

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2011For calendar year 2011 or other tax year beginning 6/01, 2011,
and ending 5/31, 2012Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)		Print or Type ABILENE CHRISTIAN UNIVERSITY ACU BOX 29120 ABILENE, TX 79699-9120	D Employer identification number (Employees' trust, see instructions.) 75-0851900 E Unrelated business activity codes (See instructions.) 451211 211110
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C Book value of all assets at end of year 469,340,866.	F Group exemption number (See instructions.) ▶ G Check organization type..... <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity.
 ▶ **RETAIL SALES, INVESTMENT INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?.. ☐ Yes ☒ No
 If 'Yes,' enter the name and identifying number of the parent corporation.. ▶

J The books are in care of. ▶ **STACEY L. MCGEE** Telephone number. ▶ **325-674-2795**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.	3,266.			
b Less returns and allowances.		1 c 3,266.		
2 Cost of goods sold (Schedule A, line 7)		2 -8,201.		
3 Gross profit. Subtract line 2 from line 1c		3 11,467.		11,467.
4 a Capital gain net income (attach Schedule D)		4 a 169,717.		169,717.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts.		4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	ST. 1.	5 -5,951.		-5,951.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule.)				
	SEE STATEMENT 2	12 21,764.		21,764.
13 Total. Combine lines 3 through 12		13 196,997.	0.	196,997.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages.	15	25,192.
16 Repairs and maintenance	16	
17 Bad debts.	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return.	22 a	22 b
23 Depletion.	23	3,265.
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	3,133.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	15,956.
29 Total deductions. Add lines 14 through 28	29	47,546.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	30	149,451.
31 Net operating loss deduction (limited to the amount on line 30)	31	149,451.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	0.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34. **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions. **37****38 Alternative minimum tax.** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 0.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 (see instructions) **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e** 0.**41** Subtract line 40e from line 39. **41** 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866
☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42. **43** 0.**44 a** Payments: A 2010 overpayment credited to 2011 **44a****b** 2011 estimated tax payments. **44b****c** Tax deposited with Form 8868. **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 **44g**☐ Form 4136 ☐ Other Total **44g****45 Total payments.** Add lines 44a through 44g. **45** 0.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached. ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. **48****49 Enter the amount of line 48 you want:** Credited to 2012 estimated tax ☐ Refunded ☐ **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. UNITED KINGDOM **Yes** **No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No****3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes** **No****Schedule A — Cost of Goods Sold.** Enter method of inventory valuation ☒ FIFO**1** Inventory at beginning of year **1** 2,921.**2** Purchases. **2** -11,122.**3** Cost of labor. **3****4a** Additional section 263A costs (attach schedule) **4a****b** Other costs (attach sch) **4b****5 Total.** Add lines 1 through 4b. **5** -8,201.**6** Inventory at end of year. **6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 **7** -8,201.**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****8** **Yes** **No****Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Title**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN self-employed P00158111Firm's name **DAVIS KINARD & CO, PC** Firm's EIN **75-1332266**Firm's address **400 PINE ST., STE. 600** Phone no. **(325) 672-4000****ABILENE, TX 79601****BAA** TEEA0202L 12/12/11 Form 990-T (2011)

Schedule C — Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1** Description of property

(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		

Schedule E — Unrelated Debt-Financed Income (see instructions)

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

Schedule F — Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals , Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14			

SCHEDULE D
(Form 1120)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND,
1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ See separate instructions.

OMB No. 1545-0123

2011Name **ABILENE CHRISTIAN UNIVERSITY**

Employer identification number

75-0851900**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

(a) Description of property (Example: 100 shares of Z Co)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 SHORT TERM CAPITAL GAINS - K-1					
	VARIOUS		18,473.		18,473.

2	Short-term capital gain from installment sales from Form 6252, line 26 or 37.....	2	
3	Short-term gain or (loss) from like-kind exchanges from Form 8824.....	3	
4	Unused capital loss carryover (attach computation).....	4	
5	Net short-term capital gain or (loss). Combine lines 1 through 4.....	5	18,473.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

6 LONG TERM CAPITAL GAINS - K-1				
	VARIOUS		151,244.	151,244.

7	Enter gain from Form 4797, line 7 or 9.....	7	
8	Long-term capital gain from installment sales from Form 6252, line 26 or 37.....	8	
9	Long-term gain or (loss) from like-kind exchanges from Form 8824.....	9	
10	Capital gain distributions (see instructions).....	10	
11	Net long-term capital gain or (loss). Combine lines 6 through 10.....	11	151,244.

Part III Summary of Parts I and II

12	Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11).....	12	18,473.
13	Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5).....	13	151,244.
14	Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.....	14	169,717.

*Note. If losses exceed gains, see Capital losses in the instructions.***BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.**

Schedule D (Form 1120) 2011

CLIENT 96011

ABILENE CHRISTIAN UNIVERSITY

75-0851900

10/09/12

08:23AM

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

NAME	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
UBIT FROM K--1'S	\$ -24,626.	\$ 0.	\$ -24,626.
UBIT FROM GENESIS NETWORK SOLUTIONS	18,675.	0.	18,675.
		TOTAL	\$ -5,951.

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

OTHER INVESTMENT INCOME.....	\$ 21,764.
TOTAL	\$ 21,764.

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

OIL & GAS WORKING INTEREST EXPENSES.....	\$ 12,072.
OPERATING EXPENSES - AES.....	3,884.
TOTAL	\$ 15,956.

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

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
5/31/03	\$ 114,901.	\$ 92,811.	\$ 22,090.
5/31/04	105,146.	0.	105,146.
5/31/05	41,233.	0.	41,233.
5/31/06	244,861.	0.	244,861.
5/31/11	174,228.	0.	174,228.
NET OPERATING LOSS AVAILABLE.....			\$ 587,558.
TAXABLE INCOME.....			\$ 149,451.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ 149,451.