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Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		iue Service		► The organization may h	have to use a copy of the	his return to sati	sfy state repor	ting requiren	nents	Open	to Public Ins	pection
	For the	2008 calend	dar year,	or tax year beginning	6/01	, 2008	3, and endir	ng 5/.	31	,	2009	
В	Check if a	applicable							D Employe	r Identific	cation Number	
	Addr	ress change	Please use IRS label	GRACE L. WOOD	WARD MEMORI	AL			75-2	7008	15	
	\vdash	ne change	or print or type	ENDOWMENT TRUE					E Telephor			
	\vdash	al return	See specific	BOX 29139					325-	674-	2000	
	\vdash		Instruc-	ABILENE, TX 7	9699				323	074	2000	
	\vdash	nination	tions								0 125	F O 1
	\vdash	ended return	F	<u> </u>				1	G Gross re		8,135	
	Аррі	lication pending		and address of principal office	ſ			1	a group return affiliates inclu		Ħ'**	=
				AS C ABOVE					attach a list (uctions) Yes	No
<u></u>		exempt statu		l(c) (3) ((inse	<u>rt no)</u> 49	47(a)(1) or	527					
<u>J</u>	Webs	site: ► N/	<u>A</u>					H(c) Group	exemption nur	nber -		
<u>K</u>		f organization	Corpora	ation X Trust Asso	ciation Other	L	. Year of Forma	tion	M st	ate of leg	jal domicile	
Pa	art I	Summa										
	1 B	Briefly describ	oe the or	ganızatıon's mission or	most significant	activities _E	ENDOWMEN	T_FOR_	SUPPORT	C_OF_	<u>ABILENE</u>	
ø		CHRISTIA	<u>N_UNIV</u>	<u>ERSITY </u>	_ 							
Governance	_							 – – –		_ .		
e.r	_	. 		 _								
ò	1	Check this bo		if the organization disc			posed of me	ore than 2	5% of its a	ssets		
ಶ				nbers of the governing						3		1
es				nt voting members of the	• •	y (Part VI, Iır	ne 1b)		_	4		0
Activities)		•	yees (Part V, line 2a)						5		0
Ę	1			teers (estimate if nece					_	6		0
4	1	-		business revenue from					-	7a		0.
	D N	let unrelated	business	s taxable income from	Form 990-1, line	34		<u> </u>		7b		0.
								Р	rior Year		Current Y	ear
Φ	8 C	de la	And grac	nts (Part VIII, line 1h)								
Z.	1181	regiant serv	ide tevel	nue (Part VIII, line 2g)								
	1/189/ 1/	nvestment in	come (Pa	ərt VI≬, column (A), lır					197,6	68.	-274	<u>,331.</u>
5	[14] C	OUTAL Me voe nove	Part V	11 Galumn (A), lines 5	, 6d, 8c, 9c, 10c,	and 11e)						
图	12 T	otal reventie	COMPRO II	through 11 (mus	t equal Part VIII,	column (A),	line 12)		3,292,0			,331.
ONN BORNE	13	Party and si	mılar am	paid (Part IX, co	olumn (A), lines 1	-3)		1	<u>, 652, 7</u>	76.	1,120	<u>,000.</u>
Ö	144	PAGE TO PAGE	to o for	members (Part IX, col	lumn (A), line 4)							
	15 S	Salaries, othe	compe	nsation, employee ben	efits (Part IX, col	umn (A), line	s 5-10)					
遼	16a F			ng fees (Part IX, colum								
SER-MAKE	_{Б.Т}			nses (Part IX, column								
SE SE	17 6			IX, column (A), lines 1				-	214,1	26	177	,552.
		•	-			(A) l OE)		1			1,297	
201	V I			nes 13-17 (must equal		(A), line 25)			,866,9			<u> </u>
	13 1	kevenue iess	expense	es Subtract line 18 from	n line 12			1	,425,1	04.	-1,571	,003.
8 6									ning of Ye		End of Yo	
Bala	20 T	otal assets (37	7,769,2		27,258	
Net Assets or Fund Balancos	21 T	otal liabilitie	•							0.		<u>0.</u>
	22 1			ances Subtract line 21	I from line 20			37	7,769,2	88.	27,258	<u>,081.</u>
Pa	art II	Signatu	<u>ire Bloc</u>	<u>ck</u>								
		Under penaltie	s of perjury	declare that have examine Declaration of prepare (other	d this return including a	accompanying sc	hedules and sta	tements, and	to the best of	my know	ledge and belief,	ıt ıs
		irde, correct, a	nd continue	Declaration of Inchair (our	in that officery is based	on an unormatio	ir or willer prep	urer rias arry	<i>i j</i>	<i>h</i> -		
Sig	gn		UU	'IGANI					_'///	<i>[f0</i>]		
He	ere	Signature	of officer	$\int \int - \Lambda$				Da	ate /	•		
			ENT	KIDEOUT	wood Tuv Se	rvicei +	4CUF	Truste	e			
		Type or pr	int name an	d title		'/		,				
					•		Date		heck if	Prer (see	parer's identifying instructions)	number
Pa		Preparer's	\wedge	000	<i>-</i> 4		12/ 1		elf- mployed			
Pr		signature	►	or When.	. CPA		-123/	09		P0	0158111	
	rer's	Firm's name (c	, 6ad	IS KINARD & CO), PC			<u> </u>				
Ùs Or		yours if self employed),		PINE ST., STE	·			F	ın ► 7!	5-133	32266	
Uľ	ııy	address, and ZIP + 4	·	LENE, TX 79601							672-40	20
Ma	y the IR			with the preparer show		structions)	-	<u></u>		,525,	X Yes	No
											, , 1	

Form 990 (2008) GRACE L. WOODWARD MEMORIAL	<u>7</u> 5-2700815	Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
1 Briefly, describe the organization's mission ENDOWMENT FOR SUPPORT OF ABILENE CHRISTIAN UNIVERSITY		
<u> </u>	-	
2 Did the organization undertake any significant program services during the year which were not listed of		,
Form 990 or 990-EZ?	Yes X	No
If 'Yes,' describe these new services on Schedule O		1
3 Did the organization cease conducting, or make significant changes in how it conducts, any program self 'Yes,' describe these changes on Schedule O	ervices? Yes X	No
4 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	es by expenses Section 501(and allocations to others, the t	c)(3) otal
4a (Code) (Expenses \$1,120,000. Including grants of \$1,120,000.) ENDOWMENT IN PERPETUAL WHOLLY-CHARITABLE TRUST FOR ABILENE CHRIS ABILENE, TEXAS. CREATED PRIMARILY TO SERVE AS THE RECEPTACLE FO OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND RELIGIOUS P MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THE USED SOLELY IN THE CONTINENTAL UNITED STATES FOR THE SPECIFIC PUTHE CHURCHES OF CHRIST.	TIAN UNIVERSITY IN R THE ENDOWMENT AN URPOSES WITHIN THE TRUST CORPUS SHALL RPOSE OF BENEFITTI	 BE
4b (Code) (Expenses \$	(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 ► \$ 1,120,000. (Must equal Part IX, Line 25, column	(B))	

			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	6		Х
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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 U.S.? If 'Yes,' complete Schedule F, Part I	14b		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, Part II	15		Х
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, Part III	16		х
17	3	17		Х
18	g , , , , , , , , , , , , , , , , , , ,	18		X
19	3 , , , , , , , , , , , , , , , , , , ,	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	Х	X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	21	^_	X
		22		
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	-	X
24	a 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 questions 24b-24d and complete Schedule K. If 'No. go to guestion 25	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	ů , i i	240		_
	a 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	25 a		X_
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		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	26		<u>x</u>
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
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Form 990 (2008) GRACE L. WOODWARD MEMORIAL

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	_	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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	33		Х
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	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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	36		Х
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	37		Х
3A/		Form	990	(2008)

. Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 Information Returns Enter -0- if not applicable 1 a 1 b 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3 a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Ź **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b * Kin 7 Organizations that may receive deductible contributions under section 170(c). Χ a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 82827 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d á. 4.3 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х 7 g Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? Х h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) À supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9а **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

12b

Form 990 (2008)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008) GRACE L. WOODWARD MEMORIAL 75-2700815 Page 6

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circ processes, or changes in Schedule O. See instructions	cumstances,	Yes	No
1 a	a Enter the number of voting members of the governing body	1	} '	
t	b Enter the number of voting members that are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee or key employee?	any other 2	-	Х
3	3 Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person?	supervision 3		X
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?		1	i
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	┼	X
6	5 Does the organization have members or stockholders?	6_	┿	X
	7a Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	7:	+	X
ı	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	71	<u> </u>	X
	3 Did the organization contemporaneously document the meetings held or written actions undertaken during the following:			-
	a The governing body?	8:		<u> </u>
	b Each committee with authority to act on behalf of the governing body?	81	+	
9 8	a Does the organization have local chapters, branches, or affiliates?	9:	3	X
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with those of the organization?	, affiliates,	.	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHED	ons must JLE O 10	х	
	1 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	at the		<u>x</u>
Sec	ection B. Policies		·	
			Yes	No
12:	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a X	<u> </u>
ı	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts?	rise 12	Х	_
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' of Schedule O how this is done SEE SCHEDULE O			
	3 Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	4 Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	5 Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	ependent		
	a The organization's CEO, Executive Director, or top management official?	15		<u> </u>
	b Other officers of key employees of the organization? SEE SCHEDULE O	15	ЬХ	
	Describe the process in Schedule O. (see instructions)			
16	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement ventity during the year?	rith a taxable -	a	<u>X</u>
		<u> </u>		1
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements?	participation		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements?	participation on's exempt		
Sec	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	participation on's exempt		<u></u>
Sec	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements? ection C. Disclosures 7 List the states with which a copy of this Form 990 is required to be filed NONE	participation in s exempt 16	b	ublic
Sec 17	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements? ection C. Disclosures List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	participation in s exempt 16	b	
Sec 17 18	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements? ection C. Disclosures List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5010 inspection. Indicate how you make these available. Check all that apply.	participation on's exempt 16	e for pi	
Sec 17 18 19 20	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements? ection C. Disclosures 7 List the states with which a copy of this Form 990 is required to be filed ► NONE 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5010 inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ X Upon request	participation on's exempt 16 (c)(3)s only) available of interest policy, and ds of the organization	e for pi	

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Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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

(A)	(B)			0	c)			(D)	(E)	(F)
Name and Title	Average	Posi	ition (hat app	ly)			
Name and Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
ACU FOUNDATION						-				
TRUSTEE	2							0.	0.	0.
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Part VII Section A. Officers, Directors, Trust		(ey	En			es,	an		pensated Emp	loyees (cont.)
(A)	(B)	Dec.	<i>(</i>		c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer	1	. i		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the
		ndividual trustee or director	institutional	ਰ	employee	Highest compensated employee	ner	(2	(2	organization and related organizations
		rustee	il trustee		yee	mpens				organizations
			ee			sated				
		-								
	-									
					-					
								_		
			_							
1 b Total	<u> </u>	l		<u> </u>	L		>	0.	0.	C
2 Total number of individuals (including those in 1a) v	vho rece	eived	d mo	ore t	lhan	\$10	0,0	L		
organization 🕨 0										V N
3 Did the organization list any former officer, director	or trusti	ا مد	(ev	emn	olove	2 6 C	ar he	ahest compensate	ed employee	Yes N
on line 1a3 If 'Yes,' complete Schedule J for such in	ndıvıdua	i	•	•	•	•		,	, ,	3 2
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	nan \$15	0,00	npe	lf 'Y	es'	com	plet	e Schedule J for s	such	4
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	atio	n fro	om a	any	unre	late	ed organization for	services	
rendered to the organization? If 'Yes,' complete Schection B. Independent Contractors	nedule J	for	suc	h pe	ersoi	n				_ 5 X
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of	
(A)								(B) Description ()	(C)
Name and business address	s							Description of	of Services	Compensation
					<u> </u>					
2 Total number of independent contractors (including	those in	11)	who	rec	eive	ed m	ore	than \$100 000 in		
compensation from the organization ► 0		,								>

Га	t viii , Statement of Revenue				· · · · · · · · · · · · · · · · · · ·	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns. 1a	~				
NAN UNT	b Membership dues 1b					i
S, GF	c Fundraising events 1c					
AR /	d Related organizations 1d					
S E	e Government grants (contributions) 1e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
N O	g Noncash contribus included in lns 1a-1f \$					′
양취	h Total. Add lines 1a-1f	>				
PROGRAM SERVICE REVENUE	В	ısıness Code				*
S.	2a					
ERE	b					
NC	c					
SER	d					
¥AM	e					
OGF	f All other program service revenue					
	g Total. Add lines 2a-2f	>	·		, ×	Ŕ, ,
	3 Investment income (including dividends, inte	erest and	100.00			
	other similar amounts)		133,067.			133,067.
	4 Income from investment of tax-exempt bond	proceeds -				
	5 Royalties		** ***	* *		<u> </u>
	(i) Real	(ii) Personal		* 1 52	4 8 kc /	
	6a Gross Rents		7 11			
	b Less rental expenses		***	, 4,4		
	c Rental income or (loss)		* \$*	î û .a.	* 3% /	`
	d Net rental income or (loss)	(II) Other		74.		
	7a Gross amount from sales of assets other than inventory 8, 002, 434.	(ii) Other				Bar. L.
	assets other than inventory 8,002,434.					
	b Less: cost or other basis and sales expenses 8, 409, 832.				*	,
	c Gain or (loss) -407, 398.			, · · · · · · · · · · · · · · · · · · ·		
	d Net gain or (loss)		-407,398.	.a	- \$.k	-407,398.
	, , , , , , , , , , , , , , , , , , ,	-	-407,396.		. 4. is	-407,396.
JNE	8a Gross income from fundraising events (not including \$			4. 4		
	of contributions reported on line 1c)		有数	Ę		v 4 % 1 4 /4 ;
OTHER REVEN	See Part IV, line 18					
HER	b Less direct expenses b					,;
6	c Net income or (loss) from fundraising events	, >		v okovana kododa v 1 z zm.	XX	a
	9a Gross income from gaming activities	-	/ * * ^* !		73.37	
	See Part IV, line 19			â 3		
	b Less direct expenses b				*^*	
	c Net income or (loss) from gaming activities	>	** ************************************		20 20 20 20	
	10a Gross sales of inventory, less returns		> / {	* \$ * * * *	» (* '
	and allowances a			3	, y	
	b Less cost of goods sold b				*	
	c Net income or (loss) from sales of inventory					
		isiness Code		,		
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d.	, 7d, 8c, 9c,		_		
	10c, and 11e	_	-274,331.	0.	<u> </u>	-274,331.

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).

	not include amounts reported on lines 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	1,120,000.	1,120,000.		:
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,120,000.	1,120,000.		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting				
d	Lobbying	-			
е	Prof fundraising svcs See Part IV, In 17		* * ! * * * * * * * * * * * * * * * * *	· " · &	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25		A STATE OF THE STA		
	below)	177 550	* _	177 550	8 V · · · · · · · · · · · · · · · · · ·
_	FIDUCIARY FEES	177,552.		177,552.	
b					
d e					
	All other expenses.				
	Total functional expenses. Add lines 1 through 24f	1,297,552.	1,120,000.	177,552.	0.
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		_,,		0.

	<u> </u>	Datanee Sheet		(A)		(B)
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		28,227.	2	163,900.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	=		5	
	6	Receivables from other disqualified persons (as define				
Δ		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net			7	
Ě	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges	1 - 1		9	
		Land, buildings, and equipment cost basis	10a			
	b	Less accumulated depreciation Complete Part VI of			_	
		Schedule D	10b	10 400 406	10c	5 070 404
	11	Investments – publicly-traded securities		10,402,406.	11	5,078,494.
	12	Investments – other securities See Part IV, line 11		27,338,655.	12	22,015,687.
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	24)	27 760 200	15	27,258,081.
_	16	Total assets Add lines 1 through 15 (must equal line	34)	37,769,288.	16	21,258,081.
	17 18	Accounts payable and accrued expenses Grants payable			17 18	
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow account liability Complete Part IV of Schedule	. D		21	
B	22	Payables to current and former officers, directors, trus			-	
Ī		highest compensated employees, and disqualified pers	sons Complete Part II]]	
Ĭ		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the	rd parties		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Ē		Organizations that follow SFAS 117, check here ►	X and complete lines		1	
		27 through 29 and lines 33 and 34.			1. 1	
ANSETS	27	Unrestricted net assets		11,360,782.		849,575.
Ĭ	28	Temporarily restricted net assets		06 400 506	28	06 400 506
S R	29	Permanently restricted net assets		26,408,506.	29	26,408,506.
		Organizations that do not follow SFAS 117, check he	re ► and complete			
L DZD	20	lines 30 through 34.			20	
	30	Capital stock or trust principal, or current funds	mont fund		30	
BALAZCEN	31	Paid-in or capital surplus, or land, building, and equip Retained earnings, endowment, accumulated income,			31	
Ă	32	Total net assets or fund balances.	or other fullas	37,769,288.	33	27,258,081.
Ē	33 34	Total liabilities and net assets/fund balances		37,769,288.	34	27,258,081.
	rt X			1 31,103,200.	<u> </u>	21,230,001.
		T mandar otatements and reporting				Yes No
1	Ac	counting method used to prepare the Form 990	Cash X Accrual	Other		
		re the organization's financial statements compiled or r		_		2a X
		re the organization's financial statements audited by ar	• •			2b X
		Yes' to 2a or 2b, does the organization have a committee			dit,	
_		new, or compilation of its financial statements and selection	•			2c X
3		a result of a federal award, was the organization required that and OMB Circular A-133?	ed to undergo an audit or aud	iits as set forth in the Si	ingle	3a X
		Yes,' did the organization undergo the required audit or	audits?			3b
BA			7			Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545 0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

GRACE L. WOODWARD MEMORIAL

ENDOWMENT TRUST

Employer identification number 75-2700815

Part	I Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	te this	part.)	(see	ınstruct	ions)	
The o			use it is (Please check o								
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)).			
2			A)(ii). (Attach Schedule			` ,					
3			e organization described		on 170(ЬХ1ХАХ	iii). (At	tach Scl	hedule H)	
4			ed in conjunction with a h								spital's
	name, city, and sta		•					- (- // - // -	Xy = .		
5	An organization op 170(b)(1)(A)(iv). ((perated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gove	rnmenta	I unit des	scribed in s	ection
6	A federal, state, or	local government or	governmental unit descri	ibed in s	ection 1	70(b)(1)	(A)(v).				
7	in section 170(b)(1	(Complete P			_	vernme	ntal uni	t or fron	n the ger	neral public	described
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part i	l)						
9	from activities relate	ed to its exempt function	more than 33-1/3 % of its ns – subject to certain excess taxable income (less complete Part III)	entions :	and (2) r	o more t	han 33.	1/3 % of	its sunna	ort from aros	22
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4) . (se	e instruc	lions)	
11	X An organization or more publicly supp	ganized and operated orted organizations o	exclusively for the bene described in section 509(zation and complete line	fit of, to	perform	the fun	ctions o	of or ca	rry out th	a nurnosa	s of one or ne box that
	a X Type I	b Type II	_	I – Fund	•		ed		d \square	Type III-	Other
е	X By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc	tly or in	directly zations	by one describe	or more ed in se	disqualiction 509	fied perso (a)(1) or s	ns other ection
f	(- / (- /	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatio	n, X
g	Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7	
		•	, , , ,			,		· · · 3			Yes No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)	X
	(ii) a famıly mem	nber of a person desc	ribed in (i) above?							11 g (ii)	X
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	Х
h	Provide the following	ng information about t	he organizations the org	janizatio	n suppo	rts					
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your rning ment?	(v) Did y the organ col a your su	ization in (i) of	organizat	s the ion in col zed in the S ?	(VII) Amoun	it of Support
				Yes	No	Yes	No	Yes	No		
ABI	LENE CHRISTIAN	UNIVERSITY						Ì			
		75-0851900	2	X		X		Х		1,1	20,000.
				<u></u>							
			77	<u> </u>							
		<u>*</u>	\$ P*								
Total	. <u>. </u>									1,1	20,000.

Schedule A (Form 990 or 990-EZ) 2008

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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 beginning in) 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 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) Public support. Subtract line 5 10 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) **Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f % 16a 33-1/3 support test — 2008. 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. b 33-1/3 support test - 2007. 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 17a 10%-facts-and-circumstances test - 2008. 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 b 10%-facts-and-circumstances test - 2007. 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

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

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

1 41	(Complete only if you che				(-/(-/			
Sec	tion A. Public Support	cked the box on it	ne 3 of rait ()					
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3 (1) Total
1						,,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3 (1) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)							
	Total support. (add Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	01(c)(3)	▶ □
	tion C. Computation of Pu						-	
				. 12 1 (0)			15	
	Public support percentage for 20)	Ļ	15	%
	Public support percentage from						16	
	tion D. Computation of Inv				(0)			
	Investment income percentage f			-	ımn (t)).	-	17	<u>%</u>
18	Investment income percentage f					.0/	18	<u></u>
40		organization did not	cneck the box on	line 14, and line 15	is more than 33-1/3	5%, and line 17	/ is not	
19 a	33-1/3 support tests – 2008. If the common than 33-1/3%, check this b	ox and stop here	 The organization 	n qualifies as a ni	ublicly supported a	organization		▶
	more than 33-1/3%, check this be 33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	ox and stop here he organization di	. The organization d not check a box	x on line 14 or 19	a, and line 16 is r	organization nore than 33	3-1/3%, and l zation	line 18
	more than 33-1/3%, check this b 33-1/3 support tests – 2007. If tl	ox and stop here he organization di t this box and sto j	. The organization d not check a box p here. The organ	x on line 14 or 19 nization qualifies a	la, and line 16 is r as a publicly supp	organization nore than 33 orted organiz	zation	line 18

Schedule A (Form 990 or 990 EZ) 2008 GRACE L. WOODWARD MEMORIAL 75-2700815 Page
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)
·
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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<del></del>

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

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### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545 0047

**2008** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule **D** (Form 990) 2008

Name of the organization		Employer Identification number
GRACE L. WOODWARD MEMORIAL		75-2700815
Part I Organizations Maintaining Donor Advised	Funds or Other Similar Fun	ids or Accounts Complete if
the organization answered 'Yes' to Form 99	<u> </u>	
<del></del>	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 funds are the organization's property, subject to the organ	ization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donoused only for charitable purposes and not for the benefit of impermissible private benefit??	or advisors in writing that grant fun f the donor or donor advisor or oth	ds may be ner Yes No
Part II Conservation Easements Complete if the c	rganization answered 'Yes'	to Form 990, Part IV, line 7
1 Purpose(s) of conservation easements held by the organiz		
Preservation of land for public use (e.g., recreation or		of an historically important land area
Protection of natural habitat	<b>—</b>	of certified historic structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held a qualified c	onservation contribution in the form	m of a conservation easement on the last day
of the tax year	· · · · · · · · · · · · · · · · · · ·	
		Held at the End of the Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation easements		2 b
c Number of conservation easements on a certified historic	structure included in (a)	
d Number of conservation easements included in (c) acquire		2d
3 Number of conservation easements modified, transferred,	released, extinguished, or termina	ited by the organization during the taxable
year •		
4 Number of states where property subject to conservation e	easement is located >	_
5 Does the organization have a written policy regarding the enforcement of the conservation easement it holds?		☐ Yes ☐ No
6 Staff or volunteer hours devoted to monitoring, inspecting	_	
7 Amount of expenses incurred in monitoring, inspecting, ar	nd enforcing easements during the	year ► \$
8 Does each conservation easement reported on line 2(d) al 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	pove satisfy the requirements of se	ection Yes No
9 In Part XIV, describe how the organization reports conservation include, if applicable, the text of the footnote to the organi- conservation easements	n easements in its revenue and exper zation's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Partillia Organizations Maintaining Collections of Complete if the organization answered 'Yes	Art, Historical Treasures, or s' to Form 990, Part IV, line	Other Similar Assets 8.
1a If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that des	, education, or research in furthera	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, treasures, or other similar assets held for public exhibition amounts relating to these items	not to report in its revenue statem , education, or research in furthera	nent and balance sheet works of art, historical ance of public service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		<b>^</b> \$ <b>^</b> \$
2 If the organization received or held works of art, historical amounts required to be reported under SFAS 116 relating	treasures, or other similar assets to these items	for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$
<b>b</b> Assets included in Form 990, Part X		►\$ ►\$

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

Schedule D (Form 990) 2008 GRACE Part III Organizations Maintai			orical Treasures o	75-270		Page 2
3 Using the organization's accession						
that apply)  a Public exhibition  b Scholarly research		d Loan e Other	or exchange programs			
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIV					se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receiv	e donations of ar	t, historical treasures, of the organization's co	or other similar illection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrange	ments Compl	ete if organization			
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or o	other intermediary	for contributions or oth	ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a		), Part X, line 217	)		Yes	No
b If 'Yes,' explain the arrangement			· ····			
Part V   Endowment Funds Co	mplete if organi	zation answer	ed 'Yes' to Form 99	90, Part IV, line 10.		
	(a) Current year	(b) Prior yea	(c) Two years bac	k (d) Three years back	(e) Four years b	back
<b>1 a</b> Beginning of year balance	26,408,506					
<b>b</b> Contributions				· /		
c Investment earnings or losses	133,067	·				**************************************
d Grants or scholarships						
e Other expenditures for facilities and programs	133,067					
f Administrative expenses			7. 3	* .	×.	
<b>g</b> End of year balance	26,408,506	·				
2 Provide the estimated percentage		alance held as				
a Board designated or quasi-endow		<u> </u>				
<b>b</b> Permanent endowment ►	<u>100.00</u> %					
c Term endowment ►	⁸					
3a Are there endowment funds not i	n the possession of	the organization	that are held and adm	inistered for the		
organization by					Yes	No
(i) unrelated organizations					3a(i)	X
(ii) related organizations			==		3a(ii)	<u>X</u>
<b>b</b> If 'Yes' to 3a(II), are the related of		•		17717	3b	X
4 Describe in Part XIV the intended Part VI Investments—Land, B					<del>-</del>	
Description of investment		<del></del>		<u>'</u>	(d) Deal Mal	
		st or other basis investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Valu	эe
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<b>e</b> Other						
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 99	), Part X, column	(B), line 10(c))	<b>•</b>		0.
BAA		·		Sched	dule <b>D</b> (Form 990)	2008

Schedule D (Form 990) 2008 GRACE L. WOODWARD	MEMORIAL		700815 Page 3
Part VII Investments—Other Securities See For		ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives and other financial products			
Closely-held equity interests	7 250 446	TIP OF IVER	
Other ALTIMA ONE WORLD AGRICULTURE FUN	350,446.	END_OF YEAR MARKET VAL	JE
SEE PART XIV			
		-	
			<del></del>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Total (Column (b) should equal Form 990 Part X, col (B) line 12) ►	22,015,687.		× *
Part VIII Investments-Program Related (See	Form 990, Part X, I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of val	uation
		Cost or end-of-year m	arket value
			
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)	lung 1E) NI/A		^ · / · · · · · · · · · · · · · · · · ·
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	<u> </u>	(h) Pook volue
(a) De	scription		(b) Book value
T.I.O. (1) T.I.(1) (1) (15 000 D.I.(1)			
Total. Column (b) Total (should equal Form 990, Part X, co. Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability Federal Income Taxes	(b) Amount		
rederal modifie raxes			
			* *
			Ž.
			· .
			*
Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	▶	1 : :	*

		70081	.5 Pa	age 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ļ	-274,3	
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,297,5	
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u>-1,571,8</u>	
4	Net unrealized gains (losses) on investments		-8,939,3	<u>24.</u>
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)		· -	
9	Total adjustments (net) Add lines 4-8		-8,939,3	24.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	_	10,511,2	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur			
	Total revenue, gains, and other support per audited financial statements 1		-9,213,6	55.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments 2a -8,939,324.			
Ŀ	Donated services and use of facilities 2b	~		
(Recoveries of prior year grants.			
	Other (Describe in Part XIV)	Ì		
		,	-8,939,3	2.4
	 			
	, ,	5	-274,3	<u>31.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b	.		
		% .		
		4 c		
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12).		-274,3	31.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn		
1	Total expenses and losses per audited financial statements	i	1,297,5	52.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	4		
a	Donated services and use of facilities 2a			
t	Prior year adjustments 2b			
	Losses reported on Form 990, Part IX, line 25			
	Other (Describe in Part XIV)			
		2 e		
	Subtract line 2e from line 1		1,297,5	F 2
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	' 	1,231,3	<u>JZ.</u>
		-		
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4a 4b	2		
		1c		
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5	<u>i</u>	1,297,5	<u>52.</u>
Kar	t XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b PART Y, LINE 4 - INTENDED USES OF ENDOWMENT FUND	es 1b a	nd 2b, Part V	',
	THE ENDOWMENT FUNDS ARE USED TO PROVIDE FINANCIAL ASSISTANCE TO THE FAC	ULTY	<u>MEMBERS</u> .	
	AND STUDENTS OF ABILENE CHRISTIAN UNIVERSITY.			
		· - ·		
		. – – –		
			-	

TEEA3304L 12/23/08

Schedule **D** (Form 990) 2008

BAA

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	<u>_</u>
		-
		- -
		
		
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2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 96295

GRACE L. WOODWARD MEMORIAL ENDOWMENT TRUST

75-2700815

SCHEDULE D, PART VII INVESTMENTS - OTHER SECURITIES

DESCRIPTION BOOK VALU	JE METHOD OF VALUATION
DESCRIPTION BOOK VALUE ARTHA EMERGING MKTS FUND LTD-S1A-05 1,009,28	33. END OF YEAR MARKET VALUE
ARTHA EMERGING MKS FUND LTD-S1A-2009-04	
2,95	33. END OF YEAR MARKET VALUE
AXIOM GLOBAL MICRO 305,61	1. END OF YEAR MARKET VALUE
BLACKSTONE FIFTH AVENUE OFFSHORE FUND	
	01. END OF YEAR MARKET VALUE
BLACKSTONE PARTNERS OFFSHORE FUND 872,47	71. END OF YEAR MARKET VALUE
BLUESTEM PARTNERS, LP 2,456,61	18. END OF YEAR MARKET VALUE
DRUM CAP MGMT PRTRS II 400,54	3. END OF YEAR MARKET VALUE
	8. END OF YEAR MARKET VALUE
	94. END OF YEAR MARKET VALUE
	50. END OF YEAR MARKET VALUE
	28. END OF YEAR MARKET VALUE
GUGGENHEIM REAL ESTATE PLUS II 1,895,59	00. END OF YEAR MARKET VALUE
HORSEMAN GLOBAL FUND LIMITED CLASS B	70. BND OI IBM IMMABI VIBOR
	25. END OF YEAR MARKET VALUE
JP MORGAN US POOLED CORP FIN INST INV II	.o. bud of think mindel vindob
	54. END OF YEAR MARKET VALUE
MINERAL ACQUISITION PARTNERS 2009 LP	74. END OF TEAK MARKET VALUE
	00. END OF YEAR MARKET VALUE
MORGAN CREEK BRIC PLUS OFFSHORE FUND LTD	OO. END OF TEAK MARKET VALUE
	31. END OF YEAR MARKET VALUE
	04. END OF YEAR MARKET VALUE
	57. END OF YEAR MARKET VALUE
	19. END OF YEAR MARKET VALUE
	37. END OF YEAR MARKET VALUE
QUELLOS PARTNERS II 1,868,40	77. END OF YEAR MARKET VALUE
QUORUM FUND LIMITED 22,57	1. END OF YEAR MARKET VALUE
RENAISSANCE INSTITUTIONAL EQUITIES 763,61 RESERVOIR CAPITAL INVESTMENT PARTNERS	.8. END OF YEAR MARKET VALUE
	THE OF WEND WARREN WARRE
	57. END OF YEAR MARKET VALUE
SIGULER GUFF BRIC OPP FUND II 117,51	8. END OF YEAR MARKET VALUE
SIGULER GUFF BRIC OPP FUND 732,55	32. END OF YEAR MARKET VALUE
SIGULER GUFF DISTRESS OPPNITY FUND III	C DND OF VEAD MADISTER WATER
	36. END OF YEAR MARKET VALUE
SIGULER GUFF DISTRESSED OPPTNTY FUND II	
496, 26	6. END OF YEAR MARKET VALUE
SIGULER GUFF SM BUYOUT OPP FUND 305,93	35. END OF YEAR MARKET VALUE
STRALEM AND CO. SEPARATE ACCT 529,81	2. END OF YEAR MARKET VALUE
SVB INDIA CAPITAL PARTNERS I 85,44	11. END OF YEAR MARKET VALUE
	39. END OF YEAR MARKET VALUE
	57. END OF YEAR MARKET VALUE
SVB STRATEGIC INV IV LP 22,26	33. END OF YEAR MARKET VALUE
VISION OPPORTUNITY CAPITAL PARTNERS LTD.	
398,63	34. END OF YEAR MARKET VALUE
WESTERN ASSET MGMT CO. ABS RET STRATEGY	
2,527,37	8. END OF YEAR MARKET VALUE
TOTAL \$21,665,24	11.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047 2008

Open to Public Inspection Employer identification number 75-2700815 Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990. GRACE L. WOODWARD MEMORIAL

Part I | General Information on Grants and Assistance

&		ا Form	ě	A	
X Yes		'Yes' on	,000, Us		
, and	7	zation answered	ed more than \$5		
grants or assistance	SEE PART IV	ete if the organiz	recipient receive	•	
ees' eligibility for the	es.	d States. Compl	on It soo one		
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?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' on 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. Use	eded	
unt of the grants or	the use of grant fu	s and Organiza	erved more than	nal space is ne	
substantiate the amo	edures for monitoring	to Government	ecipient that rec	Part IV and Schedule I-1 (Form 990) if additional space is needed	
Does the organization maintain records to substantiate the arithe selection criteria used to award the grants or assistance?	organization's proc	ther Assistance	ine 21 for any r	chedule I-1 (For	
ss the organization selection criteria us	scribe in Part IV the	Grants and O	990, Part IV, I	Part IV and St	
- The	2 Des	Part II			

airt Valla Schedale I (Olli 230) il adalial space is fiecaca	ווייט ווייט לאכר ווויט ל	מישטעט ושווטוי	ברתכת				
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
AGU BOX 29120 ABILENE, TX 79699	75-0851900	501 (C) (3)	1,120,000.	0			EDUCATION
2 Enter total number of section 501(c)(3) and government organizations	3) and government orga	anizations				A • A	1

3 Enter total number of other organizations

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

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 75-2700815 (e) Method of valuation (book, FMV, appraisal, other) GRANTS ARE ONLY FUNDED TO ABILENE CHRISTIAN UNIVERSITY IN ACCORDANCE WITH THE TRUST (d) Amount of non-cash assistance __PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant GRACE L. WOODWARD MEMORIAL (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 AGREEMENT. Part III BAA

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

GRACE L. WOODWARD MEMORIAL ENDOWMENT TRUST

Related Organizations and Unrelated Partnerships

2008

OMB No 1545 0047

Open to Public, Inspection

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Employer identification number 75-2700815

Part I Identification of Disregarded Entities					
(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
Part II Identification of Related Tax-Exempt Organizations	ns	-			

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Legal domicile (state or foreign country) (C) (E) Exempt Code section (ff section 501(c)(3))		(F) Direct controlling entity
ABILENE CHRISTIAN UNIVERISTYP.O. BOX 29120					
ABILENE, TX 79699	HIGHER EDUCATION				
75-0851900	SERVICES	TX	501 (C) (3)	2	N/A
ACU FOUNDATION					
ABILENE, TX 79699	EDUCATION				
	ENHANCEMENT	TX	501(C)(3)	13 - TYPE I	N/A

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

75-2700815

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) (C) (D) Primary Activity Legal Controlling entity	(C) Legal domicile	(D) Direct controlling entity	(E) Predominant income (related,	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Dispropor- tionate	Code V-UBI	(J) General or managing
		(state or foreign country)		investment, unrelated)			allocations /	20 of Schedule K-1 (Form 1065)	partne
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Trust
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Organization
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Part IV

		,	.				
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(B) (C) (D) Type of entity Activity Legal domicile Direct (State or foreign controlling entity (C corp, S corp, country) (C) (C) (E) (F) (F) (F) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(H) Percentage ownership
	-						
.							
ВАА		TEEA5002L 12/23/08	23/08			Schedule R (Form 990) (2008)	990) (2008)

Page 3

75-2700815

Part V Transactions With Related Organizations

Note Complete line 1 if any entity is listed in Parts II. 111 or 1V			70,7	1
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	> I-			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		\times
b Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Gift, grant, or capital contribution from other organization(s)		1c		×
d Loans or loan guarantees to or for other organization(s)		1 q		×
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		16		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		1 h		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		$ \times $
i Lasca of familiac any moment or other accets from other economistically				>
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		E		×
n Sharing of paid employees		L L		$ \times $
			:	
o Keimbursement paid to other organization for expenses		10	×	
p Keimbursement paid by other organization for expenses		1р		\times
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)			-	\times
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	s and transaction threshol	lds		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	77
(1) ABILENE CHRISTIAN UNIVERISTY	В	1,120,000	00,0	0
(2) ABILENE CHRISTIAN UNIVERISTY	0	14.	142,042	2
(3) ACU FOUNDATION	0	က်	35,510.	
(4)				
(5)				
(9)				
BAA TEEA5003L 07/02/08	Schedule F	Schedule R (Form 990) (2008)	0) (20	(8)

Schedule R (Form 990) 2008 GRACE L. WOODWARD MEMORIAL ENDOWMENT TRUST

Part VI Unrelated Organizations Taxable as a Partnership

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 asset or gross reviews) that was not a related organization. See lectricities considered organization.

revenue) that was not a related organization. See Instructions regarding	irding exclusion for c	exclusion for certain investment partnerships	rtnerships		•	•)
(A) Name address and FIN of entity	(B) Primary activity	(C)	(D) Are all partners	(E)	(F)	(G)	(H)
		(State or Foreign Country)	section 501(c)(3)	assets	tionate allocations?	Schedule K-1	managing partner?
			Yes No		Yes No	Form (1065)	Yes No
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
				-			
			_		-		
			_				
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	·						
					-		
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	n 990) (2008)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization GRACE L. WOODWARD MEMORIAL	Employer identification number	
ENDOWMENT TRUST	75-2700815	
FORM 990, PART VI. LINE 10 - FORM 990 REVIEW PROCESS		
THE 990 IS REVIEWED BY APPROPRIATE MEMBERS OF THE TRUSTEE ORGANIZATION.		
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF C	
INFORMATION IS REQUESTED, UPDATED, AND REVIEWED ANNUALLY.		
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE		
THE TRUST HAD NO COMPENSATION FOR THE CURRENT YEAR.		
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE	
MADE AVAILABLE UPON REQUEST.		

TEEA4901L 12/19/08