Form **990-T**

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

For calendar year 2009 or other tax year beginning -6/01

OMB No. 1545-0687

Department of the Treasury

, 2009, and ending 5/31 , 2010

	rnal Revenue Service (77)	► See sep	parate in	structions.				501(c)(3) O	rganizations Only
B	X 501(C)(3) or	ABILENE CHRISTIAN ACU BOX 29120 ABILENE, TX 79699-		RSITY			D		entification numbe trust, see or Block D.)
	408A 530(a) 529(a)		9120				E	Block E.)	siness activity estructions for
С	Book value of all assets at F Group	exemption number (See inst	ructions	for Block F.) 🟲					
	420,067,260. G Check	organization type ► X	501(c)	corporation	501(c) trust	401/a) trust	Other trust
Н	Describe the organization's primary	unrelated business activity.	······································		<u></u>	/	1.0.70	/ trast	Totaler trust
-	RETAIL SALES, INVESTME	ENT INCOME							
ı	During the tax year, was the corpora	ation a subsidiary in an affilia	ated aro	up or a parent-si	ıhsidiar	v controlled	oroun?	▶ [],	Yes X No
	If 'Yes,' enter the name and identify	ying number of the parent co	rporation	i ►	i Doraitai	y controlled	group:		ies VIVO
j	The books are in care of . F STACE	Y L. MCGEE			Tele	phone numbe	ar ► 3	25-674	-2705
Pa	rt I Unrelated Trade or Bu			(A) Income	100	(B) Expen			
1	a Gross receipts or sales		T	() HICOMIC		(D) Exper	1505	'	(C) Net
	b Less returns and allowances	c Balance ►	1 c	341,7	50				
2	Cost of goods sold (Schedule A, li	ine 7)	2	233,9					
3		line 1c	3	107,7					107 754
4	a Capital gain net income (attach So	chedule D)	4a	2017,	· ·			in a second	107,754.
	b Net gain (loss) (Form 4797, Part II, line 17)	(attach Form 4797)	4 b					3 3	
	c Capital loss deduction for trusts		4c					31 33	
5	Income (loss) from partnerships a	nd S cornorations)4- (4-	
_	(attach statement)		5	24,9	67.				24,967.
6	Rent income (Schedule C)	••••••	6						
7 8	Unrelated debt-financed income (S	Schedule E)	7						
J	Interest, annuities, royalties, and rorganizations (Schedule F)	ents from controlled	8						
9	Investment income of a section 501(c)(7), (9	9), or (17) organization (Sch B)	9						<u> </u>
10	Exploited exempt activity income ((Schedule 1)	10					<u> </u>	
11	Advertising income (Schedule J)	(30/100010 1)	11						
12		tach schedule)	' 				. 4 : 5, : 5, : 5		
		SEE STATEMENT 2	12	25,88	20				05 000
13	Total. Combine lines 3 through 12		12	150 60	12	North Chester Might	• • • • • • • •	 	25,882.
Par	Deductions Not Taken	Elsewhere (See instruc	rtions t	for limitations	00 da	ductiona	0.	<u> </u>	158,603.
	(Except for contribution	ns, deductions must be	directl	v connected v	vith th	e unrelate	d huei	inace inc	omo)
14	Compensation of officers, directors	s, and trustees (Schedule K)		,		o am ciato	1003	T T	orne.)
15	Salaries and wages		. ,	*************		* * * * * * * * * * * * * * * * * * * *	. 14	ļ	00 100
16	Repairs and maintenance								80,162.
17	Bad debts			• • • • • • • • • • • • • • • • • • • •			. 16	<u> </u>	
18	Interest (attach schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************			17		
19	Taxes and licenses.				,		. 18	ļ	
20	Charitable contributions (See instru	ictions for limitation rules)					. 19	ļ	
21	Depreciation (attach Form 4562)			21		• • • • • • • • • • • • • •		-	
22	Less depreciation claimed on Scher	dule A and elsewhere on retu	ırn	220					
23	Depletion		#111	<u>ZZaj</u>			22 b		2 000
24	Contributions to deferred compensa	ation plans	· · <i>· ·</i> · · · ·				. 23		3,882.
25	Employee benefit programs	storr plana,					. 24		
26	Excess exempt expenses (Schedule	e 1)				• • • • • • • • • • • • • • • • • • • •	. 25		21,203.
27	Excess readership costs (Schedule	J)		• • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	. 26		
28	Other deductions (attach schedule).			 T2	E STI		. 27 3 28		E2 260
29	Total deductions. Add lines 14 thro	ough 28					20		53,360. 158,607.
30	Unrelated business taxable income	before net operating loss der	duction	Subtract line 29	from li	no 13	30		-4.
31	Net operating loss deduction (limited	cd to the amount on line 30) .		ATP SEE STA	измал	ו יינ	21		- 7.
32	Unrelated business taxable income	before specific deduction. Su	ibtract li	ne 31 from line 3	? ∩		32		-4.
55	Specific deduction (Generally \$1,00)	10, but see line 33 instruction:	s for exc	eptions)			33		
34	Unrelated business taxable income the smaller of zero or line 32	 Subtract line 33 from line 3 	2. If line	: 33 is greater th	an line	32, enter	2/1		_ 0

Form	990-T (2009) ABILENE CHRISTIAN UNIVERSITY	75 0051000	
Part	III Tax Computation	75-0851900	Page 2
35	Organizations Taxable as Corporations. See instructions for tax computation	NE 200	
	Controlled group members (sections 1561 and 1563) check here ► See instructions and		
a	anter your share of the \$50,000, \$25,000, and \$9.925,000 taxable income brackets (in that order).		
	17 P (2) S (3) G		
b	Inter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	2) Additional 3% tax (not more than \$100,000)		
C	ncome tax on the amount on line 34	► 35 c	0
30	rusts raxable at Trust Rates. See instructions for tax computation. Income tax on the amount		0.
(in line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37 F	roxy tax. See instructions	N 27	
50 /	demative minimum (ax		
-00	otal: Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
	Tax and Fayinents		<u> </u>
40 a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a		
D C	other credits (see instructions).		
C	erieral business credit. Attach Form 3800		
ac	redit for prior year minimum tax (attach Form 8801 or 8827)		
41 0	otal credits. Add lines 40a through 40d.	40 e	0.
11 0	abtract line 40e from line 59	41	0.
42	ther taxes. Check it itotil. Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	42	
1/1 a D	otal tax. Add lines 41 and 42	43	0.
7741	A 2008 overpayment credited to 2009		
c T	009 estimated tax payments. 44b		
d F	ax deposited with Form 8868		
e B	oreign organizations: Tax paid or withheld at source (see instructions)		
f O	ackup withholding (see instructions)		
Ĺ			
46 Es	tal payments. Add lines 44a through 44f	45	0.
47 Ta	timated tax penalty (see instructions). Check if Form 2220 is attached	46	
48 O	x due. If line 45 is less than the total of lines 43 and 46, enter amount owed	► 47	
40 0	respanding to the first larger than the total of lines 43 and 46, enter amount overpaid	▶ 48	
43 EI	ter the amount of line 48 you want: Credited to 2010 estimated tax ► Refund		
Part V	Statements Demandian Co. L. A. M. M.		
	The state of the s		
fin	any time during the 2009 calendar year, did the organization have an interest in or a signature or other	er authority over a	es No
****	media account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form	TD F 00 00 1	
116	bort of Poleigh Bank and Financial Accounts. If YES, enter the name of the foreign country here	TTED KINCDOM V	7
2 Du	ming the tax year, did the organization receive a distribution from, or was it the granter of or transfero	r to, a foreign trust?	X
- 11	Lo, see the instructions for other forms the organization may have to file	is, a roroigh trust.	
3 En	ter the amount of tax-exempt interest received or accrued during the tax year > c	O	
Schedi	IIE A — Cost of Goods Sold. Enter method of inventory valuation ▶ FTFO	1960年	
i inv	entory at beginning of year	6 308	160
2 Pu	chases		,169.
3 Co:	st of labor	Δ	
4a Add	tional section 263A costs (attach schedule) and in Part I, line 2	7 233	,996.
	4a	Ye	
b Othe	r costs ch sch) 4b 8 Do the rules of section 263A		
5 Tot	al Add lines 1 through 4h	ed for resale) apply	
			X
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my knowledge and belief, if	t is true,
Here		May the IRS discuss this reti	urn with
	Signature of officer Date Title	instructions)?	see
Paid	Preparer's Date / Charlet	X Yes	No
Pre-	signature 7/Cha (D)A (Jack II) Self-self-self-self-self-self-self-self-s	Preparer's SSN or PTIN	ч
parer's	Firm's name (or DAVIC KINARD C CO DC		
Use	yours if self- employed), address, and	5-1332266	
Only	address, and ZIP code ABILENE, TX 79601		
	Phone no	(325) 672-40	00

	Come /Fue D I	UNIVERSI					75	-0851900 Pa	
Schedule C — Rent Ir 1 Description of proper	icome (From Real	Property a	nd Pers	sonal Propert	y Lea	sed With	Real P	roperty) (see instructi	
	ty								
(1)							***************************************		
(2)									
(4)									
(-)	2 Rent received								
(a) From nerson:	al property				·	3(2)	D1		
(a) From persona (if the percentage of re property is more the not more than	(if the personal if the rent is	real and percent; property s based (personal propert age of rent for exceeds 50% or on profit or incon	y nel	with the	ıncome	ns directly connected in columns 2(a) and 2(ch schedule)		
(1)				, , , , , , , , , , , , , , , , , , ,					
(2)									
(3)									
Total		· · · · · · · · · · · · · · · · · · ·							
		otal				// \ - \ / \ / \ .			
(c) Total income. Add totals here and on page 1, Part I,	Title 6, column (A)	>				(b) Total ded here and on pa I, line 6, colun	ige 1. Part		
Schedule E – Unrelate	ed Debt-Financed	Income (see	instruct	ions)	,				
1 Description			2 Gros	ss income from	3 De	ductions dire	ctly con	nected with or allocable	
I Description of	1 Description of debt-financed property					ae	DI-Tinano	iced property	
			debt-financed property		denr	(a) Straight feciation (atta	ine	(b) Other deduction (attach schedule)	
(1)						oolation (atte	icii scii)	(attach schedule)	
(2)									
(3)									
(4)									
or allocable to		debt-financed d		ivided by		7 Gross income reportable umn 2 x column 6)		8 Allocable deduction (column 6 x total of	
(1)	3)				(CUI	umn z x colu	mn 6)	columns 3(a) and 3(b	
2)				્					
3)				%					
4)									
					المعامة				
				ļ	ant I,	line 7, colun	page I,lt in (A), lF	Enter here and on page Part I, line 7, column (E	
otals				⊸ i			- 1	the state of the s	
otal dividends-received ded	luctions included in co	lumn 8		_ 					
<u>chedule F – Interest, /</u>	Annuities, Royalti	es, and Ren	<u>its fron</u>	1 Controlled (Orgai	nizations (see instr	uctions)	
		Exempt Contro	ofled Org	anizations					
1 Name of Controlled Organization Organization Number		3 Net unre income (la (see instruc	oss)	4 Total of spec payments ma			ncluded ntrolling	6 Deductions direct connected with incor in column 5	
)						gross in			
)									
)									
)									
nexempt Controlled Organiz	zations						·		
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of s payments		10 Part of c	the co	optrolling	11 cor	Deductions directly nected with income	
)	(000 (1100 0000115)			organization	's gro	ss income		in column 10	
)				-					
)				 					
)									
				Add columns 8	0	10 E-4:	A · ·		
				here and on pa	and age 1.	io. Enter Part I, line	Add col	lumns 6 and 11. Enter	
	**********			8, column (A).	- '	,	8, colur	nd on page 1, part I, lir nn (B).	

1 Description of income	2 Amount of	income			4 Set-asio	tes 5	Total deductions and	
(1)			(a	ttach schedule)	(attach sche	dule) g	et-asides (cotumn 3 plus column 4)	
(2)								
(3)								
(4)								
	Enter here and o Part I, line 9, co	on page 1, Jumn (A).				Ente	er here and on page t I, line 9, column (E	
Totals						Par	t I, line 9, column (E	
Schedule I - Exploited Exemp	ot Activity Inc.	oma Oth	Tl	A 1 • • • •	-			
Schedule I — Exploited Exemp	2 Gross	ome, Otr	ier ina	an Advertising	income (see in	structions)		
1 Description of exploited activity	unrelated business income from trade or business	directly with pro unrelated	penses connected duction of d business ome	unrelated trade or	5 Gross income from activity that is not unrelated business income	6 Expense attributable column !	e to exempt expenses	
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	l on na	ige 1, line 10,				Enter here and on page 1, Part II, line 26.	
Totals								
Schedule J – Advertising Inco	me (See instruct	ions.)					(22.00)	
Part I Income From Periodi	cals Reported	on a Co	nsolid	ated Basis				
1 Name of periodical	2 Gross advertising income	3 Dir advert cos	rect tising	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readersh costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)							\dashv	
(3)								
(4)							\dashv	
otala (assert D. 1.0.6. ass			ĺ					
otals (carry to Part II, line (5))	<u> </u>						}	
Income From Periodic through 7 on a line-by-line b	als Reported	on a Sep	arate	Basis (For each	periodical listed in	n Part II. fill in	1 columns 2	
throught 7 of 7 a fine-by-fine (1 -						. 00/4/1/1/3 2	
1 Name of periodical	2 Gross advertising income	3 Dire adverti cost	sing s	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7,	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
1)							, , , , , , , , , , , , , , , , , , ,	
2)								
3)								
1)								
)Totals from Part I								
tals, Part ff (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, column (A).	Enter her on page Part I, lin column	e 1, e 11, (B).				Enter here and on page 1, Part II, line 27.	
chedule K — Compensation of	Officers, Direc	ctors. an	d Trus	tees (see instru	tions)			
		T		COCC HISTOR	,110/15)			
1 Name			2	Title	3 Percent of time devoted to business	4 Compento unre	sation attributable lated business	
					96			
					용			
					96]		
					90			

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 1120)

Capital Gains and Losses

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

► See separate instructions.

OMB No. 1545-0123 2009

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Ī	Part I Short-Term Capital G	ains and Losse	PS - Accate H	lald One Veer out -	75-085190	0
		(b)	(c)			1
	Description of property (Example: 100 shares of 2 Co)	Date acquired (month, day, year)	Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis	(f) Gain or (loss)
	1 STCG FROM K-1S	VARIOUS	(con	6,062.	(see instructions)	(Subtract (e) from (d))
				0,002.		6,062
_						
:	Short-term capital gain from instal	lment sales from F	orm 6252, line 2	6 or 37.	2	
	onorthern gain of (loss) from like.	-kind exchanges fr	om Form 8824			
	 Ougsed cabital 1022 CSHAUNEL (SH) 	CB COmputation)		Offin offin		3,965
_	iver short-term capital gain or (loss	3). Combine línes 1	through A			2,097
<u>k</u> a		ins and Losses	s – Assets He	ld More Than One	Year	2,091
	S LTCG FROM K-1S	VARIOUS		-4,339.		-4,339
						4,009
	7 Falar ania (m. F. 1705					
7 8	gam nomin on +/3/, mile / (or 9			7	126
9	r congression capital gain from instally	າent sales from Fo	rm 6252 line 26.	or 37		220
10	roughterm gam of (loss) from like-k	ind exchanges from	n Form 8824			
17	Cobital data distributions (266 tiletti	ICTIONS) .				
***	Net long-term capital gain or (loss).	Combine lines 6 t	hrough 10			-4,213.
12	AND THE PROPERTY OF I ALLS LATE	§ 31				
13	and an account and the feetill capit	ai gain (line 5) ove	er net long-term	capital loss (line 11)	12	
	capital loss (line 5)					
14	Add lines 12 and 13. Enter here and	on Form 1100 no			13	
	,	is also costitutated.	ait iv	re brober line of other t	eturns. If the 14	0.
Dai	Note: II losses exceed gains, see C:	anital Incese in the	inctrustions		·	
Ţa!	Alternative Tax for Corp has qualified timber gain	orations with	qualified Timi	oer Gains. Complet	e Part IV only if th	a cornoration
35	has qualified timber gain	n under section	1201(b). Skij	o this part if you are	filing Form 1120	RIC. See instr
16	- de	au an Section 1201	(2)(2)	115!		
10	Enter taxable income from Form 112 your tax return.	.0, page 1, line 30,	or the applicable	e line of		
17	Enter the smallest of: (a) the amount	ton line to. U. IL				
	(v) the directificant on Fat III, like 13			177		
18	Multiply line 17 by 15%				18	
19	Subtract line 13 from line 16. If zero	or less, enter -0-		10	100000000000000000000000000000000000000	
20	Enter the tax on line 19, figured using return with which Schedule D (Form	g the Tax Rate Sci	nedule (or applica	able tax rate) appropriat	e for the	
21	Add lines 17 and 19	i (20) is being filed	1		20	
	Add lines 17 and 19	or local anti-		21		
23	Multiply line 22 by 35%	or less, enter -U	***********	22		
24	Multiply line 22 by 35%				23	
25	Add lines 18, 20, and 23	- 4b - T (C) - (C) -				
	Enter the tax on line 16, figured using return with which Schedule D (Form 1)	170) is penial mea			100	
26					or 25	
	the applicable line of your tax return.	· · · · · · · · · · · · · · · · · · ·		, oonoddie 5, mie 2,	26	

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

See separate instructions.

2009

Department of the Treasury Internal Revenue Service

(99) Name(s) shown on return

Attachment Sequence No. 27 Identifying number

OMB No. 1545-0184

AB	ILENE CHRISTIAN UNIVERSI	тv				Identifyi	ng numb	er	
1	Enter the gross proceeds to	_				75-0	8519	00	
1-	Enter the gross proceeds from sales (or substitute statement) that you are	or excnanges re includina on lin	ported to you fo	or 2009 on Form(s	s) 1099-B or 109	19-S			
Pa	rt I Sales or Exchanges of Than Casualty or Theft	Property Use	d in a Trade	or Rusiness a	nallanati t	· · · · · · · ·	1		126
	Than Casualty or Theft	- Most Prope	ertv Held Mo	re Than 1 Vas	nu involunta r (soo instru	ry Cor	vers	ions	From Other
2				. o man i rea					_
	(a) Description of property	(b) Date acquired	(C) Date sold	(d) Gross	(e) Depreciation allowed or	(f) ((a) coin and		
	or property	(month, day, year)	(month, day, year)	sales price	allowable since acquisition	impro	ssis, plu vements	and	(g) Gain or (loss Subtract (f) from the
123	31 GAIN FROM K-1S	VARIOUS			acquismon	expe	nse of s	ale	sum of (d) and (e)
		AVVIOOS		126.					126

3	Gain if any from Farm 4504 III								
4	Gain, if any, from Form 4684, line 43 Section 1231 gain from installment or							3	
	- a gam non mistalifient 25	iies iiom Form K	フトン しゅん つに ヘッコ	7				4	
	34 0. (1033) 110111 11665	NICH EXCHANGE I	tam karm 0004					5	
	The state of the s	Ball Casbaity or	thatt				F	6	
	Partnerching (except at a time the	yanı or (ioss) nei	re and on the ar	opropriate line as	follows		···		4.0.0
	Partnerships (except electing large p instructions for Form 1065, Schedule 12 below.	artnerships) and	S corporations	Report the gain	or (loss) following	na the	• • •	7	126.
	12 below.	V, 3176 10, 01 101	111 11205, Sched	dule K, line 9. Sk	ip lines 8, 9, 11,	and			
	Individuals, partners S corneration o	havahalala	1.0.4						
:	Individuals, partners, S corporation s line 7 on line 11 below and skip lines losses, or they were recaptured in an	8 and 9. If line 7	is a gain and w	ne 7 is zero or a i	oss, enter the a	mount f	rom		
į	losses, or they were recaptured in an Schedule D filed with your return and	earlier year, ente	r the gain from	line 7 as a long-t	Ny prior year sed erm canital dain	ction 12	31		4 (3)
8 1	Nonrecaptured not section 1991	skip lines 8, 9, 1	l, and 12 below.		om odpital gall	on the			
,	Nonrecaptured net section 1231 losses	from prior years	s (see instruction	ns)				8	
9 (Subtract line 8 from line 7. If zoro or to	000 amba. 0 161							
ļ	ine 9 is more than zero, enter the amo	ount from line 8 c	ine 9 is zero, er on line 12 below	nter the gain from	line 7 on line 1	2 below	. If	- 1	
Part	Subtract line 8 from line 7. If zero or legate 9 is more than zero, enter the among-term capital gain on the Schedule II Ordinary Gains and Loss	D filed with your	r return (see ins	tructions)	iiii iiom iine 9 ai	sa		9	
							<u> </u>	<u> </u>	
	Ordinary gains and losses not included	on lines 11 throi	ugh 16 (include	property held 1 y	ear or less):				
								- -	
								-	
								-	
11 L	oss, it arry, from fine /						1		
	, and the state of although group	i litte a. It anniica	മവര						<u></u>
	, , , , , , , , , , , , , , , , , , , ,								
							· 13		
15 (rdinary gain from installment sales fro	m Form 6252 Jin	ne 25 or 36			• • • • • • • •			
16 O	rdinary gain or (loss) from like-kind ex	changes from Ec	rm 9994	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •		. 15		
17 Cd	ombine lines 10 through 16	onanges nom re	ли 0024	• • • • • • • • • • • • • • • • • • • •			. 16		
19 E	or all account in the state of	*************					. 17		
io ro	or all except individual returns, enter the and b below. For individual returns, co	ne amount from I	ine 17 on the ap	opropriate line of	Vour return and	skin lin	ac .		
a lf	the loss on line 11 includes a least tree	emplete lines a al	nd b below:	•	y and the state of the	omp iii	-3		
the	e part of the loss from income-produci	n Form 4684, line	e 39, column (b)	(ii), enter that pa	art of the loss he	re. Ente	er 🌅		
fro	the loss on line 11 includes a loss fror e part of the loss from income-produci im property used as an employee on \$ e instructions.	Schedule A (Forn	n 1040), line 23	n 1040), line 28, Identify as from	and the part of t	the loss		ds V	
							18	2	
NUG	UCICORRIC IDE OSID OF (IOCC) on line 1:	7						-	
DAC =	e 14r Paperwork Reduction Act Notice, se		· · · · · · · · · · · · · · · · · · ·	ie ioa. Enter her	e and on Form	1040,	1.0	.	
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2009	FEDERAL ST	ATEMENTS	PAGE ²				
CLIENT 96011	ABILENE CHRISTIAN UNIVERSITY						
STATEMENT 1 FORM 990-T, PART I, LIN INCOME (LOSS) FROM F	IE 5 PARTNERSHIPS AND S CORPO	PRATIONS	75-085190				
	NAME	GROSS	INCOME				
UBIT FROM K1'S UBIT FROM GENESIS N	ETWORK SOLUTIONS	\$ 12,111. \$ 0. 12,856. 0. TOTAL	12,856.				
STATEMENT 2 FORM 990-T, PART I, LIN OTHER INCOME	E 12						
OTHER INVESTMENT INC	OME	\$ TOTAL \$	25,882. 25,882.				
STATEMENT 3 FORM 990-T, PART II, LIN OTHER DEDUCTIONS OIL & GAS WORKING IN OPERATING EXPENSES -	TERFCT TYDENCEC	**************************************	18,168. 35,192. 53,360.				
STATEMENT 4 FORM 990-T, PART II, LINI NET OPERATING LOSS DI	E 31 EDUCTION						
LOSS YEAR ENDING	ORIGINAL LOSS		OSS LABLE				
5/31/03 5/31/04 5/31/05 5/31/06 NET OPERATING LOSS AV TAXABLE INCOME NET OPERATING LOSS DE		92,811. \$ 0. 0. 0. \$ BLE INCOME) \$	22,090. 105,146. 41,233. 244,861. 413,330. -4. 0.				
	The state of the s	<u>\$</u>	0.				