

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 6/01, 2010, and ending 5/31, 2011.▶ Do not send to the IRS. Keep for your records.
▶ See instructions.**2010**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ABILENE CHRISTIAN UNIVERSITY

Name and title of officer

Employer identification number

75-0851900**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>144,872,555.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize DAVIS KINARD & CO, PC to enter my PIN 96011 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 12/20/11**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

75163358111

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 12/19/11

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 6/01, 2010, and ending 5/31, 2011

B Check if applicable:

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

ABILENE CHRISTIAN UNIVERSITY
 ACU BOX 29120
 ABILENE, TX 79699-9120

D Employer Identification Number

75-0851900

E Telephone number

325-674-2000

G Gross receipts \$ 189,500,847.

F Name and address of principal officer:

SAME AS C ABOVE

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

H(b) Are all affiliates included?

If 'No,' attach a list. (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ACU.EDU

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation: 1906

M State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ACU IS A NATIONAL LEADER IN CHRISTIAN HIGHER EDUCATION, AND THE MISSION IS TO EDUCATE STUDENTS FOR CHRISTIAN SERVICE AND LEADERSHIP THROUGHOUT THE WORLD. ACU IS A VIBRANT, INNOVATIVE, CHRIST-CENTERED COMMUNITY THAT ENGAGES STUDENTS IN AUTHENTIC SPIRITUAL AND INTELLECTUAL GROWTH.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,695
	6	Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	-174,228.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,741,788.	18,891,767.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,801,628.	105,845,135.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,245,912.	18,149,050.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,589,301.	1,986,603.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126,378,629.	144,872,555.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	28,853,194.	32,321,999.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	56,733,119.	60,242,678.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,639,939.	129,351.	201,846.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	43,772,047.	44,428,369.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,487,711.	137,194,892.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,109,082.	7,677,663.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	420,067,260.	462,580,424.
	22	Net assets or fund balances. Subtract line 21 from line 20	112,852,697.	120,681,761.
			307,214,563.	341,898,663.

Part II Signature Block

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.

Sign Here	Signature of officer	Date	12/20/11	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JOE MELSON, CPA	Joe Melson, CPA	12/19/11	P00158111
	Firm's name ▶ DAVIS KINARD & CO, PC			
	Firm's address ▶ 400 PINE ST., STE. 600 ABILENE, TX 79601	Firm's EIN ▶ 75-1332266	Phone no. (325) 672-4000	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 103,644,466. including grants of \$ 32,321,999.) (Revenue \$ 106,444,113.)

ABILENE CHRISTIAN UNIVERSITY IS A HIGHER EDUCATION INSTITUTION WHICH SERVES
APPROXIMATELY 4,600 GRADUATE AND UNDERGRADUATE STUDENTS. IN ADDITION TO EDUCATING
THE STUDENTS, THE UNIVERSITY OFFERS ON-CAMPUS AND OFF-CAMPUS HOUSING, ON-CAMPUS FOOD
SERVICE, ATHLETIC PROGRAMS AND ASSISTANCE WITH STUDENT AID. ACU ALSO OPERATES
PROGRAMS TO FOSTER RELATIONSHIPS WITH ALUMNI OF THE UNIVERSITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 103,644,466.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	X	
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 390		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 2,695		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a	X	
b If 'Yes,' enter the name of the foreign country: UNITED KINGDOM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 1a 30		
b Enter the number of voting members included in line 1a, above, who are independent. 1b 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	X	
b Other officers of key employees of the organization. SEE SCHEDULE O.	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► STACEY L. MCGEE ACU BOX 29120 ABILENE TX 79699 325-674-2795

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ABELARDO ALVAREZ JR. TRUSTEE	1	X						0.	0.	0.
(2) APRIL K. ANTHONY TRUSTEE	1	X						0.	0.	0.
(3) TOD BROWN TRUSTEE	1	X						0.	0.	0.
(4) LANCE W. BARROW TRUSTEE	1	X						0.	0.	0.
(5) CYNTHIA R. BROWN TRUSTEE	1	X						0.	0.	0.
(6) RALPH DRAPER TRUSTEE	1	X						0.	0.	0.
(7) WILLIAM D. BUSCH TRUSTEE	1	X						0.	0.	0.
(8) JACK GRIGGS TRUSTEE	1	X						0.	0.	0.
(9) BELINDA HARMON TRUSTEE	1	X						0.	0.	0.
(10) BILLY C. CURL TRUSTEE	1	X						0.	0.	0.
(11) SHARRON N. DRURY TRUSTEE	1	X						0.	0.	0.
(12) DEON B FAIR TRUSTEE	1	X						0.	0.	0.
(13) HERIBERTO GUERRA TRUSTEE	1	X						0.	0.	0.
(14) JEFFREY D. KNIGHT TRUSTEE	1	X						0.	0.	0.
(15) STEVEN S. MACK TRUSTEE	1	X						0.	0.	0.
(16) JANICE M. MASSEY TRUSTEE	1	X						0.	0.	0.
(17) JAMES M. ORR TRUSTEE	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) BARRY D. PACKER TRUSTEE	1	X						0.	0.	0.
(19) JOHN W. PETTY II TRUSTEE	1	X						0.	0.	0.
(20) CHARLES M. RIX TRUSTEE	1	X						0.	0.	0.
(21) EDDIE L SHARP JR. TRUSTEE	1	X						0.	0.	0.
(22) BETTYE SKELTON TRUSTEE	1	X						0.	0.	0.
(23) GARY SKIDMORE TRUSTEE	1	X						0.	0.	0.
(24) STEVEN L. SMITH TRUSTEE	1	X						0.	0.	0.
(25) JOHN D. STITES II TRUSTEE	1	X						0.	0.	0.
(26) COLLEEN R. DURRINGTON TRUSTEE	1	X						0.	0.	0.
(27) CHARLES ONSTEAD TRUSTEE	1	X						0.	0.	0.
(28) DAVID FLOW TRUSTEE	1	X						0.	0.	0.
(29) ALAN RICH TRUSTEE	1	X						0.	0.	0.
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,076,816.	651,289.	767,626.
d Total (add lines 1b and 1c)								2,076,816.	651,289.	767,626.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **64**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
HOAR CONSTRUCTION LLC 1300 WEST SAM HOUSTON PKWY S. #220 HOUSTON, TX	CONSTRUCTION	5,189,678.
TITTLE LUTHER PARTNERHSIP, LLP 340 BEECH STREET ABILENE, TX 79601	ARCHITECTURE	256,887.
VENDIGM CONSTRUCTION, LLC 5725 E LANCASTER AVE #208 FORT WORTH, TX 7	CONSTRUCTION	154,924.
GREENBELT LANDSCAPE 142 E BELTWAY N ABILENE, TX 79601	LANDSCAPING	118,850.
RUFFALOCODY PO BOX 3018 CEDAR RAPIDS, IA 52406	FUNDRAISING	164,005.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Continuation Sheet for Form 990

2010

Department of the Treasury
Internal Revenue Service

Name of the Organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICK WESSEL TRUSTEE	1	X						0.	0.	0.
SUZANNE ALLMON SNR ADVSR -PRES	40			X				102,680.	0.	17,939.
PHIL BOONE VP-ADVANCEMENT	40			X				173,697.	0.	27,761.
ROYCE MONEY CHANCELLOR	40			X				169,017.	0.	157,365.
JACK RICH PRSDNT - ACIMCO	40			X				0.	366,014.	39,952.
GARY MCCAULEY VP UNIVERSITY	40			X				153,405.	0.	23,693.
PHIL SCHUBERT PRESIDENT	40			X				166,136.	0.	131,385.
SLADE SULLIVAN GENERAL COUNSEL	40			X				143,090.	0.	25,547.
JEAN-NOEL THOMPSON VP STUDNT LIFE	40			X				141,789.	0.	27,301.
KELLY YOUNG CFO	40			X				99,073.	0.	56,004.
JEANINE VARNER PROVOST	40			X				173,416.	0.	26,933.
RICHARD LYTLE DEAN-COBA	40					X		153,122.	0.	27,598.
BUCKLEY JAMES CHF ENRLLMNT OFCR	40					X		135,923.	0.	22,061.
KEVIN ROBERTS CHF PLANNING OFFCR	40					X		126,213.	0.	23,387.
DAN GARRETT ACUF PRESIDENT	40					X		0.	144,848.	23,038.
KENT RIDEOUT DIRECTOR, INVST SV	40					X		0.	140,427.	22,099.
JOHN TYSON FORMER VP, ADVANCEMENT	40						X	183,698.	0.	13,346.
DWAYNE VANRHEENEN PROVOST EMERITUS	40						X	90,708.	0.	15,697.
CHARLES SIBURT VP - CHURCH RELATIONS	40						X	64,849.	0.	86,520.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d	2,184,851.			
	e Government grants (contributions)	1 e	6,596,203.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	10,110,713.			
	g Noncash contributions included in lns 1a-1f: \$		872,822.			
	h Total. Add lines 1a-1f		18,891,767.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a TUITION AND FEES		88,005,024.	88,005,024.		
	b AUXILIARY ENTERPRISES		13,574,364.	13,574,364.		
	c EDUCATION SERVICES		4,265,747.	4,265,747.		
	d					
	e					
	f All other program service revenue ...					
	g Total. Add lines 2a-2f		105845135.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		12,001,591.		43,891.	11,957,700.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	604,793.			
	b Less: rental expenses	(ii) Personal	331,844.			
	c Rental income or (loss)		272,949.			
	d Net rental income or (loss)		272,949.			272,949.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	46066642.	64,043.		
	b Less: cost or other basis and sales expenses	(ii) Other	39983226.			
	c Gain or (loss)		6,083,416.	64,043.		
	d Net gain or (loss)		6,147,459.		11,337.	6,136,122.
	8 a Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	5,427,898.			
	b Less: cost of goods sold	b	4,313,222.			
	c Net income or (loss) from sales of inventory		1,114,676.		-99,323.	1,213,999.
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		598,978.	598,978.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		598,978.				
12 Total revenue. See instructions		144872555.	106444113.	-44,095.	19,580,770.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,321,999.	32,321,999.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,921,199.	359,496.	1,231,460.	330,243.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	45,090,690.	34,634,186.	9,009,791.	1,446,713.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,804,985.	2,154,511.	560,478.	89,996.
9 Other employee benefits	7,371,470.	5,662,030.	1,472,930.	236,510.
10 Payroll taxes	3,054,334.	2,275,590.	661,640.	117,104.
11 Fees for services (non-employees):				
a Management				
b Legal	45,962.	8,110.	37,852.	
c Accounting	107,962.	34,234.	73,728.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	201,846.			201,846.
f Investment management fees	954,541.		954,541.	
g Other	1,784,939.	755,720.	399,257.	629,962.
12 Advertising and promotion	1,087,059.	858,893.	227,206.	960.
13 Office expenses	5,052,670.	3,290,135.	1,577,339.	185,196.
14 Information technology	4,316,873.	2,424,786.	1,860,490.	31,597.
15 Royalties	136,928.	135,342.	1,586.	
16 Occupancy	4,470,784.	846,872.	3,621,536.	2,376.
17 Travel	4,679,381.	3,881,467.	574,680.	223,234.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	560,512.	346,275.	195,838.	18,399.
20 Interest	2,780,364.		2,780,364.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,118,196.	5,650,424.	1,467,772.	
23 Insurance	785,766.	259,750.	526,016.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DINING SERVICE CONTRACT	4,323,046.	4,323,046.		
b REPAIRS, MAINTENANCE & EQUIP	2,457,255.	767,001.	1,647,957.	42,297.
c STUDENT DEVELOPMENT/RECRUITIN	735,296.	646,580.	88,716.	
d BAD DEBT EXPENSE	631,077.	5,177.	625,900.	
e SALES TAX	573,147.	566,039.	6,674.	434.
f All other expenses	1,826,611.	1,436,803.	306,736.	83,072.
25 Total functional expenses. Add lines 1 through 24f	137,194,892.	103,644,466.	29,910,487.	3,639,939.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing.....	1,126,684.	1	1,662,947.
	2 Savings and temporary cash investments.....	5,323,199.	2	3,654,615.
	3 Pledges and grants receivable, net.....	9,582,188.	3	5,986,827.
	4 Accounts receivable, net.....	6,461,131.	4	5,386,687.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6	
	7 Notes and loans receivable, net.....	131,281.	7	132,333.
	8 Inventories for sale or use.....	1,926,824.	8	1,534,241.
	9 Prepaid expenses and deferred charges.....	2,135,953.	9	2,127,990.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 246,074,430.		
	b Less: accumulated depreciation.....	10b 86,564,523.		
	11 Investments — publicly traded securities.....	148,451,458.	10c	159,509,907.
	12 Investments — other securities. See Part IV, line 11.....	81,127,720.	11	88,834,048.
	13 Investments — program-related. See Part IV, line 11.....	117,692,473.	12	145,988,148.
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....		14	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	46,108,349.	15	47,762,681.	
17 Accounts payable and accrued expenses.....	420,067,260.	16	462,580,424.	
LIABILITIES	18 Grants payable.....	18,873,873.	17	17,525,412.
	19 Deferred revenue.....		18	
	20 Tax-exempt bond liabilities.....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....	49,694,793.	20	53,124,717.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		21	
	23 Secured mortgages and notes payable to unrelated third parties.....		22	
	24 Unsecured notes and loans payable to unrelated third parties.....	9,580,757.	23	8,771,401.
	25 Other liabilities. Complete Part X of Schedule D.....		24	
	26 Total liabilities. Add lines 17 through 25.....	34,703,274.	25	41,260,231.
	27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.	112,852,697.	26	120,681,761.
NET ASSETS OR FUND BALANCES	27 Unrestricted net assets.....			
	28 Temporarily restricted net assets.....	159,196,590.	27	178,085,035.
	29 Permanently restricted net assets.....	84,646,962.	28	99,928,749.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.	63,371,011.	29	63,884,879.
	30 Capital stock or trust principal, or current funds.....			
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	32 Retained earnings, endowment, accumulated income, or other funds.....		31	
	33 Total net assets or fund balances.		32	
34 Total liabilities and net assets/fund balances.	307,214,563.	33	341,898,663.	
	420,067,260.	34	462,580,424.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,872,555.
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,194,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,677,663.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,214,563.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	27,006,437.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	341,898,663.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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 organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ..						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ... ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

ABILENE CHRISTIAN UNIVERSITY

75-0851900

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance.....	
1d Additions during the year.....	
1e Distributions during the year.....	
1f Ending balance.....	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	266,135,139.	239,532,858.	258,317,831.		
b Contributions.....	3,312,106.	2,639,608.	4,586,257.		
c Net investment earnings, gains, and losses.....	46,749,771.	37,861,920.	-10,186,188.		
d Grants or scholarships.....	5,173,789.	5,100,966.	5,361,583.		
e Other expenditures for facilities and programs.....	7,836,029.	7,957,914.	6,996,986.		
f Administrative expenses.....	954,541.	840,367.	826,473.		
g End of year balance.....	302,232,657.	266,135,139.	239,532,858.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 42.54 %
 b Permanent endowment ▶ 26.33 %
 c Term endowment ▶ 31.39 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations.....
 (ii) related organizations.....

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		4,140,129.		4,140,129.
b Buildings.....		144,243,887.	44,012,116.	100,231,771.
c Leasehold improvements.....		49,822,086.	21,348,132.	28,473,954.
d Equipment.....		30,330,535.	21,204,275.	9,126,260.
e Other.....	17,537,793.			17,537,793.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				159,509,907.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,088,247.	END OF YEAR MARKET VALUE
(3) Other INTERNATIONAL EMERGING	15,859,009.	END OF YEAR MARKET VALUE
(A) HEDGE FUNDS	70,618,405.	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY VENTURE CAPITAL	47,602,629.	END OF YEAR MARKET VALUE
(C) ENERGY AND NATURAL RESOURCES	10,243,484.	END OF YEAR MARKET VALUE
(D) CASH EQUIVALENTS	576,374.	END OF YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	145,988,148.	

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) ASSETS HELD BY EXTERNAL TRUSTEES	3,442,965.
(2) INSURANCE RECEIVABLE	953,249.
(3) MINERAL INTERESTS	43,316,512.
(4) OTHER INVESTMENTS	49,955.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	47,762,681.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS AND OTHER LIABILITIES	9,537,882.
(3) RESERVE FOR SPLIT INT AGREEMENTS	18,422,349.
(4) ADVANCES ON LINES OF CREDIT	13,300,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	41,260,231.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	144,872,555.
2	Total expenses (Form 990, Part IX, column (A), line 25)	137,194,892.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	7,677,663.
4	Net unrealized gains (losses) on investments	26,973,162.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV). SEE PART XIV	2,573,604.
9	Total adjustments (net). Add lines 4 through 8	29,546,766.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	37,224,429.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	148,120,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	26,973,162.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV). SEE PART XIV	2d	-23,725,579.
e	Add lines 2a through 2d	2e	3,247,583.
3	Subtract line 2e from line 1	3	144,872,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	144,872,555.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	110,895,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	9,434,150.
e	Add lines 2a through 2d	2e	9,434,150.
3	Subtract line 2e from line 1	3	101,461,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.) SEE PART XIV	4b	35,733,333.
c	Add lines 4a and 4b	4c	35,733,333.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	137,194,892.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS OF THE UNIVERSITY ARE HELD TO SUPPORT THE GENERAL OPERATIONS OF

THE UNIVERSITY AND TO PROVIDE SCHOLARSHIPS TO STUDENTS OF THE UNIVERSITY.

Part XIV Supplemental Information *(continued)*

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 96011

ABILENE CHRISTIAN UNIVERSITY

75-0851900

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

WOODWARD.....	\$ 2,844,732.
ACIMCO.....	108,521.
ASSET RETIREMENT OBLIGATION.....	33,275.
ACU FOUNDATION.....	-215,562.
S-CRMP.....	-194,787.
ABILENE LIBRARY CONSORTIUM.....	-2,575.
TOTAL	\$ 2,573,604.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

RECLASS SCHOLARSHIPS TO EXPENSE.....	\$ -32,321,999.
WOODWARD ENDOWMENT TRUST.....	4,377,780.
ACU FOUNDATION.....	1,371,020.
STONE-CAMPBELL RESTORATION MOVEMENT PUBL.....	753,599.
ACIMCO.....	1,161,433.
RECLASS EXPENSES.....	-3,411,334.
RECLASS COGS.....	4,313,222.
ABILENE LIBRARY CONSORTIUM.....	-2,575.
ASSET RETIREMENT OBLIGATION.....	33,275.
TOTAL	\$ -23,725,579.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

WOODWARD.....	\$ 1,533,048.
ACU FOUNDATION.....	1,586,582.
S-CRMP.....	948,386.
ACIMCO.....	1,052,912.
RECLASS COGS.....	4,313,222.
TOTAL	\$ 9,434,150.

SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

RECLASS SCHOLARSHIP EXPENSE.....	\$ 32,321,999.
RECLASS EXPENSES.....	3,411,334.
TOTAL	\$ 35,733,333.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I

	YES	NO
1 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?	X	
2 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?	X	
3 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 had 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, use Part II. <u>ACU PUBLISHES ITS NONDISCRIMINATORY POLICY ON OUR PUBLIC WEB SITE, IN THE UNIVERSITY CATALOG AND ON THE APPLICATION FOR ADMISSION.</u>	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either line 6a or line 6b, explain on Part II. SEE PART II		X
7 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,' explain on Part II	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, LINE 6 - EXPLANATION OF AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY

ABILENE CHRISTIAN UNIVERSITY RECEIVES VARIOUS RESEARCH GRANTS FROM THE STATE OF TEXAS AND OTHER GOVERNMENTAL ENTITIES. IN ADDITION, ACU RECEIVES SCHOLARSHIP GRANTS FROM FEDERAL AGENCIES AND THE STATE OF TEXAS TO ASSIST STUDENTS WITH THEIR COSTS OF EDUCATION. ACU PARTICIPATES IN THE DIRECT LOAN PROGRAM WHICH PROVIDES STUDENTS FEDERAL SUBSIDIZED LOANS TO ASSIST WITH THEIR EDUCATIONAL COSTS.

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	1	2	PROGRAM SERVICES	HIGHER EDUCATION	1,107,002.
(2) SOUTH AMERICA	1	2	PROGRAM SERVICES	HIGHER EDUCATION	337,786.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.....	2	4			1,444,788.
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	2	4			1,444,788.

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☒ **X**
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 0
- 3 Enter total number of other organizations or entities. 0

BAA

Schedule F (Form 990) 2010

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☒ No

Part V	Supplemental Information
--------	--------------------------

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALOCODY, LL 65 KIRKWOOD NOR CEDAR RAPI	FUNDRAISIN G		X	106,129.	190,936.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				106,129.	190,936.	0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK AL AR AZ CA CT FL HI GA IA IL IN KS KY LA MD MA ME MI MN MO MS NC ND NH NJ NY OH
OK OR PA RI SC SD TN UT VT VA WA WI WV CT NM

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4- through 9 in column (d)				
11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
REVENUE				
1 Gross revenue				
DIRECT EXPENSES				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ Nob If 'No,' explain: _____

_____10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ Nob If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | 13a | % |
|-------------------------------|-----|---|
| a The organization's facility | | |
| b An outside facility | 13b | |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G - ADDITIONAL INFORMATION

ABILENE CHRISTIAN UNIVERSITY PAID RUFFALOCODY, LLC \$2,830 FOR FUNDRAISING EXPENSES RELATING TO PRINTING, ENVELOPES, POSTAGE, ETC. PROFESSIONAL SERVICES ARE CHARGED BASED ON AN AGREED UPON FIXED MONTHLY AMOUNT. ANY EXPENSES ARE ITEMIZED AND BILLED MONTHLY.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							

- 2 Enter total number of section 501(c)(3) and government organizations. 0
- 3 Enter total number of other organizations. 0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS - HIGHER					
2 EDUCATION	4,549	32,321,999.			
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FOR ALL SCHOLARSHIP FUNDS, STUDENT FINANCIAL SERVICES HAS ESTABLISHED SPECIFIC
CRITERIA IN REGARDS TO ELIGIBILITY AND SELECTION. THE ELIGIBILITY REQUIREMENTS OF
THE STUDENTS ARE DOCUMENTED AND MONITORED FOR COMPLIANCE. THE ACTUAL SCHOLARSHIPS
ARE CREDITED TO THE STUDENT'S TUITION BILLS. NO SCHOLARSHIPS OR GRANTS ARE AWARDED
DIRECTLY TO THE RECIPIENTS.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

2010

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

**Open to Public
Inspection**

Name of the organization

Employer identification number

ABILENE CHRISTIAN UNIVERSITY

75-0851900

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

PART III

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 PHIL BOONE	(i)	170,932.	600.	2,165.	14,167.	13,594.	201,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ROYCE MONEY	(i)	144,963.	0.	24,054.	64,645.	92,720.	326,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JACK RICH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,452.	97,633.	1,929.	20,847.	19,105.	405,966.	0.
4 GARY MCCALED	(i)	141,030.	10,850.	1,525.	11,541.	12,152.	177,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PHIL SCHUBERT	(i)	123,185.	41,371.	1,580.	39,364.	92,021.	297,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SLADE SULLIVAN	(i)	140,689.	600.	1,801.	11,767.	13,780.	168,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JEAN-NOEL THOM	(i)	140,233.	0.	1,556.	11,863.	15,438.	169,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KELLY YOUNG	(i)	97,838.	0.	1,235.	16,280.	39,724.	155,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JEANINE VARNER	(i)	171,236.	600.	1,580.	14,128.	12,805.	200,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RICHARD LYTLE	(i)	151,887.	0.	1,235.	12,747.	14,851.	180,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BUCKLEY JAMES	(i)	124,489.	0.	11,434.	10,200.	11,861.	157,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 DAN GARRETT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,121.	10,492.	1,235.	10,909.	12,129.	167,886.	0.
13 KENT RIDEOUT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	117,993.	21,199.	1,235.	9,720.	12,379.	162,526.	0.
14 JOHN TYSON	(i)	82,140.	0.	101,558.	7,235.	6,111.	197,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DWAYNE VANRHEE	(i)	90,138.	0.	570.	7,411.	8,286.	106,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 CHARLES SIBURT	(i)	56,848.	6,515.	1,486.	33,729.	52,791.	151,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

BAA

TEEA4102L 11/15/10

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

MINISTERIAL HOUSING ALLOWANCE IS OFFERED TO QUALIFIED FACULTY AND ADMINISTRATORS OF THE UNIVERSITY.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART III - ADDITIONAL INFORMATION

JOHN TYSON - \$159,230 SEVERANCE PAYMENT

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A STAMFORD HIGHER EDUCATION	75-2780581		9/17/2003	9,463,000.	CAPITAL IMPROVEMENTS		X		X		X
B STAMFORD HIGHER EDUCATION	75-2780581		6/01/2005	6,700,000.	RESIDENCE HALL		X		X		X
C STAMFORD HIGHER EDUCATION	75-2780581		12/01/2005	2,030,000.	CAPITAL IMPROVEMENTS		X		X		X
D STAMFORD HIGHER EDUCATION	75-2780581		1/31/2006	7,380,590.	RENOVATION AND REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	9,463,000.		6,700,000.		2,030,000.		7,380,590.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	65,500.		45,529.				45,000.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds							67,994.	
10 Capital expenditures from proceeds	9,397,500.		6,654,471.		2,030,000.		970,000.	
11 Other spent proceeds							6,297,596.	
12 Other unspent proceeds								
13 Year of substantial completion	2004		2006		2006		2006	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%	0.351	%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%		%		%
6 Total of lines 4 and 5.		%	0.351	%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?	X		X		X		X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b Name of provider.	BANK OF AMERI		BANK OF AMERIC				BANK OF AMERIC	
c Term of hedge	18.5		21.0				19.6	
d Was the hedge superintegrated?	X		X				X	
e Was the hedge terminated?		X		X				X
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider.								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A STAMFORD HIGHER EDUCATION	75-2780581		11/09/2006	2,619,410.	RENOVATION OF RESIDENCE HALL		X		X		X
B SIMONTON EDUCATION FACILIT	20-2183615		6/30/2008	10,000,000.	CONSTRUCTION HUNTER WELCOME CE		X		X		X
C STAMFORD HIGHER EDUCATION	75-2780581		12/18/2009	6,500,000.	LOOP LINE REPLACEMENT		X		X		X
D STAMFORD HIGHER EDUCATION	75-2780581		6/08/2010	16,000,000.	SRWC CONSTRUCTION, RENOVATION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	2,619,410.		10,000,000.		6,500,000.		16,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	45,449.		50,358.		130,000.		320,000.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	2,573,961.		9,949,642.		6,370,000.		7,383,423.	
11 Other spent proceeds								
12 Other unspent proceeds							8,296,577.	
13 Year of substantial completion	2008		2009		2010		2011	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		0.351 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%		%		%
6 Total of lines 4 and 5.		%		0.351 %		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?	X		X			X	X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider.	BANK OF AMERI		BANK OF AMERIC					
c Term of hedge.	20.0		20.5					
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider.								
c Term of GIC.								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? ...								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total. ► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) MERIT BASED SCHOLARSHIPS	RELATIVES OF TRUSTEES & OFFICERS	59,962.
(2) TUITION DISCOUNTS	OFFICERS & FORMER OFFICERS	38,153.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DOUGLAS IAN FAIR	FAM MEMBER	61,763.	EMPLOYEE COMPENSATION		X
(2) DON POPE	FAM MEMBER	115,792.	EMPLOYEE COMPENSATION		X
(3) CARA LEE CRANFORD	FAM MEMBER	24,153.	EMPLOYEE COMPENSATION		X
(4) PAUL VARNER	FAM MEMBER	36,436.	EMPLOYEE COMPENSATION		X
(5) BRAD CRISP	FAM MEMBER	108,172.	EMPLOYEE COMPENSATION		X
(6) PAMELA MONEY	FAM MEMBER	17,871.	EMPLOYEE COMPENSATION		X
(7) BLUE CROSS BLUE SHIELD	SEE ADDTL. INF	164,677.	ADMINISTRATIVE FEES		X
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION**PART III, ADDITIONAL INFORMATION:**

MERIT BASED SCHOLARSHIPS ARE AWARDED TO RELATIVES OF TRUSTEES AND OFFICERS IN THE SAME MANNER AS OTHER STUDENTS AND ARE BASED ON ACADEMIC ACHIEVEMENTS, LEADERSHIP QUALITIES, COMMITMENT TO SERVICE, AND POTENTIAL FOR SUCCESS AT ACU.

TUITION DISCOUNT IS AWARDED TO EMPLOYEES OF THE UNIVERSITY AND THEIR DEPENDENTS BASED ON THE NUMBER OF YEARS EMPLOYED. DURING THE FIRST YEAR OF EMPLOYMENT, A 50% DISCOUNT IS AWARDED. THE SECOND YEAR AND THEREAFTER, A 75% DISCOUNT IS AWARDED.

PART IV, ADDITIONAL INFORMATION:

DOUGLAS IAN FAIR - BROTHER OF DEON FAIR, TRUSTEE

DON POPE - BROTHER-IN-LAW OF DAVID FLOW, TRUSTEE

CARA LEE CRANFORD - DAUGHTER OF GARY MCCALED, OFFICER

PAUL VARNER - HUSBAND OF JEANINE VARNER, OFFICER

BRAD CRISP - SON-IN LAW OF ROYCE MONEY, OFFICER

PAMELA MONEY - WIFE OF ROYCE MONEY, OFFICER

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION (CONTINUED)

JACK GRIGGS, ACU TRUSTEE, SERVES ON THE BOARD OF BLUE CROSS BLUE SHIELD OF TEXAS.

BCBS SERVES AS ACU'S HEALTH INSURANCE PROVIDER. ACU IS SELF FUNDED, SO ALL CLAIMS

PAID BY BCBS ARE REIMBURSED BY ACU. ACU PAYS ADMINISTRATIVE FEES FOR THEIR SERVICES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	240,989.	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	1	55,844.	MARKET VALUE
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	2	575,989.	MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

75-0851900

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ACU FOUNDATION ACU BOX 29120							
(2) ABILENE, TX 79699 75-2386500	SUPPORT ACU	TX	501 (C) 3	11 TYPE I	N/A		X
(3) STONE-CAMPBELL RESTORATION MOVEMEN 1626 CAMPUS COURT							
(4) ABILENE, TX 79699 20-3709531	UNIVERSITY PUBLISHING	TX	501 (C) 3	11 TYPE I	N/A		X
(5) ACIMCO 214 HUNTER WELCOME CT ACU BOX 2912	INVESTMENT						
(6) ABILENE, TX 79699 26-3598377	MANAGEMENT FOR ACU	TX	501 (C) 3	11 TYPE I	N/A		X
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GENESIS NETWORK SOLUTIONS ----- ABILENE, TX 79602 20-5646441	SOFTWARE TESTING	TX	N/A	C CORP	-64,974.	115,131.	26.00
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

BAA

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

BAA

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R
(see instructions).

Schedule R Cont (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

SCHEDULE D, PART XIV. ADDITIONAL INFORMATION

TOTAL REVENUES AND EXPENSES PER ABILENE CHRISTIAN UNIVERSITY'S CONSOLIDATED AUDITED
FINANCIAL STATEMENTS INCLUDE REVENUES AND EXPENSES FROM ACU FOUNDATION (75-2386500),
ACIMCO (26-3598377), STONE-CAMPBELL RESTORATION MOVEMENT (20-3709531), AND GRACE L
WOODWARD MEMORIAL ENDOWMENT TRUST (75-2700815). EACH OF THESE ENTITIES FILES THEIR
OWN TAX RETURN, AND THEREFORE, ARE NOT INCLUDED IN REVENUES AND EXPENSES OF ABILENE
CHRISTIAN UNIVERSITY'S FORM 990.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ACU IS A NATIONAL LEADER IN CHRISTIAN HIGHER EDUCATION, AND THE MISSION IS TO
EDUCATE STUDENTS FOR CHRISTIAN SERVICE AND LEADERSHIP THROUGHOUT THE WORLD. ACU IS A
VIBRANT, INNOVATIVE, CHRIST-CENTERED COMMUNITY THAT ENGAGES STUDENTS IN AUTHENTIC
SPIRITUAL AND INTELLECTUAL GROWTH, EQUIPPING THEM TO MAKE A REAL DIFFERENCE IN THE
WORLD.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

JACK RICH, ALAN RICH - FAMILY RELATIONSHIP

WILLIAM BUSCH, BARRY PACKER - BUSINESS RELATIONSHIP

WILLIAM BUSCH, APRIL ANTHONY - BUSINESS RELATIONSHIP

WILLIAM BUSCH, DAN GARRETT - BUSINESS RELATIONSHIP

STEVE MACK, JACK GRIGGS - BUSINESS RELATIONSHIP

JACK GRIGGS, JOHN W. PETTY - BUSINESS RELATIONSHIP

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW BY POSTING THE RETURN ON THE
INTERNAL BOARD WEB SITE. THE 990 IS ALSO REVIEWED IN DETAIL BY THE AUDIT COMMITTEE
OF THE BOARD OF TRUSTEES BEFORE POSTING TO BOARD WEB SITE.

Name of the organization

ABILENE CHRISTIAN UNIVERSITY

Employer identification number

75-0851900

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL TRUSTEES AND OFFICERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.

THE RESULTS OF THESE QUESTIONNAIRES ARE REVIEWED BY LEGAL COUNSEL AND ARE REPORTED

TO THE AUDIT COMMITTEE. ALL OTHER EMPLOYEES ARE GIVEN A CONFLICT OF INTEREST

QUESTIONNAIRE TO COMPLETE ANNUALLY. THESE ARE REVIEWED BY THE RESPONSIBLE DEAN OR

VICE PRESIDENT TO DETERMINE IF A CONFLICT EXISTS. DEPENDING ON THE POTENTIAL

CONFLICT, CONDITIONS OR RESTRICTIONS ARE ENFORCED TO REDUCE OR ELIMINATE THE

CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

COMPARABILITY DATA IS USED TO DETERMINE THE COMPENSATION LEVELS OF THE OFFICERS AND

KEY EMPLOYEES. THE COMPENSATION OF THE PRESIDENT IS REVIEWED, APPROVED AND

DOCUMENTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION

OF OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE PRESIDENT AND REVIEWED

ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS OF ABILENE CHRISTIAN

UNIVERSITY ARE POSTED ON OUR WEBSITE AND ARE AVAILABLE TO THE GENERAL PUBLIC. WE

WILL ALSO PROVIDE COPIES OF THE DOCUMENTS UPON REQUEST.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 96011

ABILENE CHRISTIAN UNIVERSITY

75-0851900

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ASSET RETIREMENT OBLIGATION.....	\$	33,275.
CHANGE IN MARKET VALUE.....		25,407,448.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS.....		<u>1,565,714.</u>
TOTAL	\$	<u><u>27,006,437.</u></u>