

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 5/01, 2007, and ending 4/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C ORAL ROBERTS UNIVERSITY 7777 SOUTH LEWIS, PB-209 TULSA, OK 74171

D Employer Identification Number 73-0739626 E Telephone number 918-495-6402 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: HTTP://WWW.ORU.EDU

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 171,699,668.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) SEE STM 3 (cash \$ <u>16746322.</u> non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b	16,746,322.	16,746,322.		
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	2,212,731.	0.	2,212,731.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	92,837.	0.	92,837.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26				
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28				
29 Payroll taxes.....	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33				
34 Telephone.....	34				
35 Postage and shipping.....	35				
36 Occupancy.....	36				
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38				
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	4,588,218.	4,588,218.		
43 Other expenses not covered above (itemize): a SEE STATEMENT 4.....	43a	72,547,948.	39,516,284.	32,001,555.	1,030,109.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	96,188,056.	60,850,824.	34,307,123.	1,030,109.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>INSTRUCTION & ACADEMIC SUPPORT - COSTS INCURRED TO INSTRUCT AND PROVIDE ACADEMIC SUPPORT TO THE 5,000 STUDENTS</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	17,536,943.
b <u>STUDENT SERVICES, SCHOLARSHIPS & GRANTS - COSTS INCURRED TO EASE THE ADMINISTRATIVE AND FINANCIAL BURDEN OF STUDENTS' EDUCATION</u> ----- ----- ----- (Grants and allocations \$ 16,746,322.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	22,123,798.
c <u>AUXILIARY ENTERPRISES - COSTS INCURRED TO PROVIDE ROOM & BOARD AND OTHER AUXILIARY SERVICE TO THE STUDENT RESIDENT POPULATION</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	19,523,846.
d <u>RESEARCH - COSTS INCURRED TO CONDUCT BIOMEDICAL, ACADEMIC AND OTHER RELATED RESEARCH</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	212,313.
e Other program services <u>SEE STATEMENT 6</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,453,924.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	60,850,824.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	2,729,412.	45	34,273,609.
	46 Savings and temporary cash investments.....	544,671.	46	1,483,602.
	47a Accounts receivable.....	47a 2,855,899.		
	b Less: allowance for doubtful accounts	47b 1,232,752.	1,683,004.	47c 1,623,147.
	48a Pledges receivable.....	48a 474,356.		
	b Less: allowance for doubtful accounts	48b	2,808,675.	48c 474,356.
	49 Grants receivable.....			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule).....SEE ST 7.	51a 27,256,028.		
	b Less: allowance for doubtful accounts	51b 2,531,900.	23,234,985.	51c 24,724,128.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		1,033,679.	53 1,605,128.
	54a Investments — publicly-traded securities... STMT. 8. ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,573,886.	54a 4,015,995.
	b Investments — other securities (attach sch).....▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54b
55a Investments — land, buildings, & equipment: basis ..	55a 79,716,215.			
b Less: accumulated depreciation (attach schedule).....STATEMENT 9	55b 44,303,549.	37,365,500.	55c 35,412,666.	
56 Investments — other (attach schedule)	SEE STMT. 10	4,395,092.	56 3,456,854.	
57a Land, buildings, and equipment: basis.....	57a 156,497,451.			
b Less: accumulated depreciation (attach schedule).....STATEMENT 11	57b 77,745,309.	79,102,874.	57c 78,752,142.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 12.....)		4,705,425.	58 4,262,458.	
59 Total assets (must equal line 74). Add lines 45 through 58		162,177,203.	59 190,084,085.	
LIABILITIES	60 Accounts payable and accrued expenses	10,838,283.	60	12,757,993.
	61 Grants payable		61	
	62 Deferred revenue	2,238,074.	62	5,193,015.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule).....			64a
	b Mortgages and other notes payable (attach schedule)..... SEE STATEMENT 13		77,226,906.	64b 45,687,845.
	65 Other liabilities (describe ▶ SEE STATEMENT 14.....)		2,633,098.	65 2,632,088.
66 Total liabilities. Add lines 60 through 65.....		92,936,361.	66 66,270,941.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	19,198,497.	67	73,000,501.
	68 Temporarily restricted	16,030,407.	68	16,037,884.
	69 Permanently restricted	34,011,938.	69	34,774,759.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	69,240,842.	73	123,813,144.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....	162,177,203.	74	190,084,085.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	136,984,470.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		-77,837.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): <u>SEE STM 15</u>	b4		-14,704,813.
	Add lines b1 through b4		b	-14,782,650.
c	Subtract line b from line a		c	151,767,120.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): <u>SEE STM 16</u>	d2		93,145.
	Add lines d1 and d2		d	93,145.
e	Total revenue (Part I, line 12). Add lines c and d		e	151,860,265.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	81,369,537.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): <u>SEE STMT 17</u>	b4		1,927,803.
	Add lines b1 through b4		b	1,927,803.
c	Subtract line b from line a		c	79,441,734.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): <u>SEE STMT 18</u>	d2		16,746,322.
	Add lines d1 and d2		d	16,746,322.
e	Total expenses (Part I, line 17). Add lines c and d		e	96,188,056.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 19		1,981,869.	144,306.	86,556.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.		N/A
	85c N/A		
d	Section 162(e) lobbying and political expenditures.		N/A
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85g			N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
	85h N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
88b			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	X	
89b		X	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
	STATEMENT 23 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			X
90a	List the states with which a copy of this return is filed ▶ OK CA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		
	90b 1,584		
91a	The books are in care of ▶ SHIRLEY TWILLEY Telephone number ▶ 918-495-6013 Located at ▶ 7777 S. LEWIS TULSA OK ZIP + 4 ▶ 74171		
b	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)?		X
	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.		
91b			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No X
 If 'Yes,' enter the name of the foreign country _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>AUXILIARY SERVICES</u>	541900		3	19,362,497.	
b <u>DAMAGE LOSS RECOVERY</u>					336,916.
c <u>FEES</u>					2,106,720.
d <u>TUITION</u>					49,613,860.
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...			14	782,562.	
96 Dividends & interest from securities...			14	56,124.	
97 Net rental income or (loss) from real estate:					
a debt-financed property.....			17	-3,120,965.	
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop.....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					-866,896.
101 Net income or (loss) from special events.....					
102 Gross profit or (loss) from sales of inventory.....					
103 Other revenue: a _____					
b <u>MISCELLANEOUS INCOME</u>					740,759.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				17,080,218.	51,931,359.
105 Total (add line 104, columns (B), (D), and (E)).....					69,011,577.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 (B)	REIMBURSEMENT FOR FLOOD AND ICE DAMAGE ON ORU PROPERTY.
93 (C)	TO PROVIDE TRAINING OF INDIVIDUALS TO DEVELOP THEIR ACADEMIC CAPABILITIES
93 (D)	TO INSTRUCT INDIVIDUALS FOR IMPROVEMENT OF THEIR CAPABILITIES THROUGH A LIBERAL ARTS EDUCATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 24	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please 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 officer) is based on all information of which preparer has any knowledge.

▶ _____
Signature of officer

_____ Date

▶ **DAVID J. ELLSWORTH, EXEC VICE PRESIDENT**
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ **SELF-PREPARED**

Date _____

Check if self-employed

Preparer's SSN or PTIN (See General Instruction X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

EIN ▶ _____

Phone no. ▶ _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization ORAL ROBERTS UNIVERSITY	Employer identification number 73-0739626
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SCOTT SUTTON 7777 S LEWIS AVE TULSA, OK 74171	BASKTBALL COAC 40	380,188.	19,084.	1,143.
JERRY FINKBEINER 7777 S LEWIS AVE TULSA, OK 74171	BASKTBALL COAC 40	157,896.	13,985.	2,364.
MARSHALL WRIGHT 7777 S LEWIS AVE TULSA, OK 74171	BUSINESS DEAN 40	149,138.	12,083.	0.
SCOTT HIGGINS 7777 S LEWIS AVE TULSA, OK 74171	ATHLETIC MKTG 40	112,175.	12,329.	1,462.
JAMES R RUSSELL 7777 S LEWIS AVE TULSA, OK 74171	BUSINESS CHAIR 40	109,344.	13,592.	0.
Total number of other employees paid over \$50,000.....▶	130			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MOYERS MARTIN SANTEE IMEL & TETRICK 401 S BOSTON AVE, SUITE 1100 TULSA, OK 74103	LEGAL COUNSEL	563,749.
STANFIELD & O'DELL 3211 S LAKEWOOD AVE TULSA, OK 74135	AUDITOR	491,105.
MILLER AND CHEVALIER 655 15TH ST NW, SUITE 900 WASHINGTON, DC 20005-5701	LEGAL COUNSEL	403,007.
DAVID RILEY ASSOCIATES 3184-L AIRWAY AVENUE COSTA MESA, CA 92626	ADVERTISING DESIGN	270,590.
SCHNAKE TURNBO FRANK 400 S BOSTON, SUITE 500 TULSA, OK 74103	PUBLIC RELATIONS	177,989.
Total number of others receiving over \$50,000 for professional services.....▶	3	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SODEXHO PO BOX 536922 ATLANTA, GA 30353	FOOD/CATERING	527,422.
SUNGARD SCT INC. 14083 COLLECTIONS CENTER DR CHICAGO, IL 60693	SOFTWARE MAINTENANCE	158,492.
ALLIED WASTE SERVICE 18500 NORTH ALLIED WAY PHOENIX, AZ 85054	REFUSE SERVICE	129,800.
KARA K. JOHNSTON RT 1, BOX 872 BUNCH, OK 74931	PAINTING	95,000.
JOE LAND CARPET CLEANERS 2810 E 39TH ST TULSA, OK 74105	CARPET CLEANING	90,515.
Total number of other contractors receiving over \$50,000 for other services.....▶	4	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 25	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A . . . ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12: N/A		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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	
30 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	
31 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 has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	X	
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
<u>ORAL ROBERTS UNIVERSITY IS A CHRISTIAN UNIVERSITY THAT ADMITS STUDENTS</u> <u>WITHOUT REGARD TO RACE, COLOR, SEX, AGE, DISABILITY, NATIONAL ORIGIN,</u> <u>OR STATUS AS A VETERAN.</u>		
32 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?	X	
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 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?		X
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a 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?		X
If you answered 'Yes' to either 34a or b, please explain using an attached statement. SEE STATEMENT .26		
35 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,' attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 40,001,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 19,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 12,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 9,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 36,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 18,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 6,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 25,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 44,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 7,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 7,370.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 22,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	----- ----- -----	\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 483,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 10,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	----- ----- -----	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 6,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	----- ----- -----	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 77,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	----- ----- -----	\$ 8,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 6,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	----- ----- -----	\$ 47,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	----- ----- -----	\$ 9,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	----- ----- -----	\$ 5,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	----- ----- -----	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	----- ----- -----	\$ 96,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ 7,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ 13,825.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ 5,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ 82,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ 30,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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ORAL ROBERTS UNIVERSITY

73-0739626

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	----- ----- -----	\$ 16,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ 5,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ 55,081.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	----- ----- -----	\$ 519,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ 167,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ 79,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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ORAL ROBERTS UNIVERSITY

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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ 10,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ORAL ROBERTS UNIVERSITY

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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	----- ----- -----	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 12,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 8,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 16,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ORAL ROBERTS UNIVERSITY	Employer identification number 73-0739626
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Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	ROOFING WORK: REPLACE BAD DECKING, ROOF HATCH, AND ROOF ACCESS LADDER FOR CHRIST CHAPEL.	\$ 7,370.	2/08/08
72	200 SHARES OF ULTRA PETROLEUM CORP. COMMON STOCK	\$ 13,825.	11/06/07
81	549 SHARES OF ESSEX PROPERTY TRUST STOCK	\$ 55,081.	12/24/07
		\$	
		\$	
		\$	
		\$	

Name of organization

ORAL ROBERTS UNIVERSITY

Employer identification number

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

ORAL ROBERTS UNIVERSITY

73-0739626

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 6,040,491.
 COST OR OTHER BASIS: 5,994,725.
 EXPENSES OF SALE: 504.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 45,262.

OTHER ASSETS

DESCRIPTION: 1994 EZ-GO GOLF CART
 DATE ACQUIRED: 7/01/2001
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 9/20/2007
 TO WHOM SOLD: CLASSIC GOLF CART
 GROSS SALES PRICE: 500.
 COST OR OTHER BASIS: 1,400.
 BASIS METHOD: COST
 DEPRECIATION: 851.

GAIN (LOSS) -49.

DESCRIPTION: 2000 FORD CROWN VICTORIA
 DATE ACQUIRED: 7/01/2002
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 10/03/2007
 TO WHOM SOLD: UNKNOWN
 GROSS SALES PRICE: 800.
 COST OR OTHER BASIS: 16,234.
 BASIS METHOD: COST
 DEPRECIATION: 14,610.

GAIN (LOSS) -824.

DESCRIPTION: 1999 FORD CROWN VICTORIA
 DATE ACQUIRED: 9/01/1999
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 2/07/2008
 TO WHOM SOLD: ANDY ISAACS
 GROSS SALES PRICE: 900.
 COST OR OTHER BASIS: 21,503.
 BASIS METHOD: COST
 DEPRECIATION: 19,353.

GAIN (LOSS) -1,250.

DESCRIPTION: 2003 NISSAN ALTIMA
 DATE ACQUIRED: 7/01/2003
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 2/21/2008
 TO WHOM SOLD: STEVEN HINKLE
 GROSS SALES PRICE: 3,615.
 COST OR OTHER BASIS: 22,186.
 BASIS METHOD: COST
 DEPRECIATION: 18,969.

GAIN (LOSS) 398.

DESCRIPTION: 1994 FORD RANGER XLT PICKUP
 DATE ACQUIRED: 8/01/1997
 HOW ACQUIRED: PURCHASE

ORAL ROBERTS UNIVERSITY

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

DATE SOLD:	4/09/2008		
TO WHOM SOLD:	LARRY DORRIS		
GROSS SALES PRICE:	500.		
COST OR OTHER BASIS:	6,949.		
BASIS METHOD:	COST		
DEPRECIATION:	6,254.		
		GAIN (LOSS)	-195.

DESCRIPTION:	1977 CHEVY PICKUP		
DATE ACQUIRED:	5/01/1998		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/24/2007		
TO WHOM SOLD:	POEBOY AUTO SALVAGE		
GROSS SALES PRICE:	125.		
COST OR OTHER BASIS:	5,000.		
BASIS METHOD:	COST		
DEPRECIATION:	4,500.		
		GAIN (LOSS)	-375.

DESCRIPTION:	1994 FORD E350 1 TON PICKUP		
DATE ACQUIRED:	3/01/1999		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/24/2007		
TO WHOM SOLD:	POEBOY AUTO SALVAGE		
GROSS SALES PRICE:	400.		
COST OR OTHER BASIS:	9,500.		
BASIS METHOD:	COST		
DEPRECIATION:	8,550.		
		GAIN (LOSS)	-550.

DESCRIPTION:	2003 NISSAN ALTIMA		
DATE ACQUIRED:	7/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	2/05/2008		
TO WHOM SOLD:	VEHICLE TOTALED AND DISPOSED OF		
GROSS SALES PRICE:	11,248.		
COST OR OTHER BASIS:	22,186.		
BASIS METHOD:	COST		
DEPRECIATION:	14,976.		
		GAIN (LOSS)	4,038.

DESCRIPTION:	VERSAMATIC WATER PUMP		
DATE ACQUIRED:	7/01/1988		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	3/01/2008		
TO WHOM SOLD:	REPLACED DUE TO AGE		
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,155.		
BASIS METHOD:	COST		
DEPRECIATION:	821.		
		GAIN (LOSS)	-334.

DESCRIPTION:	GRAPHIC EQUALIZER		
DATE ACQUIRED:	3/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	3/01/2008		
TO WHOM SOLD:	REPLACED DUE TO AGE		
GROSS SALES PRICE:	0.		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

COST OR OTHER BASIS:		551.		
BASIS METHOD:	COST			
DEPRECIATION:		471.		
			GAIN (LOSS)	-80.

DESCRIPTION:	POWERMAC G4 COMPUTER			
DATE ACQUIRED:	9/01/2003			
HOW ACQUIRED:	PURCHASE			
DATE SOLD:	3/01/2008			
TO WHOM SOLD:	REPLACED DUE TO AGE			
GROSS SALES PRICE:		0.		
COST OR OTHER BASIS:		2,017.		
BASIS METHOD:	COST			
DEPRECIATION:		1,815.		
			GAIN (LOSS)	-202.

DESCRIPTION:	2003 NISSAN ALTIMA			
DATE ACQUIRED:	7/01/2003			
HOW ACQUIRED:	PURCHASE			
DATE SOLD:	3/31/2008			
TO WHOM SOLD:	NELSON NISSAN			
GROSS SALES PRICE:		4,910.		
COST OR OTHER BASIS:		22,186.		
BASIS METHOD:	COST			
DEPRECIATION:		18,969.		
			GAIN (LOSS)	1,693.

DESCRIPTION:	2006 FORD EXPEDITION			
DATE ACQUIRED:	8/01/2006			
HOW ACQUIRED:	PURCHASE			
DATE SOLD:	4/18/2008			
TO WHOM SOLD:	CHEROKEE NEAFUS			
GROSS SALES PRICE:		0.		
COST OR OTHER BASIS:		30,932.		
BASIS METHOD:	COST			
DEPRECIATION:		5,568.		
			GAIN (LOSS)	-25,364.

DESCRIPTION:	76TH & S LEWIS EASEMENT			
DATE ACQUIRED:	4/01/1968			
HOW ACQUIRED:	PURCHASE			
DATE SOLD:	9/04/2007			
TO WHOM SOLD:	CITY OF TULSA			
GROSS SALES PRICE:		80,062.		
COST OR OTHER BASIS:		3,200.		
BASIS METHOD:	COST			
			GAIN (LOSS)	76,862.

DESCRIPTION:	2 HANDHELD MICS & RECEIVER			
DATE ACQUIRED:	4/01/2004			
HOW ACQUIRED:	PURCHASE			
DATE SOLD:	4/01/2008			
TO WHOM SOLD:	REPLACED DUE TO AGE			
GROSS SALES PRICE:		0.		
COST OR OTHER BASIS:		2,877.		
BASIS METHOD:	COST			
DEPRECIATION:		2,589.		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

GAIN (LOSS) -288.

DESCRIPTION: MABEE CENTER MARQUEE
 DATE ACQUIRED: 7/01/1994
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 4/01/2008
 TO WHOM SOLD: REPLACED DUE TO AGE
 GROSS SALES PRICE: 0.
 COST OR OTHER BASIS: 337,400.
 BASIS METHOD: COST
 DEPRECIATION: 118,428.

GAIN (LOSS) -218,972.

DESCRIPTION: DYNATRON 950+
 DATE ACQUIRED: 7/01/2001
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 8/24/2007
 TO WHOM SOLD: CORNISH MEDICAL ELECTRONICS
 GROSS SALES PRICE: 1,034.
 COST OR OTHER BASIS: 3,145.
 BASIS METHOD: COST
 DEPRECIATION: 764.

GAIN (LOSS) -1,347.

DESCRIPTION: DYNATRON 950
 DATE ACQUIRED: 7/01/2001
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 8/24/2007
 TO WHOM SOLD: CORNISH MEDICAL ELECTRONICS
 GROSS SALES PRICE: 391.
 COST OR OTHER BASIS: 2,296.
 BASIS METHOD: COST
 DEPRECIATION: 558.

GAIN (LOSS) -1,347.

DESCRIPTION: SCANNER
 DATE ACQUIRED: 7/01/2001
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 4/01/2008
 TO WHOM SOLD: REPLACED DUE TO AGE
 GROSS SALES PRICE: 0.
 COST OR OTHER BASIS: 1,085.
 BASIS METHOD: COST
 DEPRECIATION: 977.

GAIN (LOSS) -108.

DESCRIPTION: 2 COMPUTERS
 DATE ACQUIRED: 7/01/2001
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 4/01/2008
 TO WHOM SOLD: REPLACED DUE TO AGE
 GROSS SALES PRICE: 0.
 COST OR OTHER BASIS: 1,704.
 BASIS METHOD: COST
 DEPRECIATION: 1,534.

GAIN (LOSS) -170.

DESCRIPTION: DIGITAL VIDEO BATTERY CAMERA

STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

DATE ACQUIRED:	7/01/2001		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/01/2008		
TO WHOM SOLD:	REPLACED DUE TO AGE		
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	2,550.		
BASIS METHOD:	COST		
DEPRECIATION:	2,295.		
		GAIN (LOSS)	-255.

DESCRIPTION:	2001 FORD ECONOLINE VAN		
DATE ACQUIRED:	7/01/2001		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/01/2008		
TO WHOM SOLD:	UNKNOWN		
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	14,272.		
BASIS METHOD:	COST		
DEPRECIATION:	12,845.		
		GAIN (LOSS)	-1,427.

DESCRIPTION:	1999 YAMAHA GOLF CART		
DATE ACQUIRED:	7/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/17/2007		
TO WHOM SOLD:	CLASSIC GOLF CART		
GROSS SALES PRICE:	400.		
COST OR OTHER BASIS:	2,500.		
BASIS METHOD:	COST		
DEPRECIATION:	2,138.		
		GAIN (LOSS)	38.

DESCRIPTION:	1996 EZ-GO GOLF CART		
DATE ACQUIRED:	7/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/17/2007		
TO WHOM SOLD:	CLASSIC GOLF CART		
GROSS SALES PRICE:	200.		
COST OR OTHER BASIS:	2,000.		
BASIS METHOD:	COST		
DEPRECIATION:	486.		
		GAIN (LOSS)	-1,314.

DESCRIPTION:	LIBRARY MATERIALS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	VARIOUS		
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	53,604.		
BASIS METHOD:	COST		
DEPRECIATION:	45,563.		
		GAIN (LOSS)	-8,041.

DESCRIPTION:	PRINT JOURNALS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

TO WHOM SOLD:	OUT-OF-DATE DELETIONS		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		540,078.	
BASIS METHOD:	COST		
DEPRECIATION:		183,389.	
			GAIN (LOSS) -356,689.

DESCRIPTION:	TV EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	OBSOLETE DISPOSITIONS		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		217,722.	
BASIS METHOD:	COST		
DEPRECIATION:		92,097.	
			GAIN (LOSS) -125,625.

DESCRIPTION:	TV EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/30/2008		
TO WHOM SOLD:	OBSOLETE DISPOSITIONS		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		308,325.	
BASIS METHOD:	COST		
			GAIN (LOSS) -308,325.

DESCRIPTION:	CHRIST CHAPEL LOWER ROOF		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	DISPOSITION DUE TO DAMAGE		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		50,500.	
BASIS METHOD:	COST		
DEPRECIATION:		3,030.	
			GAIN (LOSS) -47,470.

DESCRIPTION:	WARREN COUNTY, MO PROPERTY		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	DONATED		
DATE SOLD:	5/01/2007		
TO WHOM SOLD:	LAKE SHERWOOD ESTATES ASSOCIATION		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		11,250.	
BASIS METHOD:	COST		
			GAIN (LOSS) -11,250.

DESCRIPTION:	GAIN ON BUSINESS SETTLEMENTS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	VARIOUS		
GROSS SALES PRICE:		116,664.	
COST OR OTHER BASIS:		0.	
BASIS METHOD:	COST		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

GAIN (LOSS) 116,664.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -912,158.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -866,896.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

AUD ADJ- ROCK/MIN/ARTIFACT COLLECTION	\$ -1,022,069.
NET UNREALIZED LOSS	-77,837.
ROUNDING	-1.
TOTAL	\$ <u>-1,099,907.</u>

STATEMENT 3
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	SCHOLARSHIPS/FELLOWSHIPS	
DONEE'S NAME:	STUDENTS	
DONEE'S ADDRESS:	NOT APPLICABLE	
	TULSA, OK 74171	
RELATIONSHIP OF DONEE:	STUDENTS	
AMOUNT GIVEN:		\$ 16,746,322.

TOTAL GRANTS AND ALLOCATIONS \$ 16,746,322.

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACADEMIC SUPPORT	2,880,506.	2,880,506.		
AUXILIARY ENTERPRISES	14,935,628.	14,935,628.		
BAD DEBT/LOAN CANCELLATIONS	2,646,875.	640,930.	2,005,945.	
INSTITUTIONAL SUPPORT	17,445,406.		16,415,297.	1,030,109.
INSTRUCTION	14,656,437.	14,656,437.		
INTEREST ON INDEBTEDNESS	3,229,602.		3,229,602.	
OTHER EXPENSES	337,125.		337,125.	
PAYMENTS TO LIFE INCOME BENEFI	413,535.		413,535.	
PLANT OPER/MAINTENANCE	9,600,051.		9,600,051.	
PUBLIC SERVICE	1,453,924.	1,453,924.		

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
RESEARCH	212,313.	212,313.		
STUDENT SERVICES	4,736,546.	4,736,546.		
TOTAL	<u>\$72,547,948.</u>	<u>\$39,516,284.</u>	<u>\$32,001,555.</u>	<u>\$ 1,030,109.</u>

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE THE WHOLE PERSON IN SPIRIT, MIND, AND BODY.

STATEMENT 6
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PUBLIC SERVICE		1,453,924.
INCLUDES FOREIGN GRANTS:		
NO		
TOTAL	<u>\$ 0.</u>	<u>\$ 1,453,924.</u>

STATEMENT 7
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

NOTES AND LOANS REPORTED SEPARATELY	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
BORROWER'S NAME: LOANS TO STUDENTS		
BORROWER'S TITLE:		
DATE OF NOTE: VARIOUS		
MATURITY DATE: VARIOUS		
REPAYMENT TERMS: STUDENT		
INTEREST RATE: 0.01%		
SECURITY PROVIDED:		
PURPOSE OF LOAN:		
BORROWER RELATIONSHIP:		
CONSIDERATION:		
CONSIDERATION FMV:		
ORIGINAL AMOUNT:		
BALANCE DUE:	\$ 27,256,028.	
DOUBTFUL ACCT. ALLOW.:		\$ 2,531,900.
TOTAL NOTES AND LOANS REPORTED SEPARATELY	<u>\$ 27,256,028.</u>	<u>\$ 2,531,900.</u>

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STATEMENT 7 (CONTINUED)
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

TOTAL NET RECEIVABLES \$ 24,724,128.

STATEMENT 8
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
SECURITIES	MARKET VALUE	\$ 4,015,995.
	TOTAL	<u>\$ 4,015,995.</u>

PUBLICLY TRADED SECURITIES \$ 4,015,995.

STATEMENT 9
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 79,704,225.	\$ 44,303,549.	\$ 35,400,676.
LAND	11,990.		11,990.
TOTAL	<u>\$ 79,716,215.</u>	<u>\$ 44,303,549.</u>	<u>\$ 35,412,666.</u>

STATEMENT 10
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
ENDOWMENT TRUST MARKETABLE SECURITIES	COST	\$ 2,740,962.
INVESTMENT IN SUBSIDIARY	COST	715,892.
	TOTAL	<u>\$ 3,456,854.</u>

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STATEMENT 11
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 58,630,350.	\$ 35,226,877.	\$ 23,403,473.
BUILDINGS	65,648,367.	22,373,772.	43,274,595.
IMPROVEMENTS	22,241,124.	15,448,846.	6,792,278.
LAND	1,204,965.		1,204,965.
MISCELLANEOUS	8,772,645.	4,695,814.	4,076,831.
TOTAL	<u>\$ 156,497,451.</u>	<u>\$ 77,745,309.</u>	<u>\$ 78,752,142.</u>

STATEMENT 12
FORM 990, PART IV, LINE 58
OTHER ASSETS

INT IN ASSETS OF ALUMNI FUND.....	\$ 1,888,896.
INT IN ASSETS OF GOLDEN EAGLE CLUB.....	970,396.
ROCK/MINERAL/ARTIFACT COLLECTION.....	1,403,166.
TOTAL	<u>\$ 4,262,458.</u>

STATEMENT 13
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: NOTES PAYABLE	
BALANCE DUE:	\$ 23,583,863.
LENDER'S NAME: CAPITAL LEASES PAYABLE	
BALANCE DUE:	\$ 145,288.
LENDER'S NAME: REFUNDABLE FED STUDENT LOANS	
BALANCE DUE:	\$ 20,117,401.
LENDER'S NAME: PAYABLES TO AFFILIATES	
BALANCE DUE:	\$ 1,841,293.
TOTAL	<u>\$ 45,687,845.</u>

STATEMENT 14
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

LIFE LOAN PAYABLE.....	\$ 876,404.
RESERVE FOR GIFT ANNUITIES.....	1,755,684.
TOTAL	<u>\$ 2,632,088.</u>

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STATEMENT 15
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

REVENUE OF SUBSIDIARIES.....	\$	2,041,509.
SCHOLARSHIPS NET IN REVENUE PER F/S.....		-16,746,322.
	TOTAL	<u>\$ -14,704,813.</u>

STATEMENT 16
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

CONTRIBUTIONS FROM AFFILIATES NET TO REV.....	\$	621,835.
INSITUATION EXP NETTED TO AUX SALES/SVCS.....		93,033.
INTEREST EXPENSE NETTED TO RENTAL INCOME.....		-610,473.
LOSS ON SALE/DISPOSAL OF ASSETS.....		-11,250.
	TOTAL	<u>\$ 93,145.</u>

STATEMENT 17
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

CONTRIBUTIONS TO AFFILIATES AS REV ON TR.....	\$	-621,835.
EXPENSES OF SUBSIDIARIES CONSOL ON F/S.....		2,020,948.
INSITUATION EXP NETTED TO AUX SALES/SVCS.....		-93,033.
INT EXP NETTED TO RENTAL INCOME ON T/R.....		610,473.
LOSS ON SALE IN OTHER EXPENSE ON F/S.....		11,250.
	TOTAL	<u>\$ 1,927,803.</u>

STATEMENT 18
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

SCHOLARSHIPS NETTED IN REVENUE PER F/S.....	\$	16,746,322.
	TOTAL	<u>\$ 16,746,322.</u>

STATEMENT 19
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
G. ORAL ROBERTS * TULSA, OK 74171	CHANCELLOR 5.00	\$	0. \$	0. \$ 147.

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STATEMENT 19 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
RALPH B. FAGIN * TULSA, OK 74171	INTER PRESIDENT 40.00	\$ 169,771.	\$ 10,163.	\$ 12,854.
RICHARD L. ROBERTS * TULSA, OK 74171	PRESIDENT & CEO 40.00	207,608.	8,176.	0.
JEFF OGLE * TULSA, OK 74171	VP ACADEMIC ADV 40.00	100,175.	11,292.	7,528.
D. MICHAEL BERNARD * TULSA, OK 74171	VP/ASST. SEC. 40.00	83,458.	10,204.	647.
DAVID ELLSWORTH * TULSA, OK 74171	EVP/SEC/ASST TR 40.00	204,148.	11,876.	18,846.
DAVID WAGNER * TULSA, OK 74171	VP UNIV RELATNS 40.00	113,016.	12,835.	2,143.
MIKE CARTER * TULSA, OK 74171	ATHLETIC DIRECT 40.00	299,544.	15,914.	39,822.
TIM PHILLEY * TULSA, OK 74171	VP AUXIL SVCS 40.00	252,482.	11,465.	2,658.
NANCY BRAINARD * TULSA, OK 74171	VP ENROLL SVCS 40.00	134,757.	14,830.	103.
GEORGE PAUL * TULSA, OK 74171	AVP ALUM REL 40.00	85,758.	7,158.	168.
MARK LEWANDOWSKI * TULSA, OK 74171	EVP ACADEMIC 40.00	201,361.	15,227.	1,169.
MARIAN BAUMGARDNER * TULSA, OK 74171	ASST SECRETARY 40.00	39,436.	5,537.	0.

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STATEMENT 19 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DEBRA SOWELL * TULSA, OK 74171	INT VP ACADEMIC 40.00	\$ 90,355.	\$ 9,629.	\$ 471.
MART GREEN * OKLAHOMA CITY, OK 73179	BOARD CHAIR 30.00	0.	0.	0.
WILLIAM M. WILSON * CLEVELAND, TN 37320	VICE CHAIRMAN 32.00	0.	0.	0.
GLENDA PAYAS * TULSA, OK 74135	SECRETARY 15.00	0.	0.	0.
JAY BETZ * TULSA, OK 74137	TREASURER 5.00	0.	0.	0.
RICHARD FENIMORE * TULSA, OK 74137	TRUSTEE 15.00	0.	0.	0.
RUSS SPITTLER * PASADENA, CA 91107	TRUSTEE 4.00	0.	0.	0.
CHARLES MCKINNEY * FORT MYERS, FL 33965	TRUSTEE 4.00	0.	0.	0.
RON LUCE * GARDEN VALLEY, TX 75771	TRUSTEE 4.00	0.	0.	0.
MICHAEL A. HAMMER * LOS ANGELES, CA 90025	TRUSTEE 5.00	0.	0.	0.
LYNETTE LEWIS * CARY, NC 27519	TRUSTEE 5.00	0.	0.	0.
ROB HOSKINS * POMPANO BEACH, FL 33069	TRUSTEE 4.00	0.	0.	0.

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STATEMENT 19 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DON ARGUE * KIRKLAND, WA 98296	TRUSTEE 5.00	\$ 0.	\$ 0.	\$ 0.
HAL DONALDSON * SPRINGFIELD, MO 65802	TRUSTEE 2.00	0.	0.	0.
STANLEY M. BURGESS * CHESAPEAKE, VA 23323	TRUSTEE 5.00	0.	0.	0.
FREDDY BOSWELL, JR. * DALLAS, TX 75236	TRUSTEE 4.00	0.	0.	0.
SCOTT HOWARD * LAS VEGAS, NV 89103	TRUSTEE 25.00	0.	0.	0.
SCOTT CORDRAY * TULSA, OK 74137	TRUSTEE 3.00	0.	0.	0.
MARY BANKS * HOUSTON, TX 77273	TRUSTEE 4.00	0.	0.	0.
BILLY JOE DAUGHERTY * TULSA, OK 74136	INTER PRESIDENT 30.00	0.	0.	0.
GEORGE PEARSONS * NEWARK, TX 76071	REGENT CHAIR 30.00	0.	0.	0.
COLEEN BARKER * TULSA, OK 74171	VP PARTNER COMM 0	0.	0.	0.
LINDSAY ROBERTS * TULSA, OK 74171	REGENT 0	0.	0.	0.
DAVID DEL ZOTTO * SCOTIA, NY 12302	REGENT 3.00	0.	0.	0.

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STATEMENT 19 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PETE SUMRALL * SOUTH BEND, IN 46614	REGENT 20.00	\$ 0.	\$ 0.	\$ 0.
CHARLES GREEN * BATON ROUGE, LA 70835	REGENT 25.00	0.	0.	0.
CREFLO DOLLAR * COLLEGE PARK, GA 30349	REGENT 3.00	0.	0.	0.
KARL STRADER * LAKELAND, FL 33809	REGENT 3.00	0.	0.	0.
ELDON THORMAN * CLAY CENTER, KS 67432	REGENT 3.00	0.	0.	0.
CHARLES TREBILCOCK * WARREN, OH 44484	REGENT 3.00	0.	0.	0.
CHARLES E. WATSON * LEBANON, OH 45036	REGENT 3.00	0.	0.	0.
RALPH WILKERSON * DANA POINT, CA 92629	REGENT 3.00	0.	0.	0.
JAMES E. WINSLOW, JR. * CHICKASHA, OK 73018	REGENT 3.00	0.	0.	0.
JOHN C. HAGEE * SAN ANTONIO, TX 78258	REGENT 3.00	0.	0.	0.
DON BULLARD * TEMPLETON, CA 93465	REGENT 3.00	0.	0.	0.
HENRY A. PENIX * TULSA, OK 74132	REGENT 3.00	0.	0.	0.

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STATEMENT 19 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JAMES BLANCHETT * SUNRISE, FL 33313	REGENT 3.00	\$ 0.	\$ 0.	\$ 0.
KENNETH COPELAND * FORT WORTH, TX 76192	REGENT 3.00	0.	0.	0.
RICHARD PEARSON * BRANTFORD, ONTARIO N3T 5L7 CANADA	REGENT 3.00	0.	0.	0.
KAREN ARUTUNOFF * TULSA, OK 74114	REGENT 20.00	0.	0.	0.
BILL SCHEER * TULSA, OK 74145	REGENT 3.00	0.	0.	0.
JERE D. MELILLI * BATON ROUGE, LA 70809	REGENT 3.00	0.	0.	0.
JESSE G. DUPLANTIS * HAMMOND, LA 70404	REGENT 3.00	0.	0.	0.
ULF EKMAN * UPPSALA, 75103 SWEDEN	REGENT 3.00	0.	0.	0.
MICHAEL REID * BRENTWOOD, CM14 15 PS UNITED KINGDOM	REGENT 3.00	0.	0.	0.
JERRY SAVELLE * CROWLEY, TX 76036	REGENT 5.00	0.	0.	0.
JOHN MEARES * UPPER MARLBORO, MD 20772	REGENT 3.00	0.	0.	0.
MYLES E. MUNROE * NASSAU, BAHAMAS	REGENT 3.00	0.	0.	0.

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STATEMENT 20 (CONTINUED)
FORM 990, PART V-A, LINE 75B
COMPENSATION PAID TO RELATED INDIVIDUALS

KENNETH COPELAND IS THE FATHER-IN-LAW OF GEORGE PEARSONS.

GEORGE PEARSONS

GEORGE PEARSONS IS THE SON-IN-LAW OF KENNETH COPELAND.

G. ORAL ROBERTS

ORAL ROBERTS IS THE FATHER OF RICHARD ROBERTS AND THE FATHER-IN-LAW OF LINDSAY ROBERTS.

STATEMENT 21
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

RICHARD L. ROBERTS

RELATED ORGANIZATION:	ORAL ROBERTS EVANGELISTIC ASSN
FEIN:	73-0568096
RELATIONSHIP EXPLANATION:	COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID:	\$ 51,928.
BENEFIT PLAN CONTRIBUTIONS:	\$ 6,854.
EXPENSE ACCOUNT:	\$ 67,016.
COMPENSATION ARRANGEMENT:	COMPENSATION FOR ADDITIONAL SERVICES.

RELATED ORGANIZATION:	TRACO ADVERTISING, INC.
FEIN:	73-0699944
RELATIONSHIP EXPLANATION:	COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID:	\$ 109,000.
BENEFIT PLAN CONTRIBUTIONS:	\$ 6,975.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION FOR ADDITIONAL SERVICES.

D. MICHAEL BERNARD

RELATED ORGANIZATION:	ORAL ROBERTS EVANGELISTIC ASSN
FEIN:	73-0568096
RELATIONSHIP EXPLANATION:	COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID:	\$ 60,208.
BENEFIT PLAN CONTRIBUTIONS:	\$ 4,606.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION FOR ADDITIONAL SERVICES.

COLEEN BARKER

RELATED ORGANIZATION:	ORAL ROBERTS EVANGELISTIC ASSN
FEIN:	73-0568096
RELATIONSHIP EXPLANATION:	COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID:	\$ 110,861.
BENEFIT PLAN CONTRIBUTIONS:	\$ 11,498.

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STATEMENT 21 (CONTINUED)
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT: BASE PAY.

LINDSAY ROBERTS

RELATED ORGANIZATION: ORAL ROBERTS EVANGELISTIC ASSN
FEIN: 73-0568096
RELATIONSHIP EXPLANATION: COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID: \$ 61,785.
BENEFIT PLAN CONTRIBUTIONS: \$ 5,381.
EXPENSE ACCOUNT: \$ 717.
COMPENSATION ARRANGEMENT: BASE PAY.

RELATED ORGANIZATION: TRACO ADVERTISING, INC.
FEIN: 73-0699944
RELATIONSHIP EXPLANATION: COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID: \$ 103,300.
BENEFIT PLAN CONTRIBUTIONS: \$ 6,774.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT: BASE PAY.

DAVID J. ELLSWORTH

RELATED ORGANIZATION: ORAL ROBERTS EVANGELISTIC ASSN
FEIN: 73-0568096
RELATIONSHIP EXPLANATION: COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID: \$ 16,295.
BENEFIT PLAN CONTRIBUTIONS: \$ 1,247.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT: COMPENSATION FOR ADDITIONAL SERVICES.

RELATED ORGANIZATION: TRACO ADVERTISING, INC.
FEIN: 73-0699944
RELATIONSHIP EXPLANATION: COMMON CONTROL: A MAJORITY OF THE OFFICERS AND DIRECTORS ARE THE SAME FOR BOTH ORGANIZATIONS.
COMPENSATION PAID: \$ 16,760.
BENEFIT PLAN CONTRIBUTIONS: \$ 1,282.
EXPENSE ACCOUNT: \$ 0.
COMPENSATION ARRANGEMENT: COMPENSATION FOR ADDITIONAL SERVICES.

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STATEMENT 22
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
ORAL ROBERTS EVANGELISTIC ASSOCIATION	X	
ORAL ROBERTS UNIVERSITY ECADEMY	X	
ORAL ROBERTS UNIVERSITY EDUC FELLOWSHIP	X	
UNIVERSITY VILLAGE, INC.	X	

STATEMENT 23
FORM 990, PART VI, LINE 89B
501(C)(3) AND 501(C)(4) ORGANIZATIONS

THE UNIVERSITY IDENTIFIED SEVERAL TRANSACTIONS WITHIN THE REPORTING PERIOD COVERED BY THIS FORM 990, AND PRIOR REPORTING PERIODS, THAT MAY OR MAY NOT CONSTITUTE EXCESS BENEFIT TRANSACTIONS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE. THE UNIVERSITY IS IN THE PROCESS OF EVALUATING THE FACTS AND APPLICABLE LEGAL STANDARDS TO DETERMINE WHETHER ANY OF THESE TRANSACTIONS CONSTITUTE AN EXCESS BENEFIT TRANSACTION. AS SOON AS THIS DETERMINATION IS COMPLETE, THE UNIVERSITY WILL FILE AN AMENDED FORM 990 REPORTING ANY TRANSACTIONS THAT ARE DETERMINED TO BE EXCESS BENEFIT TRANSACTIONS.

STATEMENT 24
FORM 990, PART IX
INFORMATION REGARDING TAXABLE SUBSIDIARIES

<u>NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY</u>	<u>% OF OWNER INT.</u>	<u>NATURE OF ACTIVITIES</u>	<u>TOTAL INCOME</u>	<u>END OF YEAR ASSETS</u>
GOLDEN EAGLE COMM., INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1507869	100.00%	SERVICE	-30,207.	-1,592,628.
MABEE CENTER PRODUCTIONS, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1507871	100.00%	SERVICE	6,139.	67,754.
MARCH DEVELOPMENT COMPANY 7777 S LEWIS AVE TULSA, OK 74171 73-0961633	100.00%	INVESTMENTS	-255.	3,948,274.
ORM SERVICES, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1477340	100.00%	MANAGEMENT SVCS	-675.	-14,330.
TOWER REALTY GROUP, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1520958	100.00%	PROPERTY MGMT	0.	-250.

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STATEMENT 24 (CONTINUED)
FORM 990, PART IX
INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
UNIVERSITY BROADCASTING, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1493165	100.00%	TV BROADCASTING	53,848.	403,650.
UNIVERSITY HEALTHCARE, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1074731	100.00%	MEDICAL SERVICES	-260.	0.
AUGUST PROMOTIONS, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1507872	100.00%	EVENT PROMOTER	-749.	-247,307.

STATEMENT 25
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

SCHOLARSHIPS, GRANTS, AND LOANS ARE AWARDED TO INDIVIDUAL STUDENTS OF ORAL ROBERTS UNIVERSITY.

STATEMENT 26
SCHEDULE A, PART V, LINE 34
EXPLANATION

ORAL ROBERTS UNIVERSITY PARTICIPATES IN THE FOLLOWING U.S. DEPARTMENT OF EDUCATION STUDENT FINANCIAL AID PROGRAMS:

FEDERAL PERKINS LOANS
 FEDERAL WORK STUDY
 FEDERAL SEOG GRANTS
 FEDERAL PELL GRANTS
 FEDERAL ACG GRANTS
 FEDERAL SMART GRANTS