216,201.
39 Travel	39 2,940,342.	2,532,968.	288,922.	118,452.
40 Conferences, conventions, and meetings	40 1,686,503.	1,159,906.	338,635.	187,962.
41 Interest	41 2,909,537.	14,818.	2,894,719.	NONE
42 Depreciation, depletion, etc. (attach schedule)	42 7,012,313.	280.	7,012,033.	NONE
43 Other expenses not covered above (itemize):				
a STMT 17	43a 14,719,541.	8,032,586.	6,150,514.	536,441.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 106,541,557.	72,160,492.	31,454,013.	2,927,052.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **HIGHER EDUCATION SERVICES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 18

(Grants and allocations \$ 19,469,892.) If this amount includes foreign grants, check here ☐

72,160,492.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

72,160,492.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	60,484.	45	60,216.	
	46 Savings and temporary cash investments	1,915,819.	46	3,107,203.	
	47a Accounts receivable	8,764,231.			
	b Less: allowance for doubtful accounts	592,248.	47b		
			7,829,194.	47c	8,171,983.
	48a Pledges receivable	6,652,868.			
	b Less: allowance for doubtful accounts	752,808.	48a		
			4,760,202.	48c	5,900,060.
	49 Grants receivable	519,912.	49		532,235.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51a		
				51b	
				51c	
	52 Inventories for sale or use	2,250,542.	52		2,407,251.
	53 Prepaid expenses and deferred charges	1,480,656.	53		1,029,273.
	54a Investments - publicly-traded securities	198,031,799.	54a		237,973,771.
	b Investments - other securities (attach schedule)		54b		
55a Investments - land, buildings, and equipment: basis	12,987,545.				
b Less: accumulated depreciation (attach schedule)	NONE	55a			
		14,213,251.	55b		
			55c	12,987,545.	
56 Investments - other (attach schedule)	407,729.	56		3,231,558.	
57a Land, buildings, and equipment: basis	171,238,807.				
b Less: accumulated depreciation (attach schedule)	61,517,543.	57a			
		105,013,993.	57b		
			57c	109,721,264.	
58 Other assets, including program-related investments (describe)	3,701,685.	58		4,698,029.	
59 Total assets (must equal line 74). Add lines 45 through 58	340,185,266.	59		389,820,388.	
Liabilities	60 Accounts payable and accrued expenses	13,068,667.	60		13,186,386.
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	48,841,229.	64b		50,671,466.
	65 Other liabilities (describe)	51,640,706.	65		50,252,417.
66 Total liabilities. Add lines 60 through 65	113,550,602.	66		114,110,269.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	115,148,534.	67		152,583,326.
	68 Temporarily restricted	7,789,314.	68		8,483,183.
	69 Permanently restricted	103,696,816.	69		114,643,610.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	226,634,664.	73		275,710,119.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	340,185,266.	74		389,820,388.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.	a	146,908,616.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	5,613,198.
2	Donated services and use of facilities.	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 28</u>	b4	-2,397,704.
	Add lines b1 through b4	b	3,215,494.
c	Subtract line b from line a	c	143,693,122.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>SEE STATEMENT 29</u>	d2	-52,802.
	Add lines d1 and d2	d	-52,802.
e	Total revenue (Part I, line 12). Add lines c and d.	e	143,640,320.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	92,249,437.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): -- SEE STATEMENT 30 -----	b4	5,177,772.
	Add lines b1 through b4	b	5,177,772.
c	Subtract line b from line a	c	87,071,665.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): -- SEE STATEMENT 31 -----	d2	19,469,892.
	Add lines d1 and d2	d	19,469,892.
e	Total expenses (Part I, line 17). Add lines c and d	e	106,541,557.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

1	2	3
---	---	---

75b	x
-----	---

75c	X	

75d	x
-----	---

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
----------	--

[illegible]

Part VI Other Information (See the instructions.)										Yes	No
---	--	--	--	--	--	--	--	--	--	-----	----

76		X
----	--	---

77		X

78-	Y	
-----	---	--

78a	X	
78b	Y	

79		Y
----	--	---

80a	Y	
-----	---	--

000	1	
001	2	
002	3	
003	4	
004	5	
005	6	
006	7	
007	8	
008	9	
009	10	
010	11	
011	12	
012	13	
013	14	
014	15	
015	16	
016	17	
017	18	
018	19	
019	20	
020	21	
021	22	
022	23	
023	24	
024	25	
025	26	
026	27	
027	28	
028	29	
029	30	
030	31	
031	32	
032	33	
033	34	
034	35	
035	36	
036	37	
037	38	
038	39	
039	40	
040	41	
041	42	
042	43	
043	44	
044	45	
045	46	
046	47	
047	48	
048	49	
049	50	
050	51	
051	52	
052	53	
053	54	
054	55	
055	56	
056	57	
057	58	
058	59	
059	60	
060	61	
061	62	
062	63	
063	64	
064	65	
065	66	
066	67	
067	68	
068	69	
069	70	
070	71	
071	72	
072	73	
073	74	
074	75	
075	76	
076	77	
077	78	
078	79	
079	80	
080	81	
081	82	
082	83	
083	84	
084	85	
085	86	
086	87	
087	88	
088	89	
089	90	
090	91	
091	92	
092	93	
093	94	
094	95	
095	96	
096	97	
097	98	
098	99	
099	100	

[illegible]

81b		y
-----	--	---

Part VI Other Information (continued)

Yes No

82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	NONE	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911		NONE	
	section 4912		NONE	
	section 4955		NONE	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A	
90a	List the states with which a copy of this return is filed		NONE	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	1846	
91a	The books are in care of		STACEY MCGEE	
	Located at		ACU BOX 29120, ABILENE TX	
	Telephone no.		325-674-2539	
	ZIP + 4		79699-9120	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X	
	If "Yes," enter the name of the foreign country		ENGLAND	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒ X ☐If "Yes," enter the name of the foreign country ► ENGLAND, URUGUAY92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a TUITION AND FEES					67,755,661.
b AUXILIARY ENTERPRISES					12,751,690.
c EDUCATION SERVICES					3,919,058.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments .			14	54,344.	
96 Dividends and interest from securities			14	2,409,995.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .			16	131,265.	
99 Other investment income	211110	94,811.	15	11,804,094.	
100 Gain or (loss) from sales of assets other than inventory			18	20,840,761.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	451211	211,294.	03	1,122,989.	
103 Other revenue: a					
b OTHER INCOME					75,856.
c LEASE BONUS					1,300,203.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		306,105.		36,363,448.	85,802,468.
105 Total (add line 104, columns (B), (D), and (E))					122,472,021.

Note: Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 46

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☒ X No ☐(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒ X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

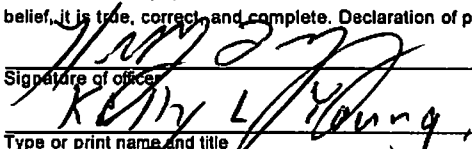
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X


	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
		X

Please 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 officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date <u>4/14/08</u>	
	Type or print name and title <u>Kelly L. Young, CFO</u>		

Paid Preparer's Use Only	Preparer's signature 	Date <u>4/9/08</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00133134</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GRANT THORNTON LLP</u> <u>1717 MAIN STREET, SUITE 1500</u> <u>DALLAS, TX 75201</u>	EIN <u>36-6055558</u>	Phone no. <u>214-561-2300</u>	

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - 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 ☐

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 Form 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization ABILENE CHRISTIAN UNIVERSITY		Employer identification number 75-0851900
	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):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> 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 **01/15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ 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.

Form 8868 (Rev. 4-2007)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ABILENE CHRISTIAN UNIVERSITY	75-0851900
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	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):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **STACEY MCGEE**

Telephone No. **325 674-2539**

FAX No. **325 674-2539**

• 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) **0000**. 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 is for.

- 4 I request an additional 3-month extension of time until **04/15, 20 08**.
- 5 For calendar year **2006**, or other tax year beginning **06/01, 20 06** and ending **05/31, 2007**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a \$
8b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. 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.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CFO** Date **1/3/08**

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

By: _____

Director _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	GRANT THORNTON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	1717 MAIN STREET, SUITE 1500
	City or town, province or state, and country (including postal or ZIP code)
	DALLAS, TX 75201

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 47				

Total number of other employees paid over \$50,000 . . ▶ 250

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 48		

Total number of others receiving over \$50,000 for professional services ▶ 5

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 49		

Total number of other contractors receiving over \$50,000 for other services ▶ 29

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT . 50	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT . 51	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ►	9.		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	2,193,323.		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total, and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30 X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) STMT 52	31 X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities?	33h	X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? STMT 53	34a X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	X
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35 X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e)) . . .					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e)) . . .					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule of Contributors

OMB No. 1545-0047

2006

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		5,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		54,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		26,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		6,525.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		125,555.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		6,031.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		5,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		6,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		14,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		5,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		7,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		6,250.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		11,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		10,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		6,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		5,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		26,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		40,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		25,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		6,495.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		10,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		26,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		263,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		17,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		1,037,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		102,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		1,650,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		72,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		7,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		190,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		308,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		33,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		6,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		20,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		70,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		40,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		163,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **ABILENE CHRISTIAN UNIVERSITY**

Employer identification number

75-0851900**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>73</u>		<u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>74</u>		<u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>75</u>		<u>7,529.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>76</u>		<u>542,501.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>77</u>		<u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>78</u>		<u>20,696.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		5,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		6,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		47,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		22,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		13,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		10,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		10,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		12,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		10,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		10,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		9,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		48,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		110,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		267,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		24,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
121		5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
122		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123		15,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124		26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
127		263,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
128		146,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129		186,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130		1,006,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131		12,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132		13,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
133		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
134		8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		129,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		84,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		106,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138		437,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
139		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
140		8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141		5,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142		5,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144		5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
145		38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
146		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147		50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149		16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
151		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
152		9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154		23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155		8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156		5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
157		39,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
158		50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160		147,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161		11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162		5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
163		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
164		9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165		5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166		15,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
169		43,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
170		6,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171		25,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172		5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173		35,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174		263,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
175		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
176		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178		6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179		77,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
180		16,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
181		9,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
182		100,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
183		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
184		7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
185		5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
186		5,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
187		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
188		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
189		5,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
190		14,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
191		11,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
192		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
193		32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
194		8,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
195		11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
196		60,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
197		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
198		22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
199		40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
200		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
201		7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
202		5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
203		37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
204		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
205		10,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
206		41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
207		50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
208		10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
209		25,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
210		100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
211		53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
212		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
213		50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
214		8,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
215		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
216		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
217		26,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
218		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
219		6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
220		56,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
221		97,876.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
222		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
223		13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
224		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
225		55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
226		16,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
227		51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
228		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
229		5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
230		25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
231		10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
232		37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
233		40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
234		212,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
235		12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
236		5,307.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
237		4,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	104 SHARES OF EXXONMOBIL STOCK	\$ 7,389.	
44	1000 SHARES OF CALPINE POWER INCOME FUND STOCK	\$ 10,885.	
57	LAND AND MINERALS IN SCHLEICHER COUNTY, TX	\$ 102,625.	
60	170 SHARES OF SABINE ROYALTY TRUST STOCK	\$ 7,047.	
61	NOTES RECEIVABLE	\$ 190,891.	
66	MINERAL INTEREST IN LUBBOCK COUNTY, TX	\$ 20,020.	

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
85	GMAC BONDS _____ _____ _____	\$ 47,787.	_____
120	982 SHARES OF HARTE-HANKS INC. STOCK _____ _____ _____	\$ 24,796.	_____
127	GIFT-IN-KIND _____ _____ _____	\$ 263,970.	_____
129	PARTNERSHIP INTEREST IN CRESTSIDE COPPELL LP _____ _____ _____	\$ 186,000.	_____
130	20408 SHARES OF TRAMMELL CROW CO. STOCK _____ _____ _____	\$ 1,006,931.	_____
132	MUTUAL FUND SHARES _____ _____ _____	\$ 13,610.	_____

Name of organization ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
137	STOCKS _____ _____ _____	\$ 106,948.	_____
160	VARIOUS STOCKS _____ _____ _____	\$ 147,109.	_____
166	LIFE INSURANCE POLICY _____ _____ _____	\$ 15,626.	_____
182	4175 SHARES OF NY TIMES CO. STOCK _____ _____ _____	\$ 100,826.	_____
196	INSURANCE POLICY _____ _____ _____	\$ 60,305.	_____
	_____ _____ _____ _____	\$ _____	_____

SCHEDULE FOR DEPRECIATION CLAIMED

14342H 649J

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

INCOME	137,819.

	137,819.
	=====

OTHER DEDUCTIONS

LABOR	14,636.

	14,636.
	=====

SCHEDULE FOR DEPRECIATION CLAIMED[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

INCOME

12,480.

12,480.

=====

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

INCOME	33,768.

	33,768.
	=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL HOUSE	137,819.		52,802.	85,017.
TOWER RENTAL	12,480.			12,480.
VARIOUS CAMPUS PROPE	33,768.			33,768.
	-----	-----	-----	-----
TOTALS	184,067.		52,802.	131,265.
	=====	=====	=====	=====

FORM 990, PART I - OTHER INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

OIL AND GAS ROYALTIES

8,458,052.

CAPITAL GAINS DISTRIBUTIONS

3,440,853.

TOTAL

11,898,905.

=====

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION

AMOUNT

INVENTORY SALES: BOOKSTORE

5,085,868.

TOTAL

5,085,868.
=====

FORM 990, PART I - COST OF GOODS SOLD
=====

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
-----	-----	-----	-----	-----	-----	-----
INVENTORY SALES: BOOKSTORE	2,250,542.	4,520,671.			3,019,628.	3,751,585.
TOTALS	2,250,542.	4,520,671.			3,019,628.	3,751,585.
	=====	=====	=====	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

5,613,198.

CHANGE IN VALUE OF SPLIT INTEREST

4,358,186.

FIN 47 CHANGE IN ACCOUNTING ESTIMATE

2,476,363.

TOTAL

12,447,747.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

CHANGES IN NET ASSETS RE: FOUNDATION
TRANSFER

471,055.

TOTAL

471,055.
=====

FORM 990, PART II - GRANTS PAID FROM DONOR ADVISED FUNDS

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID FROM DONOR ADVISED FUNDS

SCHOLARSHIPS

ACADEMIC

76,225.

OUTSIDE ORGANIZATIONS

CHARITABLE CONTRIBUTION

210,750.

TOTAL CONTRIBUTIONS PAID FROM DONOR ADVISED FUNDS

286,975.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ROYCE MONEY			
COMPENSATION:	NONE	208,069.	23,119.
CONTRIBUTIONS TO BENEFIT PLANS:		18,784.	2,087.
EXPENSE ACCOUNT:		11,945.	1,327.
JACK RICH			
COMPENSATION:	NONE	178,665.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		15,901.	
EXPENSE ACCOUNT:		823.	
DWAYNE VANRHEENEN			
COMPENSATION:	17,810.	160,287.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	1,585.	14,267.	
GARY MCCALED			
COMPENSATION:	NONE	124,956.	13,884.
CONTRIBUTIONS TO BENEFIT PLANS:		10,793.	1,199.
PHIL SCHUBERT			
COMPENSATION:	NONE	148,233.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		13,287.	
CHARLES SIBURT			
COMPENSATION:	125,124.	NONE	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	10,157.		
MICHELLE MORRIS			
COMPENSATION:	NONE	85,901.	9,545.
CONTRIBUTIONS TO BENEFIT PLANS:		4,797.	533.
WILLIAM TEAGUE			
COMPENSATION:	NONE	NONE	61,422.
CONTRIBUTIONS TO BENEFIT PLANS:			3,417.
EXPENSE ACCOUNT:			2,900.
SLADE SULLIVAN			
COMPENSATION:	NONE	111,800.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		10,370.	

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
JOHN TYSON			
COMPENSATION:	NONE	NONE	151,666.
CONTRIBUTIONS TO BENEFIT PLANS:			14,461.
TOTALS	154,676.	1,118,878.	285,560.

FORM 990, PART II, LINE 25B - FORMER OFFICER COMPENSATION SCHEDULE

=====

FORMER OFFICER NAME -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
DWANE HART		
COMPENSATION:	14,580.	1,620.
CONTRIBUTIONS TO BENEFIT PLANS:	814.	90.
BILL HILTON		
COMPENSATION:	34,936.	3,882.
CONTRIBUTIONS TO BENEFIT PLANS:	3,348.	372.
BOB HUNTER		
COMPENSATION:	43,087.	4,787.
CONTRIBUTIONS TO BENEFIT PLANS:	4,042.	449.
JOHN STEVENS		
COMPENSATION:	45,497.	5,055.
CONTRIBUTIONS TO BENEFIT PLANS:	2,541.	282.
LOUIS WELCH		
COMPENSATION:	45,000.	5,000.
TOTALS	----- 193,845. =====	----- 21,537. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
STUDENT PROGRAMS	495,431.	428,078.	67,353.	NONE
INSURANCE	1,081,674.	18,218.	1,063,456.	NONE
BAD DEBT/AR WRITE OFF	1,023,186.	101,410.	921,776.	NONE
TAXES	733,968.	379,877.	353,839.	252.
TECHNOLOGY SUPPORT	1,524,857.	658,296.	851,824.	14,737.
REPAIRS, MAINTENANCE, AND BULD	1,873,390.	529,756.	1,310,405.	33,229.
FOOD SERVICE CONTRACT	3,891,298.	3,891,298.	NONE	NONE
CONSULTANTS AND PROF. SERVICES	1,302,256.	641,187.	379,846.	281,223.
DUES AND SUBSCRIPTIONS	478,953.	213,874.	244,968.	20,111.
ADVERTISING	308,055.	227,746.	59,131.	21,178.
PHOTOGRAPHY	227,353.	51,875.	42,165.	133,313.
BANK AND CREDIT CARD FEES	336,859.	37,116.	285,905.	13,838.
UNIFORMS	246,310.	238,760.	7,550.	NONE
SPRING BREAK CAMPAIGN	292,644.	292,644.	NONE	NONE
FEED AND VET EXP. FOR FARM	22,211.	4,849.	17,362.	NONE
ROYALTIES FOR RADIO PROGRAMS	91,264.	90,939.	NONE	325.
MISCELLANEOUS	407,322.	226,663.	162,424.	18,235.
ACCRETION EXPENSE	382,510.	NONE	382,510.	NONE
TOTALS	14,719,541.	8,032,586.	6,150,514.	536,441.

=====

=====

=====

=====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

PROGRAM SERVICE ACCOMPLISHMENT A

ABILENE CHRISTIAN UNIVERSITY IS A HIGHER EDUCATION INSTITUTION WHICH SERVES APPROXIMATELY 4800 GRADUATE AND UNDERGRADUATE STUDENTS. IN ADDITION TO EDUCATING THE STUDENTS, THE UNIVERSITY ON-CAMPUS AND OFF-CAMPUS HOUSING, ON-CAMPUS FOOD SERVICES, ATHLETIC PROGRAMS, AND ASSISTANCE WITH STUDENT AID. ACU ALSO OPERATES PROGRAMS TO FOSTER RELATIONSHIPS WITH ALUMNI OF THE SCHOOL.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	1,029,273.

TOTALS	1,029,273.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MUTUAL FUNDS, STOCKS, & BONDS	237,973,771.

TOTALS	237,973,771.
	=====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION

ENDING
BOOK VALUE

OTHER INVESTMENTS

3,231,558.

TOTALS

3,231,558.

=====

|||||

	FIXED ASSET DETAIL					ACCUMULATED DEPRECIATION DETAIL			
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L	2,904,699.			2,904,699.	NONE	NONE		NONE
LEASEHOLD IMPRO.		33105233.			33105233.	10860299.	1,660,740.		12521039.
BUILDING		105835409.			105835409.	34387775.	1,527,716.		35915491.
EQUIPMENT		26227255.			26227255.	10766038.	2,314,976.		13081014.
CONST. IN PROGRESSC		3,166,211.			3,166,211.	NONE	NONE		NONE
TOTALS		171238807.			171238807.	56014112.			61517544.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

ENDING

BOOK VALUE

OTHER ASSETS

4,698,029.

TOTALS

4,698,029.

=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: 1998 HIGHER EDUCATION IMPORVEMENT BONDS
 INTEREST RATE: 4.750000
 MATURITY DATE: 05/31/2019
 REPAYMENT TERMS: ANNUAL INSTALLMENTS

BEGINNING BALANCE DUE	9,000,000.
ENDING BALANCE DUE	8,770,000.

LENDER: 2001 HIGHER EDUCATION IMPROVEMENT BONDS
 INTEREST RATE: 5.000000
 MATURITY DATE: 05/31/2021
 REPAYMENT TERMS: SEMI-ANNUAL INSTALLMENTS
 SECURITY PROVIDED: REVENUES

BEGINNING BALANCE DUE	8,085,568.
ENDING BALANCE DUE	7,712,624.

LENDER: BANK OF AMERICA
 MATURITY DATE: 07/17/2006
 REPAYMENT TERMS: ALL PRINCIPAL DUE AT MATURITY DATE
 SECURITY PROVIDED: REVENUES
 PURPOSE OF LOAN: 2002 HIGH EDUCATION REVENUE BONDS

BEGINNING BALANCE DUE	6,000,000.
ENDING BALANCE DUE	NONE

LENDER: 2003 HIGHER EDUCATION REVENUE BONDS
 MATURITY DATE: 05/31/2024
 REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
 SECURITY PROVIDED: REVENUE

BEGINNING BALANCE DUE	8,667,573.
ENDING BALANCE DUE	8,325,235.

LENDER: 2005 TAX-EXEMPT LEASE
INTEREST RATE: 3.590000
MATURITY DATE: 05/31/2010
REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
SECURITY PROVIDED: LEASED TECHNOLOGY EQUIPMENT

BEGINNING BALANCE DUE	1,028,248.
ENDING BALANCE DUE	784,706.

LENDER: 2005 HIGHER EDUCATION REVENUE BONDS
ORIGINAL AMOUNT: 6,700,000.
MATURITY DATE: 05/31/2026
REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
SECURITY PROVIDED: REVENUES

BEGINNING BALANCE DUE	6,700,000.
ENDING BALANCE DUE	6,365,000.

LENDER: 2005 B HIGHER EDUCATION REVENUE BONDS
ORIGINAL AMOUNT: 1,979,250.
MATURITY DATE: 05/31/2026
REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
SECURITY PROVIDED: REVENUES

BEGINNING BALANCE DUE	1,979,250.
ENDING BALANCE DUE	1,877,750.

LENDER: 2006 HIGHER EDUCATION REVENUE BONDS
ORIGINAL AMOUNT: 7,380,590.
MATURITY DATE: 05/31/2026
REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
SECURITY PROVIDED: REVENUES

BEGINNING BALANCE DUE	7,380,590.
ENDING BALANCE DUE	7,329,811.

LENDER: BANK OF AMERICA
 ORIGINAL AMOUNT: 6,000,000.
 INTEREST RATE: 6.060000
 DATE OF NOTE: 07/01/2006
 MATURITY DATE: 05/31/2026
 REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS
 SECURITY PROVIDED: REVENUES
 PURPOSE OF LOAN: REFINANCE SERIES 2002 TAXABLE LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	5,700,000.

LENDER: STANFORD HIGHER EDUCATION FACILITIES COR
 ORIGINAL AMOUNT: 2,619,410.
 INTEREST RATE: 4.430000
 REPAYMENT TERMS: SEMI ANNUAL INSTALLMENTS

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	2,553,925.

LENDER: BANK OF THE WEST
 ORIGINAL AMOUNT: 882,603.
 PURPOSE OF LOAN: LOAN ON PLYMOUTH PARK

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	861,261.

LENDER: FNB
 ORIGINAL AMOUNT: 400,000.
 PURPOSE OF LOAN: LOAN ON SCOREBOARD 2006

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	391,154.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	48,841,229.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	50,671,466.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

DEPOSITS AND OTHER LIABILITIES

22,433,087.

RESERVE FOR SPLIT INTEREST

27,819,330.

TOTALS

50,252,417.
=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
COST OF GOODS SOLD- RECLASS	3,751,584.
ACU FOUNDATION REVENUE	1,413,581.
WOODWARD MEMORIAL TRUST REV.	4,718,080.
SCRMP REVENUE	354,390.
FIN 47 CHANGE IN ACCOUNTNG EST	2,476,367.
CHANGE IN VALUE OF SPLIT INT.	4,358,186.
SCHOLARSHIP EXPENSE - RECLASS	-19,469,892.

TOTAL	-2,397,704.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSE-RECLASS	-52,802.

TOTAL	-52,802.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSE- RECLASS	52,803.
ACU FOUNDATION EXPENSES	800,205.
SCRMP EXPENSES	573,180.
COGS RECLASS	3,751,584.

TOTAL	5,177,772.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
SCHOLARSHIP EXPENSE-RECLASS	19,469,892. -----
TOTAL	19,469,892. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ROYCE MONEY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	PRESIDENT 40.00	231,188.	20,871.	13,272.
JACK RICH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	SR. VP & CHIEF INVST. OFFICER 40.00	178,665.	15,901.	823.
DWAYNE VANRHEENEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	PROVOST 40.00	178,097.	15,852.	NONE
GARY MCCALED 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF UNIVERSITY 40.00	138,840.	11,992.	NONE
PHIL SCHUBERT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF FINANCE 40.00	148,233.	13,287.	NONE
CHARLES SIBURT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT CHURCH RELATION 40.00	125,124.	10,157.	NONE
MICHELLE MORRIS	VICE PRESIDENT UNIVERSITY REL. 40.00	95,445.	5,330.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120				
WILLIAM TEAGUE 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	CHANCELLOR 40.00	61,422.	3,417.	2,900.
SLADE SULLIVAN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	GENERAL COUNSEL 40.00	111,800.	10,370.	NONE
JOHN TYSON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE PRESIDENT OF DEVELOPMENT 40.00	151,666.	14,461.	NONE
DAN GARRETT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	VICE-CHANCELLOR 40.00	NONE	NONE	NONE
MR. ABELARDO ALVAREZ, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. APRIL K. ANTHONY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ABILENE, TX 79699-9120				
MR. F. TODD BARFIELD, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. LANCE W. BARROW 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. CYNTHIA R. BROWN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. DALE A. BROWN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. MARY PRUDIE BROWN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. WILLIAM D. BUSCH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MR. HERBERT L. BUTRUM 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. MICHAEL R. CALVERT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. VIRGINA P. CHAMBERS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. TERRY L. CHILDERS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. MARY F. CLARK 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. C.E. CORNUTT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. DON W. CRISP	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120				
MR. BILLY C. CURL 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. JENNIFER H. DOAN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. A. DON DRENNAN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. N. SHARRON DRURY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JOHN M. DUNCUM 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. CHARLES W. EZZELL 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ABILENE, TX 796999120				
MR. DEON B. FAIR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. HERIBERTO GUERRA 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. RAY V. HANSEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. WILLIAM F. HOOTEN 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JASPER HOWARD 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. MARSHAL KELLAR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MR. JEFFREY D. KNIGHT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. L. ROGER KNIGHT 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. GUY M. LEWIS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. RICHARD H. LUNSFORD 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. THOMAS K. LYONS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. STEVEN SCOTT MACK 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. JANICE M. MASSEY	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120				
MR. C. TODD MILLER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. G. RANDY NICHOLSON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. ROBERT K. OGLESBY, SR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JAMES M. ORR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. BARRY D. PACKER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MRS. PATSY F. PARKER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ABILENE, TX 79699-9120				
MR. JOHN W. PETTY II 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. TOMMY D. PHILLIPS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. HUBERT PICKETT, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JAMES R. PORTER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. CHARLES M. RIX 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. EDDIE L. SHARP, JR. 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MRS. BETTYE SKELTON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. GARY SKIDMORE 208A HARDIN ADMINISTRATION BUIDLING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. S. D. SMITH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. STEVEN L. SMITH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JOSEPH L. SMITH III 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. JOHN D. STITES II 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
MR. ROBERT J. STRADER, SR.	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120				
MRS. MELINDA A. WORLEY 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	TRUSTEE 1.00	NONE	NONE	NONE
	GRAND TOTALS	1,420,480.	121,638.	16,995.

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAN GARRETT ACU FOUNDATION PRESIDENT	75-2386500	125,269.	11,086.	2,226.
	GRAND TOTALS	125,269.	11,086.	2,226.

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DWANE HART 208A HARDING ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	NONE	16,200.	905.	NONE
BILL HILTON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	NONE	38,818.	3,720.	NONE
BOB HUNTER 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	NONE	47,874.	4,491.	NONE
JOHN STEVENS 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	NONE	50,552.	2,823.	NONE
LOUIS WELCH 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	NONE	50,000.	NONE	NONE
GRAND TOTALS	NONE	203,444.	11,939.	NONE

=====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: ACU FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: STONE-CAMPBELL RESTORATION MOVEMENT
PUBLISHERS

EXEMPT: X NONEXEMPT:

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES
=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	THE MISSION OF ABILENE CHRISTIAN UNIVERSITY IS TO EDUCATE STUDENTS FOR CHRISTIAN SERVICE AND LEADERSHIP THROUGHOUT THE WORLD. OUR MAIN SOURCE OF INCOME TO EDUCATE THE STUDENTS COMES FROM THE TUITION AND FEES CHARGED TO THE STUDENTS. EDUCATIONAL SERVICES AND OTHER INCOME LISTED CONTRIBUTE TO THE EDUCATION OF THE STUDENTS BY PROVIDING ACTIVITIES FOR THE STUDENTS TO USE THEIR NEWLY LEARNED SKILLS TO FURTHER EDUCATE THE STUDENTS IN NON-CLASSROOM SETTINGS. THIS INCOME INCLUDES REGISTRATION FEES FOR VARIOUS CONFERENCES ORGANIZED BY ACU, TICKET SALES FOR THEATER EVENTS, FEES FOR COUNSELING SERVICES, INCOME FROM STUDENT NEWSPAPER, AND STUDY ABROAD FEES.
93B	
103B	
103C	
93C	AUXILIARY INCOME IS DERIVED FROM OPERATIONS ON THE CAMPUS WHICH ARE FOR THE STUDENTS COMFORT AND EDUCATION. THESE REVENUES INCLUDE ITEMS SUCH AS HOUSING, BOOKSTORE, ATHLETIC EVENTS, AND MEAL PLANS.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
RICK LYTTLE 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	DEAN BUSINESS ADMIN 40.00	161,550.	14,916.	NONE
COLLEEN DURRINGTON 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	DEAN ARTS & SCIENCE 40.00	110,000.	11,176.	NONE
PHIL BOONE 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	DIR CENTENNIAL CAMP 40.00	110,965.	11,205.	NONE
JOE COPE 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	EXECUTIVE DIRECTOR 40.00	106,785.	10,439.	NONE
ANTHONY RECTOR 208A HARDIN ADMINISTRATION BUILDING, ACU BOX 29120 ABILENE, TX 79699-9120	DIR MEDICAL CLINIC 40.00	110,000.	11,176.	NONE
	TOTAL COMPENSATION	----- 599,300. =====	----- 58,912. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

RUFFALO CODY LLC PO BOX 3018 RAPID CITY, IA 52406	CONSULTANT	286,581.
LCG ASSOCIATES 400 GALLERIA PARKWAY, SUITE 1800 ATLANTA, GA 30339	INVEST. CONSULTANT	160,509.
GRANT THORNTON 33911 TREASURY CENTER CHICAGO, IL 60694	CPA	90,194.
ENTERPRISE BUILDING LP PO BOX 1720 ABILENE, TX 79604	ENGINEER	71,823.
SECURITY TITLE CO. 4400 BUFFALO GAP ROAD ABILENE, TX 79606	TITLE COMPANY	65,399.
TOTAL COMPENSATION		----- 674,506. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

ARAMARK ACU BOX 27794 ABILENE, TX 79699	FOOD SERVICE	4,575,166.
HILL & WILKINSON 800 KLEIN ROAD, SUITE 100 PLANO, TX 75074	CONTRACTOR	1,242,845.
WFF FACILITY SERVICES ACU BOX 2896 ABILENE, TX 79699	HOUSEKEEPING	1,023,420.
BONTKE BROTHERS CONSTRUCTION PO BOX 2896 ABILENE, TX 79604	CONTRUCTION	1,342,753.
TITTLE LUTHER LLP 350 BEECH STREET ABILENE, TX 79601	ARCHITECTURE	1,023,066.
TOTAL COMPENSATION		----- 9,207,250. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

CERTAIN OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS. SEE FORM 990, PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONABLE AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

ACADEMIC ABILITY, TALENT, AND FINANCIAL NEED OF STUDENTS ARE EVALUATED AND MATCHED WITH THE APPROPRIATE SCHOLARSHIP BASED ON THE SCHOLARSHIP REQUIREMENTS. FINANCIAL NEEDS OF STUDENTS ARE EVALUATED AND MATCHED TO QUALIFIED LOANS.

SCHEDULE A, PART V - EXPLANATION FOR LINE 31

=====

THE UNIVERISTY INCLUDES THE FOLLOWING STATEMENT AS PART OF ITS PUBLISHED
ADMISSION REQUIREMENTS: "ABILENE CHRISITIAN UNIVERSITY IS FULLY COMMITTED
TO PROVIDING EQUAL EDUCATIONAL OPPORTUNITIES FOR STUDENTS WITHOUT REGARD
TO RACE, COLOR, SEX, CREED, HANDICAP, OR NATURAL ORGIN, AS REQUIRED BY
APPLICABLE STATE AND FEDERAL LAW."

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

=====

ABILENE CHRISTIAN UNIVERSITY'S ASSISTANCE FROM A GOVERNMENTAL AGENCY
CONSISTS MOSTLY OF SUPPORT THROUGH THE DEPARTMENT OF EDUCATION FOR STUDENT
FINANCIAL ASSISTANCE. IN ADDITION, THE UNIVERSITY RECIEVES A FEW SMALLER
GRANTS FOR TEACHER QUALITY AND RESEARCH.

75-0851900

JSA
6F0970 2.000

ABILENE CHRISTIAN UNIVERSITY
Supplement to Form 4797 Part II Detail

75-0851900

[illegible]

DEPRECIATION

Listed Property

AMORTIZATION

[illegible]

*Assets Retired
JSA
6X9024 1.000