# Form **990-T**

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

(and proxy tax under section	6033(e
endar year 2010 or other tax year beginning	6/01

, 2010,

2010

	For calendar year 2010 or other	tax year beginning	6/01			
	and ending	5/31	, 2011			
Department of the Treasury Internal Revenue Service	► See separate instructions.					

Depa	tment of the Treasury al Revenue Service	and ending						Open to Public Inspection fo 501(c)(3) Organizations Onl		
-	Check box if	T	CONTRACTOR OF THE PARTY OF THE	_	e changed and see instru	uctions )	~	610 00000 00000000000000000000000000000		
Α	address changed					actions.)		D	Employer ident (Employees' tru see instructions	fication number st,
	Exempt under section		3 CTT DOT 00100							
	X 501( C )(3)	or	ABILENE, TX 79699			75-0851				
	408(e) 220(e)	Type	Indiana, in 19099	7	AXPAY	ER	COPY	E	Unrelated busing codes (See inst	ructions.)
	408A 530(a)			10A 4	Carrie in a se					
	529(a)		L						451211	211110
С	Book value of all assets at end of year		exemption number (See instru			1				Υ
			k organization type ▶		c) corporation	501(c) t	trust    40	)1(a)	trust	Other trust
			y unrelated business activity.							
	RETAIL SALES, ]									[T.T.
			ration a subsidiary in an affil			ibsidiary	controlled gro	up?.	► ∐Y€	s X No
			fying number of the parent c	orporation	on •					200
	The books are in care of.					Telepi	hone number.		7	
_	t I Unrelated Tr				(A) Income	3000	(B) Expense	S	(C	) Net
	Gross receipts or sale				204.0	60	with the first			
			c Balance.		324,2					
100			line 7)		423,5		5 <b>S</b>			00 000
3			line 1c		-99,3	and the same of		000		<del>-99,323.</del>
			Schedule D)		9,2	21.				9,221.
			7) (attach Form 4797)							
	Capital loss deduction Income (loss) from pa		and S corporations	4c						
5	(attach statement)	s	S.T1	. 5	23,4	28.	10.4364666			23,428.
6										
7	Unrelated debt-finance	ed income	(Schedule E)	. 7						
8	Interest, annuities, roy	alties, and	I rents from controlled							
^			(0) or (17) proprienting (Cab 0)							
9			(9), or (17) organization (Sch G)						-	
10		10 To	(Scriedule I)							
11 12	Other income (See ins					0.340				
12	Other income (See ins	structions,	SEE STATEMENT 2	12	20.4	63				20 462
12	Total Combine lines 3	through 1	2		20,4 -46,2			0.	*	20,463. -46,211.
			en Elsewhere (See instr				ductions )	0.	Ч	40,211.
1 a	(Except for c	ontribution	ons, deductions must b	e direc	tly connected v	with the	unrelated	bus	iness inco	ome.)
14			ors, and trustees (Schedule K					14	T	
				5.0				15	1	71,559.
16								16	<b>†</b>	11,000.
17							THE PERSON NAMED IN CO.	17		
18							someone de la region de regionarios de	18		
19								19		
20			tructions for limitation rules.)					20		
21		•	· · · · · · · · · · · · · · · · · · ·		1 1				8	
22			hedule A and elsewhere on r					221		
23	Depletion							23		3,069.
24	Contributions to deferr	ed comper	nsation plans					24		
25								25		18,550.
26	Excess exempt expens	ses (Sched	dule I)					26		
27	Excess readership cos	ts (Schedu	ıle J)					27		
28			le)					28		34,839.
29			nrough 28					29		128,017.
30			ne before net operating loss					30		174,228.
31			nited to the amount on line 30				The second secon	31	-	174 222
32 33			ne before specific deduction. ,000, but see line 33 instructi					32	-	174,228.
34			me. Subtract line 33 from lin				1	33	-	
J4			me. Subtract line 33 from lift					34		174,228.

Form	990-T (2010) ABILENE CHRISTIAN U	JNIVERSITY		75-085	51900 Page <b>2</b>
Par	III Tax Computation				
	Organizations Taxable as Corporations. See	instructions for tax comput	ation.		
	Controlled group members (sections 1561 and				
а	Enter your share of the \$50,000, \$25,000, and	1 \$9,925,000 taxable incom	e brackets (in that order	):	
	(1)  \$ (2)  \$	(3) \$			
b	Enter organization's share of: (1) Additional 5%	% tax (not more than \$11,7	750) \$		
	(2) Additional 3% tax (not more than \$100,000	))	\$		
	Income tax on the amount on line 34			► 35 c	0.
36	Trusts Taxable at Trust Rates. See instruction	ns for tax computation. Inco	ome tax on the amount		
	on line 34 from: Tax rate schedule or				
37	Proxy tax. See instructions			> 37	
38	Alternative minimum tax				
39	Total. Add lines 37 and 38 to line 35c or 36, w	vhichever applies			0.
Par	t IV Tax and Payments				
40 a	Foreign tax credit (corporations attach Form 1	118; trusts attach Form 11	16) <b>40 a</b>		
	Other credits (see instructions)				
	General business credit. Attach Form 3800				
d	Credit for prior year minimum tax (attach Form	n 8801 or 8827)	40 d		
	Total credits. Add lines 40a through 40d				
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: Form 4255	Form 8611 Form	8697 Form 8866		
	Other (attach schedule)				
-	Total tax. Add lines 41 and 42			43	0.
	Payments: A 2009 overpayment credited to				
	2010 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at				
	Backup withholding (see instructions)				
	Credit for small employer health insurance pre				
g	Other credits and payments:	2439			
		Tot			
45	Total payments. Add lines 44a through 44g				0.
46	Estimated tax penalty (see instructions). Chec				
47	Tax due. If line 45 is less than the total of line				
48	Overpayment. If line 45 is larger than the total	al of lines 43 and 46, enter	amount overpaid	48	
49	Enter the amount of line 48 you want: Credite	ed to 2011 estimated tax		Refunded ► 49	
Par	t V Statements Regarding Certain A	Activities and Other I	nformation (see instru	uctions)	
1	At any time during the 2010 calendar year, did	d the organization have an	interest in or a signature	e or other authority	over a Yes No
	financial account (bank, securities, or other) in a	foreign country? If YES, the	organization may have to	file Form TD F 90-22	2.1,
	Report of Foreign Bank and Financial Accounts. If	f YES, enter the name of the	foreign country here	► UNITED KI	NGDOM X
2	During the tax year, did the organization received	ive a distribution from, or v	vas it the grantor of, or t	ransferor to, a fore	ign trust? X
	If YES, see instructions for other forms the ore				
3	Enter the amount of tax-exempt interest receive	,		0.	
-	edule A — Cost of Goods Sold. Enter n				
	Inventory at beginning of year		6 Inventory at end of	vear 6	2,921.
2	Purchases. 2				2,321.
	Cost of labor		7 Cost of goods sold line 6 from line 5. E	nter here	
3		<u>'</u>	and in Part I, line 2		423,591.
4 a	Additional section 263A costs (attach schedule)				Yes No
h		la	8 Do the rules of sect	ion 263A (with res	pect to
	(attach sch)	1b	property produced of	or acquired for resa	ale) apply
5_	Total. Add lines 1 through 4b		to the organization:		
C:	Under penalties of perjury, I declare that Lhave exam correct, and complete. Declaration of preparer (other	than taxpayer) is based on all info	mation of which preparer has an	y knowledge.	owieuge and belief, it is true,
Sign		1712011	/		e IRS discuss this return with eparer shown below (see
1161	Signature of officer	Date /	Title	instruc	tions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date .	Check if F	PTIN
Paid	TOP MELICON CD3	Du Milson CPM	1 / /	Check []"	200158111
Pre-	DAVIE MINIOR C	CO, PC	11314		332266
pare Use		TE. 600		Lumsem 12_T	752200
Only				Phone no (3	325) 672-4000
	, i Molliciae, IV 1901	V L		remone do	COLL WILL MUUU

Schedule C - Rent Incom	e (From Real F	roperty and	d Perso	nal Property	Leas	ed With Rea	al Prop	erty) (see instructions)	
1 Description of property		•							
(1)									
	·····								
(3)									
(4)									
	2 Rent received					2(2) 00	مممتامييا	dive all commonts d	
(a) From personal prop (if the percentage of rent for property is more than 10 not more than 50%)	perty r personal 3% but 5)	(b) From re (if the personal p if the rent is	eal and pe percentag property e based on	ersonal property e of rent for xceeds 50% or profit or incom	( e)		come in o	directly connected columns 2(a) and 2(b) schedule)	
(1)									
(2)									
(3)		****							
(4)									
Total	То	tal				(b) Total deduct	ione Enter		
(c) Total income. Add totals of continuous and on page 1, Part I, line to	~~~					here and on page 1, line 6, column (	1, Part	<b>&gt;</b>	
Schedule E — Unrelated D	ebt-Financed	Income (see	instructio	ns)	Τ	···			
1 Description of deb	t-financed propert	v		income from	3 Dec			cted with or allocable to d property	
•		,	debt-fina	anced property		a) Straight line ciation (attach		(b) Other deductions (attach schedule)	
(1)									
(2)								***************************************	
(3)									
(4)	···				<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to property (attac	debt-financed	di	Column 4 vided by olumn 5	]	<b>7</b> Gross income reportable column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		-		%					
(2)				%					
(3)				%					
(4)				્ર					
Totals Total dividends-received deduct	ions iscluded in c	olump 8			Part I,	line 7, column	) (A). P	nter here and on page 1, art I, line 7, column (B).	
Schedule F – Interest, Ani								uctions	
genedate i merest, zin	idities, noyali	Exempt Con			<u> Org</u> e	inizations (	see man	uctions)	
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unrincome (	elated (loss)	4 Total of specified payments made				6 Deductions directly connected with income in column 5	
(1)									
(2)		ļ				<u> </u>			
(3)		ļ			·····				
(4)	000	L							
Nonexempt Controlled Organizati		0 T-4-1 -4		70.5-4-	f1 .	- 0 11 - 1 1		D 1 1 1 1	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymen				Deductions directly nected with income in column 10			
(1)			******						
(2)									
(3)					·········			**************************************	
(4)				Add column here and on 8, column (A	page	l 10. Enter I, Part I, line	here ar	lumns 6 and 11. Enter nd on page 1, Part I, line mn (B).	
Totals				. [					

Schedule G – Investment Inco			:)(7), (9	), or (17) Orgai	nization (see in	structio	ns)	, age -
1 Description of income			Amount of income 3 Deductions			dule) 5 Total deductions and set-asides (column 3 plus column 4)		
(1)								
(2)								
(3)						~~~~	ļ	
(4)							ļ	
Totals	Enter here and on Part I, line 9, colur						Enter hei Part I, lir	re and on page 1, ne 9, column (B).
Schedule I – Exploited Exemp	t Δctivity Incon	ne Ott	er Tha	n Advertisina	Income (see ins	struction	<u>ฯ</u> าร)	
Schedule I - Exploited Exemp	2 Gross	<del>,</del>	penses	4 Net income	5 Gross income		rpenses	7 Excess
1 Description of exploited activity	unrelated business income from trade or business	directly with pro unrelate	connected eduction of d business come	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	from activity that is not unrelated	attrib	utable to umn 5	exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	on p	here and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	<u> </u>				0.000		1
Schedule J - Advertising Inco				<del></del>				
Part I Income From Periodic	<del></del>	T		~~~~~~	1	r		1-5
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)				1				
(3)				1				
(4)				1				
Totals (carry to Part II, line (5))  Part II Income From Periodic 7 on a line-by-line basis.)	als Reported or					Part II	, fill in col	,
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)		<u> </u>						
(5) Totals from Part 1				and the second				
T. I. D. M. C 15)	Enter here and on page 1, Part I, line 11, column (A).	Enter on c Part I colur	here and lage 1, , line 11, mn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)Schedule K — Compensation	of Officers Dire	otoro	and T	uctooc (	ruotions)			1
Schedule K – Compensation	of Officers, Dire	ctors,	and ir	ustees (see inst	ructions)	I		
1 Name				2 Title	3 Percent time devote to busines	ed 🖁 🐣	Compensa to unrela	ation attributable ated business
						ક		
						%		
						ૄ		
						8		
Total. Enter here and on page 1, Part	t II, line 14					. *		

# SCHEDULE D

(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.

2010

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Name ABILENE CHRISTIAN UNIVERSITY

Employer identification number

				75-08	51900	)		
Part I Short-Term Capital (	Gains and Losse	es – Assets H	eld One Year or Le	:SS				
(a) Description of property (Example: 100 shares of Z Co)	(a) (b) (c) (d) (e)  Description of property Date acquired Date sold Sales price Cost or other basi (Example: 100 shares of 2 Co) (month, day, year) (month, day, year) (see instructions) (see instructions)							
1 STCG FROM K-1S	VARIOUS		519.			519		
				,				
2 Short-term capital gain from inst	allment sales from	Form 6252, line 2	6 or 37		2			
3 Short-term gain or (loss) from like	ke-kind exchanges f	rom Form 8824			3			
4 Unused capital loss carryover (a	ttach computation).		SEE.SI	CATEMENT.5.	4	2,116		
5 Net short-term capital gain or (lo	ss). Combine lines	1 through 4	<u> </u>		5	-1,597		
Part II Long-Term Capital G				Year	<del>-</del>			
6 LTCG FROM K-1S	VARIOUS		10,762.			10,762		
			····			,		
7 Enter gain from Form 4797, line	7 or 9				7	56		
/ Enter gain non 1 orn 4757, line	7 01 3							
8 Long-term capital gain from insta	allment sales from f	Form 6252, line 26	5 or 37		8			
9 Long-term gain or (loss) from lik	e-kind exchanges fr	rom Form 8824			9			
10 0 10 1 1 1 10 10 10 10 10 10 10 10 10					10			
10 Capital gain distributions (see in	structions)		,,		10			
11 Net long-term capital gain or (los		6 through 10			11	10,818		
attin guillinary of Farts 1	niu ii	·····			T T			
12 Enter excess of net short-term c	apital gain (line 5) d	over net long-term	n capital loss (line 11)		12			
13 Net capital gain. Enter excess of capital loss (line 5)	net long-term capi	tal gain (line 11) o	over net short-term		13	9,221		
14 Add lines 12 and 13. Enter here	and on Form 1120,	page 1, line 8, or	the proper line on other	er returns	14	9,221		
Note If losses exceed gains see	• Capital losses in	the instructions						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule **D** (Form 1120) 2010

# **FEDERAL STATEMENTS**

PAGE 1

**CLIENT 96011** 

#### **ABILENE CHRISTIAN UNIVERSITY**

75-0851900

STATEMENT 1
FORM 990-T, PART I, LINE 5
INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	 GROSS INCOME	DEDUCTIONS	 INCOME (LOSS)
UBIT FROM K1'S UBIT FROM GENESIS NETWORK SOLUTIONS	\$ 4,399. 19,029.	\$ 0. 0. TOTAL	\$ 4,399. 19,029. 23,428.

## STATEMENT 2 FORM 990-T, PART I, LINE 12 OTHER INCOME

OTHER INVESTMENT I	INCOME	\$ 20,463.
	TOTAL	\$ 20,463.

## STATEMENT 3 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS

OIL & GAS WORKING INTEREST EXPENSES	\$ 10,468.
OPERATING EXPENSES - AES	 24,371.
TOTAL	\$ 34,839.

### STATEMENT 4 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS		LOSS PREVIOUSLY USED		LOSS AVAILABLE	
5/31/03 5/31/04 5/31/05 5/31/06	\$	114,901. 105,146. 41,233. 244,861.	\$	92,811. 0. 0.	\$	22,090. 105,146. 41,233. 244,861.
NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS			AXABLE	INCOME)	\$\$	413,330. -174,228. 0.

## STATEMENT 5 SCHEDULE D (1120), PART I, LINE 4 CAPITAL LOSS CARRYOVER

CARRYOVER FROM 2008	\$ 2,116.
TOTAL CAPITAL LOSS CARRYOVER	\$ 2,116.