

## 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)

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 5/01, 2006, and ending 4/30, 2007

B Check if applicable:

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

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.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☐ Other (specify) ▶

• 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? . . . ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? . . . . . ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. . . ▶

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ HTTP://WWW. ORU. EDU

J Organization type

(check only one) . . . . . ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 99,580,914.

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

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds. . . . .	1a				
b Direct public support (not included on line 1a). . . . .	1b	11,370,396.			
c Indirect public support (not included on line 1a). . . . .	1c	47,379.			
d Government contributions (grants) (not included on line 1a). . . . .	1d	4,957,358.			
e Total (add lines 1a through 1d) (cash \$ 16,208,682. noncash \$ 166,451.) . . . . .	1e			16,375,133.	
2 Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	2			68,369,818.	
3 Membership dues and assessments. . . . .	3				
4 Interest on savings and temporary cash investments. . . . .	4			815,383.	
5 Dividends and interest from securities. . . . .	5			76,510.	
6a Gross rents. . . . .	6a	9,066,350.			
b Less: rental expenses. . . . .	6b	14,775,075.			
c Net rental income or (loss). Subtract line 6b from line 6a. . . . .	6c			-5,708,725.	
7 Other investment income (describe . . . . . ) . . . . .	7				
8a Gross amount from sales of assets other than inventory. . . . .	(A) Securities		(B) Other		
b Less: cost or other basis and sales expenses. . . . .	2,779,141.	8a	916,337.		
c Gain or (loss) (attach schedule). . . . . STATEMENT 1	2,777,947.	8b	868,531.		
d Net gain or (loss). Combine line 8c, columns (A) and (B). . . . .	1,194.	8c	47,806.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here. . . . . <input type="checkbox"/>				8d 49,000.	
a Gross revenue (not including \$ of contributions reported on line 1b). . . . .	9a				
b Less: direct expenses other than fundraising expenses. . . . .	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a. . . . .	9c				
10a Gross sales of inventory, less returns and allowances. . . . .	10a				
b Less: cost of goods sold. . . . .	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a. . . . .	10c				
11 Other revenue (from Part VII, line 103). . . . .	11			1,182,242.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. . . . .	12			81,159,361.	
13 Program services (from line 44, column (B)). . . . .	13			58,857,395.	
14 Management and general (from line 44, column (C)). . . . .	14			31,988,084.	
15 Fundraising (from line 44, column (D)). . . . .	15				
16 Payments to affiliates (attach schedule). . . . .	16				
17 Total expenses. Add lines 16 and 44, column (A). . . . .	17			90,845,479.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12. . . . .	18			-9,686,118.	
19 Net assets or fund balances at beginning of year (from line 73, column (A)). . . . .	19			78,995,549.	
20 Other changes in net assets or fund balances (attach explanation). . . . . SEE STATEMENT 2	20			-68,589.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20. . . . .	21			69,240,842.	

**Part II 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.

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> . . . .	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> . . . .	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) . . . . .	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) . SEE . STMT . 3 .	<b>25a</b>	1,499,819.	0.	1,499,819.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) . SEE . STMT . 4 .	<b>25b</b>	89,920.	0.	89,920.	0.
<b>c</b> 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) (attach schedule) . . . . .	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c. . . . .	<b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c. . . . .	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27. . . . .	<b>28</b>				
<b>29</b> Payroll taxes . . . . .	<b>29</b>				
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b> Accounting fees. . . . .	<b>31</b>				
<b>32</b> Legal fees. . . . .	<b>32</b>				
<b>33</b> Supplies . . . . .	<b>33</b>				
<b>34</b> Telephone. . . . .	<b>34</b>				
<b>35</b> Postage and shipping. . . . .	<b>35</b>				
<b>36</b> Occupancy . . . . .	<b>36</b>				
<b>37</b> Equipment rental and maintenance. . . . .	<b>37</b>				
<b>38</b> Printing and publications. . . . .	<b>38</b>				
<b>39</b> Travel . . . . .	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b>				
<b>41</b> Interest . . . . .	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule) . . . . .	<b>42</b>	4,023,914.	4,023,914.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 5	<b>43a</b>	85,231,826.	54,833,481.	30,398,345.	
<b>b</b> _____	<b>43b</b>				
<b>c</b> _____	<b>43c</b>				
<b>d</b> _____	<b>43d</b>				
<b>e</b> _____	<b>43e</b>				
<b>f</b> _____	<b>43f</b>				
<b>g</b> _____	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) . . . . .	<b>44</b>	90,845,479.	58,857,395.	31,988,084.	0.

**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**

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? <b>SEE STATEMENT 6</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a INSTRUCTION &amp; ACADEMIC SUPPORT - COSTS INCURRED TO INSTRUCT AND PROVIDE ACADEMIC SUPPORT TO THE 5,000 STUDENTS</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	16,452,098.
<b>b STUDENT SERVICES, SCHOLARSHIPS &amp; GRANTS - COSTS INCURRED TO EASE THE ADMINISTRATIVE AND FINANCIAL BURDEN OF STUDENTS' EDUCATION</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	23,406,761.
<b>c AUXILIARY ENTERPRISES - COSTS INCURRED TO PROVIDE ROOM &amp; BOARD AND OTHER AUXILIARY SERVICE TO THE STUDENT RESIDENT POPULATION</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	17,625,285.
<b>d RESEARCH - COSTS INCURRED TO CONDUCT BIOMEDICAL, ACADEMIC AND OTHER RELATED RESEARCH</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	141,614.
<b>e Other program services. SEE STATEMENT 7</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,231,637.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	58,857,395.

BAA

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**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	
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....	3,353,394.	<b>45</b>	2,729,412.	
	<b>46</b> Savings and temporary cash investments .....	1,487,414.	<b>46</b>	544,671.	
	<b>47a</b> Accounts receivable .....	<b>47a</b> 2,990,006.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b> 1,307,002.	2,287,329.	<b>47c</b> 1,683,004.	
	<b>48a</b> Pledges receivable .....	<b>48a</b> 2,808,675.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>	5,219,287.	<b>48c</b> 2,808,675.	
	<b>49</b> Grants receivable .....		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	SEE ST 8	<b>51a</b> 25,837,022.		
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51b</b> 2,602,037.	19,548,640.	<b>51c</b> 23,234,985.
	<b>52</b> Inventories for sale or use .....		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges .....		884,348.	<b>53</b>	1,033,679.
	<b>54a</b> Investments — publicly-traded securities .....	STMT 9	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,592,975.	<b>54a</b> 4,573,886.
	<b>b</b> Investments — other securities (attach sch) .....		<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54b</b>
<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>	77,918,137.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	STATEMENT 10	<b>55b</b> 40,552,637.	39,146,912.	<b>55c</b> 37,365,500.	
<b>56</b> Investments — other (attach schedule) .....	SEE STMT 11	4,377,133.	<b>56</b>	4,395,092.	
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b>	153,187,318.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	STATEMENT 12	<b>57b</b> 74,084,444.	79,767,354.	<b>57c</b> 79,102,874.	
<b>58</b> Other assets, including program-related investments (describe ► SEE STATEMENT 13) .....		3,697,575.	<b>58</b>	4,705,425.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....		165,362,361.	<b>59</b>	162,177,203.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	11,683,104.	<b>60</b>	10,838,283.	
	<b>61</b> Grants payable .....		<b>61</b>		
	<b>62</b> Deferred revenue .....	1,870,249.	<b>62</b>	2,238,074.	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) .....	SEE STATEMENT 14	70,373,532.	<b>64b</b>	77,226,906.
	<b>65</b> Other liabilities (describe ► SEE STATEMENT 15) .....		2,439,927.	<b>65</b>	2,633,098.
<b>66 Total liabilities.</b> Add lines 60 through 65 .....		86,366,812.	<b>66</b>	92,936,361.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted .....	29,315,984.	<b>67</b>	19,198,497.	
	<b>68</b> Temporarily restricted .....	16,423,933.	<b>68</b>	16,030,407.	
	<b>69</b> Permanently restricted .....	33,255,632.	<b>69</b>	34,011,938.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>		
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	78,995,549.	<b>73</b>	69,240,842.	
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	165,362,361.	<b>74</b>	162,177,203.	



Yes	No
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75b	X	

75c	X	

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75d	X	
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change .....	<b>76</b>	<input checked="" type="checkbox"/>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? ..... If 'Yes,' attach a conformed copy of the changes.	<b>77</b>	<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>78b</b>	<input checked="" type="checkbox"/>
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. ....	<b>79</b>	<input checked="" type="checkbox"/>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? .....	<b>80a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If 'Yes,' enter the name of the organization ▶ <u>SEE STATEMENT 23</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) ..... <b>81a</b> 0.		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>81b</b>	<input checked="" type="checkbox"/>

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**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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>b</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.)..... <b>82b</b> N/A		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?.....		N/A
<b>b</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, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members..... <b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures..... <b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices..... <b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)..... <b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
<b>h</b>	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
<b>86</b>	<b>501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12..... <b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities..... <b>86b</b> N/A		
<b>87</b>	<b>501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders..... <b>87a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... <b>87b</b> N/A		
<b>88a</b>	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>b</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
<b>89a</b>	<b>501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:</b> section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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	
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
<b>90a</b>	List the states with which a copy of this return is filed ▶ OK CA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)..... <b>90b</b> 1,515		
<b>91a</b>	The books are in care of ▶ SHIRLEY TWILLEY Telephone number ▶ 918-495-6013 Located at ▶ 7777 S. LEWIS, TULSA OK ZIP + 4 ▶ 74171		
<b>b</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 <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			

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**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ No

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.)

Note: Enter gross amounts unless otherwise indicated.

	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 AUXILIARY SERVICES	541900		3	19,134,238.	
b DAMAGE LOSS RECOVERY					837,151.
c FEES					1,642,052.
d TUITION					46,756,377.
e					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...			14	815,383.	
96 Dividends & interest from securities...			14	76,510.	
97 Net rental income or (loss) from real estate:					
a debt-financed property.....			17	-5,708,725.	
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.....					49,000.
101 Net income or (loss) from special events.....					
102 Gross profit or (loss) from sales of inventory....					
103 Other revenue: a					
b MISCELLANEOUS INCOME					1,182,242.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)).....				14,317,406.	50,466,822.
105 Total (add line 104, columns (B), (D), and (E))..... ▶					64,784,228.

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 HAIL 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 25	%			
	%			
	%			
	%			

**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
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....		X

	(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
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....		X

	(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
<b>108</b> 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? .....		X

<b>Please Sign Here</b>	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.	

<b>Paid Preparer's Use Only</b>	Preparer's signature	SELF-PREPARED	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		
			Phone no.		

BAA

Form 990 (2006)

**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

**2006**

Name of the organization

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**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
R. MICHAEL CARTER 7777 S LEWIS AVE TULSA, OK 74171	ATHLETIC DIRECT 40	238,164.	5,430.	7,628.
JERRY FINKBEINER 7777 S LEWIS AVE TULSA, OK 74171	BASKETBALL COACH 40	172,731.	5,044.	2,041.
SCOTT SUTTON 7777 S LEWIS AVE TULSA, OK 74171	BASKETBALL COACH 40	161,000.	5,044.	2,063.
SCOTT HIGGINS 7777 S LEWIS AVE TULSA, OK 74171	ATHLETIC MKTG 40	103,313.	4,268.	1,447.
ROBERT WALTON 7777 S LEWIS AVE TULSA, OK 74171	BASEBALL COACH 40	96,731.	5,011.	1,041.
Total number of other employees paid over \$50,000.....▶	132			

**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
STANFIELD & O'DELL 3211 S LAKEWOOD AVE TULSA, OK 74135	AUDITOR	328,310.
DAVID RILEY ASSOCIATES 3184-L AIRWAY AVENUE COSTA MESA, CA 92626	ADVERTISING DESIGN	322,244.
MOYERS MARTIN SANTEE IMEL & TETRICK 401 S BOSTON AVE, SUITE 1100 TULSA, OK 74103	LEGAL COUNSEL	144,979.
BATES LZW 6600 SOUTH YALE, SUITE 1400 TULSA, OK 74136	ARCHITECT	94,569.
THEATRICAL ACCOUNTING SERVICES PO BOX 701462 TULSA, OK 74170	ACCOUNTING	80,857.
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	541,928.
KARA K. JOHNSTON RT 1, BOX 872 BUNCH, OK 74931	PAINTING	140,283.
SUNGARD SCT INC. 14083 COLLECTIONS CENTER DR CHICAGO, IL 60693	SOFTWARE MAINTENANCE	95,377.
ALLIED WASTE SERVICE 18500 NORTH ALLIED WAY PHOENIX, AZ 85054	REFUSE SERVICE	88,723.
JOE LAND CARPET CLEANERS 2810 E 39TH ST TULSA, OK 74105	CARPET CLEANING	83,586.
Total number of other contractors receiving over \$50,000 for other services.....▶	3	

**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.) . . . . .	1		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? . . . . .	2a		X
b	Lending of money or other extension of credit? . . . . .	2b		X
c	Furnishing of goods, services, or facilities? . . . . .	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e	Transfer of any part of its income or assets? . . . . .	2e		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 2.6	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees? . . . . .	3b		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 . . . . .	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. . . . .	4a		X
b	Did the organization make any taxable distributions under section 4966? . . . . .	4b		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c		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	
<b>Total</b> .....					<b>0.</b>

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	N/A				
<b>16</b> Membership fees received .....					
<b>17</b> 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 .....					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> 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 .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....					
<b>24</b> Line 23 minus line 17 .....					
<b>25</b> 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 2002 through 2005 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:  
(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

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:  
(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

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**

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 2002 through 2005, 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
<b>29</b> 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? .....	<b>29</b> X	
<b>30</b> 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? .....	<b>30</b> X	
<b>31</b> 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? .....	<b>31</b> 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>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b> X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b> X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b> X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b> X	
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	X
<b>b</b> Admissions policies? .....	<b>33b</b>	X
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	X
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	X
<b>e</b> Educational policies? .....	<b>33e</b>	X
<b>f</b> Use of facilities? .....	<b>33f</b>	X
<b>g</b> Athletic programs? .....	<b>33g</b>	X
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	X
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b> X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? ..... SEE STATEMENT 27 .....	<b>34b</b>	X
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
<b>35</b> 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. ....	<b>35</b> 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.

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> 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.)

	<b>Lobbying Expenditures During 4 -Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a) 2006</b>	<b>(b) 2005</b>	<b>(c) 2004</b>	<b>(d) 2003</b>	<b>(e) Total</b>
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
<b>b</b> Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? .....

► ☐ Yes ☒ No

**b** If 'Yes,' complete the following schedule:

[illegible]



**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

**2006**

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) (2006)

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		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 22,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 27,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 22,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 12,000.	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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 9,985.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 8,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 18,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 12,080.	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		\$ 6,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 12,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 12,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 9,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 21,500.	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
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 27,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,020.	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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 6,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 17,135.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 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

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		\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 21,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 20,000.	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
37		\$ 6,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 27,113.	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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 5,000.	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		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 78,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 7,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 365,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 8,333.	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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 56,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 44,706.	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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 1,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 15,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 7,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 12,000.	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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 12,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 15,000.	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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 101,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 20,243.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 5,000.	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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 501,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 990,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 11,145.	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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$ 10,810.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 70,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 8,220.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 6,300.	Person <input checked="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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 7,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 8,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 57,000.	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

ORAL ROBERTS UNIVERSITY

Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109		\$ 85,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 25,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 7,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 15,785.	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

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		\$ 19,047.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		\$ 5,309.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119		\$ 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		\$ 20,000.	Person <input checked="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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Employer identification number

73-0739626

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124		\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125		\$ 69,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126		\$ 33,200.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127		\$ 66,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131		\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132		\$ 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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$ 65,116.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		\$ 5,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		\$ 12,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138		\$ 7,250.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139		\$ 5,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143		\$ 5,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144		\$ 20,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
145		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146		\$ 9,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147		\$ 10,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148		\$ 54,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149		\$ 7,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150		\$ 8,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154		\$ 45,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156		\$ 16,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
157		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162		\$ 5,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
163		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167		\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168		\$ 20,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
169		\$ 5,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171		\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174		\$ 22,000.	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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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
175		\$ 11,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176		\$ 8,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177		\$ 50,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178		\$ 11,999.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179		\$ 50,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29	GENERAL ELECTRIC SECURITIES		
		\$ 17,135.	6/28/06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
80	ARCHER DANIELS SECURITIES		
		\$ 10,341.	4/10/07
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
133	ESSEX PROPERTY TRUST SECURITIES		
		\$ 65,116.	12/16/06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
178	MINERAL RIGHTS - PHILLIPS COUNTY, MT		
		\$ 11,999.	10/10/06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
179	UNION CARBIDE SECURITIES		
		\$ 50,570.	10/31/06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	



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

BAA

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 2,779,141.  
 COST OR OTHER BASIS: 2,777,105.  
 EXPENSES OF SALE: 842.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 1,194.

OTHER ASSETS

DESCRIPTION: BELLA VISTA VILLAGE, ARKANSAS  
 DATE ACQUIRED: 12/26/1985  
 HOW ACQUIRED: DONATED  
 DATE SOLD: 8/31/2006  
 TO WHOM SOLD: RENATA KOHOUTEK  
 GROSS SALES PRICE: 6,277.  
 COST OR OTHER BASIS: 12,500.  
 EXPENSES OF SALE: 277.

GAIN (LOSS) -6,500.

DESCRIPTION: 2002 VOLVO S-80  
 DATE ACQUIRED: 7/01/2003  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 6/23/2006  
 TO WHOM SOLD: WALTER RICHARDSON  
 GROSS SALES PRICE: 1,000.  
 COST OR OTHER BASIS: 33,799.  
 DEPRECIATION: 20,786.

GAIN (LOSS) -12,013.

DESCRIPTION: 1985 CHEVY PICKUP  
 DATE ACQUIRED: 9/01/1995  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 10/27/2006  
 TO WHOM SOLD: KEVIN FRITTS  
 GROSS SALES PRICE: 125.  
 COST OR OTHER BASIS: 2,800.  
 DEPRECIATION: 2,520.

GAIN (LOSS) -155.

DESCRIPTION: 2001 FORD F150  
 DATE ACQUIRED: 1/04/2004  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 1/18/2007  
 TO WHOM SOLD: JOE MARINA HONDA SATURN OF TULSA  
 GROSS SALES PRICE: 11,500.  
 COST OR OTHER BASIS: 26,045.  
 DEPRECIATION: 15,236.

GAIN (LOSS) 691.

DESCRIPTION: JUPITER JUMP  
 DATE ACQUIRED: 8/13/2004  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 5/01/2006  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 1,124.  
 COST OR OTHER BASIS: 2,546.

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

DEPRECIATION:	115.	GAIN (LOSS)	-1,307.
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DESCRIPTION:	PAPER CUTTER		
DATE ACQUIRED:	11/01/1997		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	5/05/2006		
TO WHOM SOLD:	ADVANTAGE GRAPHICS, INC.		
GROSS SALES PRICE:	1,500.		
COST OR OTHER BASIS:	35,416.		
DEPRECIATION:	10,625.	GAIN (LOSS)	-23,291.

DESCRIPTION:	1996 EZ-GO GOLF CART		
DATE ACQUIRED:	10/01/2001		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/01/2007		
TO WHOM SOLD:			
GROSS SALES PRICE:	200.		
COST OR OTHER BASIS:	2,500.		
DEPRECIATION:	1,950.	GAIN (LOSS)	-350.

DESCRIPTION:	1992 YAMAHA GOLF CART		
DATE ACQUIRED:	10/18/2000		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	5/18/2006		
TO WHOM SOLD:	CLASSIC GOLF CARTS		
GROSS SALES PRICE:	700.		
COST OR OTHER BASIS:	2,000.		
DEPRECIATION:	384.	GAIN (LOSS)	-916.

DESCRIPTION:	2 OPTIPLEX MINITOWERS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,246.		
DEPRECIATION:	1,122.	GAIN (LOSS)	-124.

DESCRIPTION:	POND FOUNTAIN		
DATE ACQUIRED:	7/01/2002		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/01/2007		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	2,811.		
DEPRECIATION:	2,277.	GAIN (LOSS)	-534.

DESCRIPTION:	COMPUTER HARDWARE		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		

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

TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	231,362.		
DEPRECIATION:	108,569.		
		GAIN (LOSS)	-122,793.

DESCRIPTION:	LIBRARY BOOKS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,195,019.		
DEPRECIATION:	1,410,206.		
		GAIN (LOSS)	215,187.

DESCRIPTION:	COMPUTER SOFTWARE		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	71,634.		
DEPRECIATION:	40,241.		
		GAIN (LOSS)	-31,393.

DESCRIPTION:	CAMERA/PHOTO EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	37,615.		
DEPRECIATION:	20,530.		
		GAIN (LOSS)	-17,085.

DESCRIPTION:	TIME CLOCKS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	19,450.		
DEPRECIATION:	8,366.		
		GAIN (LOSS)	-11,084.

DESCRIPTION:	MISCELLANEOUS EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	22,111.		
DEPRECIATION:	16,519.		
		GAIN (LOSS)	-5,592.

DESCRIPTION:	MEDICAL SCHOOL EQUIPMENT		
DATE ACQUIRED:	VARIOUS		

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

HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		4,779,242.	
DEPRECIATION:		4,529,247.	
			GAIN (LOSS) -249,995.

DESCRIPTION:	MEDICAL SCHOOL GENERAL LAB EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		2,520,663.	
DEPRECIATION:		2,268,596.	
			GAIN (LOSS) -252,067.

DESCRIPTION:	MEDICAL SCHOOL ANIMAL QUARTERS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		260,497.	
DEPRECIATION:		234,447.	
			GAIN (LOSS) -26,050.

DESCRIPTION:	DENTAL SCHOOL EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		1,425,869.	
DEPRECIATION:		1,334,539.	
			GAIN (LOSS) -91,330.

DESCRIPTION:	DENTAL SCHOOL GENERAL LAB EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		347,873.	
DEPRECIATION:		313,085.	
			GAIN (LOSS) -34,788.

DESCRIPTION:	LAW SCHOOL EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		555,758.	
DEPRECIATION:		403,320.	
			GAIN (LOSS) -152,438.

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

DESCRIPTION:	1999 FORD F150		
DATE ACQUIRED:	7/01/2002		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	9/11/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	6,514.		
COST OR OTHER BASIS:	11,290.		
DEPRECIATION:	9,484.		
		GAIN (LOSS)	4,708.
DESCRIPTION:	2003 FORD ECONOLINE VAN		
DATE ACQUIRED:	1/01/2004		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/05/2007		
TO WHOM SOLD:			
GROSS SALES PRICE:	12,444.		
COST OR OTHER BASIS:	20,676.		
DEPRECIATION:	9,304.		
		GAIN (LOSS)	1,072.
DESCRIPTION:	JEOL FX 90 NMR SPECTROMETER		
DATE ACQUIRED:	1/01/1980		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	5/01/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	90,000.		
DEPRECIATION:	81,000.		
		GAIN (LOSS)	-9,000.
DESCRIPTION:	GAIN ON BUSINESS SETTLEMENTS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	874,953.		
COST OR OTHER BASIS:	0.		
		GAIN (LOSS)	874,953.
TOTAL GAIN (LOSS) OTHER ASSETS			\$ 47,806.
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			\$ 49,000.

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

AUD ADJ- TO AFFILIATES.....	\$	-214,248.
NET UNREALIZED GAIN.....		145,659.
	TOTAL \$	-68,589.

## ORAL ROBERTS UNIVERSITY

73-0739626

**STATEMENT 3**  
**FORM 990, PART II, LINE 25A**  
**COMPENSATION OF OFFICERS, DIRECTORS, ETC.**

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
JEFFREY OGLE	123,092.	0.	123,092.	0.
G. ORAL ROBERTS	39,040.	0.	39,040.	0.
RICHARD L. ROBERTS	243,099.	0.	243,099.	0.
RALPH B. FAGIN	154,108.	0.	154,108.	0.
D. MICHAEL BERNARD	123,092.	0.	123,092.	0.
DAVID ELLSWORTH	166,636.	0.	166,636.	0.
DAVID WAGNER	123,074.	0.	123,074.	0.
NANCY BRAINARD	122,542.	0.	122,542.	0.
GEORGE PAUL	86,774.	0.	86,774.	0.
TIM PHILLEY	183,315.	0.	183,315.	0.
TOTAL	\$ 1,364,772.\$	0.\$	1,364,772.\$	0.

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
JEFFREY OGLE	5,044.	0.	5,044.	0.
G. ORAL ROBERTS	0.	0.	0.	0.
RICHARD L. ROBERTS	0.	0.	0.	0.
RALPH B. FAGIN	0.	0.	0.	0.
D. MICHAEL BERNARD	5,044.	0.	5,044.	0.
DAVID ELLSWORTH	2,419.	0.	2,419.	0.
DAVID WAGNER	3,689.	0.	3,689.	0.
NANCY BRAINARD	5,044.	0.	5,044.	0.
GEORGE PAUL	0.	0.	0.	0.
TIM PHILLEY	2,419.	0.	2,419.	0.
TOTAL	\$ 23,659.\$	0.\$	23,659.\$	0.

EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
JEFFREY OGLE	7,843.	0.	7,843.	0.
G. ORAL ROBERTS	0.	0.	0.	0.
RICHARD L. ROBERTS	74,820.	0.	74,820.	0.
RALPH B. FAGIN	8,278.	0.	8,278.	0.
D. MICHAEL BERNARD	1,993.	0.	1,993.	0.
DAVID ELLSWORTH	10,519.	0.	10,519.	0.
DAVID WAGNER	3,586.	0.	3,586.	0.
NANCY BRAINARD	978.	0.	978.	0.
GEORGE PAUL	1,007.	0.	1,007.	0.
TIM PHILLEY	2,364.	0.	2,364.	0.
TOTAL	\$ 111,388.\$	0.\$	111,388.\$	0.

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**STATEMENT 4**  
**FORM 990, PART II, LINE 25B**  
**COMPENSATION OF FORMER OFFICERS, DIRECTORS, ETC.**

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
FREDERICK H. ANDERSON	86,232.	0.	86,232.	0.
TOTAL	\$ 86,232.	\$ 0.	\$ 86,232.	\$ 0.
EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
FREDERICK H. ANDERSON	3,688.	0.	3,688.	0.
TOTAL	\$ 3,688.	\$ 0.	\$ 3,688.	\$ 0.
EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
FREDERICK H. ANDERSON	0.	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.
LOANS & ADVANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
FREDERICK H. ANDERSON	0.	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.

**STATEMENT 5**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ACADEMIC SUPPORT	2,532,362.	2,532,362.		
AUXILIARY ENTERPRISES	13,601,371.	13,601,371.		
BAD DEBT/LOAN CANCELLATIONS	3,766,867.	781,265.	2,985,602.	
INSTITUTIONAL SUPPORT	15,202,768.		15,202,768.	
INSTRUCTION	13,919,736.	13,919,736.		
INTEREST ON INDEBTEDNESS	2,355,136.		2,355,136.	
OTHER EXPENSES	49,918.		49,918.	
PAYMENTS TO LIFE INCOME BENEFIT	401,148.		401,148.	
PLANT OPER/MAINTENANCE	9,403,773.		9,403,773.	
PUBLIC SERVICE	1,231,637.	1,231,637.		
RESEARCH	141,614.	141,614.		
SCHOLARSHIPS/FELLOWSHIPS	18,297,655.	18,297,655.		
STUDENT SERVICES	4,327,841.	4,327,841.		
TOTAL	\$ 85,231,826.	\$ 54,833,481.	\$ 30,398,345.	\$ 0.



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**STATEMENT 6  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

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

**STATEMENT 7  
FORM 990, PART III, LINE E  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PUBLIC SERVICE		1,231,637.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 1,231,637.

**STATEMENT 8  
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:	\$ 25,837,022.	
DOUBTFUL ACCT. ALLOW.:		\$ 2,602,037.
TOTAL NOTES AND LOANS REPORTED SEPARATELY	\$ 25,837,022.	\$ 2,602,037.
TOTAL NET RECEIVABLES		\$ 23,234,985.

**STATEMENT 9**  
**FORM 990, PART IV, LINE 54A**  
**INVESTMENTS - PUBLICLY TRADED SECURITIES**

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
SECURITIES	MARKET VALUE	\$ 4,573,886.
	TOTAL	\$ 4,573,886.
PUBLICLY TRADED SECURITIES		<u>\$ 4,573,886.</u>

**STATEMENT 10**  
**FORM 990, PART IV, LINE 55B**  
**INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
BUILDINGS	\$ 77,894,897.	\$ 40,552,637.	\$ 37,342,260.
LAND	23,240.		23,240.
TOTAL	<u>\$ 77,918,137.</u>	<u>\$ 40,552,637.</u>	<u>\$ 37,365,500.</u>

**STATEMENT 11**  
**FORM 990, PART IV, LINE 56**  
**INVESTMENTS - OTHER**

<u>DESCRIPTION OF INVESTMENT</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>
ENDOWMENT TRUST MARKETABLE SECURITIES	COST	\$ 3,679,200.
INVESTMENT IN SUBSIDIARY	COST	715,892.
	TOTAL	<u>\$ 4,395,092.</u>

**STATEMENT 12**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 57,330,086.	\$ 33,103,454.	\$ 24,226,632.
BUILDINGS	64,569,015.	21,406,954.	43,162,061.
IMPROVEMENTS	21,065,600.	14,861,489.	6,204,111.
LAND	1,208,164.		1,208,164.
MISCELLANEOUS	9,014,453.	4,712,547.	4,301,906.
TOTAL	<u>\$ 153,187,318.</u>	<u>\$ 74,084,444.</u>	<u>\$ 79,102,874.</u>

**STATEMENT 13**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

INT IN ASSETS OF ALUMNI FUND.....	\$	1,540,308.
INT IN ASSETS OF GOLDEN EAGLE CLUB.....		739,882.
ROCK/MINERAL/ARTIFACT COLLECTION.....		2,425,235.
TOTAL	\$	<u>4,705,425.</u>

**STATEMENT 14**  
**FORM 990, PART IV, LINE 64B**  
**MORTGAGES AND OTHER NOTES PAYABLE**

OTHER NOTES PAYABLE

LENDER'S NAME:	NOTES PAYABLE	
BALANCE DUE:		\$ 55,058,452.
LENDER'S NAME:	CAPITAL LEASES PAYABLE	
BALANCE DUE:		\$ 215,212.
LENDER'S NAME:	REFUNDABLE FED STUDENT LOANS	
BALANCE DUE:		\$ 19,784,574.
LENDER'S NAME:	PAYABLES TO AFFILIATES	
BALANCE DUE:		\$ 2,168,668.
TOTAL		\$ <u>77,226,906.</u>

**STATEMENT 15**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

LIFE LOAN PAYABLE.....	\$	1,052,360.
RESERVE FOR GIFT ANNUITIES.....		1,580,738.
TOTAL	\$	<u>2,633,098.</u>

**STATEMENT 16**  
**FORM 990, PART IV-A, LINE B(4)**  
**OTHER AMOUNTS**

REVENUE OF SUBSIDIARIES.....	\$	2,083,847.
SCHOLARSHIPS NET IN REVENUE PER F/S.....		-18,297,655.
TOTAL	\$	<u>-16,213,808.</u>

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**STATEMENT 17**  
**FORM 990, PART IV-A, LINE D(2)**  
**OTHER AMOUNTS**

CONTRIBUTIONS FROM AFFILIATES NET TO REV.....	\$	266,319.
INSITUATION EXP NETTED TO AUX SALES/SVCS.....		95,188.
INTEREST EXPENSE NETTED TO RENTAL INCOME.....		-1,862,178.
LOSS ON SALE/DISPOSAL OF ASSETS.....		-5,961.
ROUNDING.....		-1.
TOTAL	\$	<u>-1,506,633.</u>

**STATEMENT 18**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

CONTRIBUTIONS TO AFFILIATES AS REV ON TR.....	\$	-266,319.
EXPENSES OF SUBSIDIARIES CONSOL ON F/S.....		2,034,137.
INSITUATION EXP NETTED TO AUX SALES/SVCS.....		-95,188.
INT EXP NETTED TO RENTAL INCOME ON T/R.....		1,862,178.
LOSS ON SALE IN OTHER EXPENSE ON F/S.....		5,961.
TOTAL	\$	<u>3,540,769.</u>

**STATEMENT 19**  
**FORM 990, PART IV-B, LINE D(2)**  
**OTHER AMOUNTS**

SCHOLARSHIPS NETTED IN REVENUE PER F/S.....	\$	18,297,655.
TOTAL	\$	<u>18,297,655.</u>

**STATEMENT 20**  
**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
JEFFREY OGLE 7777 S LEWIS AVE TULSA, OK 74171	VP STDT DEVELOP 40	\$ 123,092.	\$ 5,044.	\$ 7,843.
G. ORAL ROBERTS 7777 S LEWIS AVE TULSA, OK 74171	CHANCELLOR 5	39,040.	0.	0.
RICHARD L. ROBERTS 7777 S LEWIS AVE TULSA, OK 74171	PRESIDENT & CEO 40	243,099.	0.	74,820.

## STATEMENT 20 (CONTINUED)

## 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
RALPH B. FAGIN 7777 S LEWIS AVE TULSA, OK 74171	EVP-ACADEMIC 40	\$ 154,108.	\$ 0.	\$ 8,278.
D. MICHAEL BERNARD 7777 S LEWIS AVE TULSA, OK 74171	VP/ASST. SEC. 40	123,092.	5,044.	1,993.
COLEEN BARKER 7777 S LEWIS AVE TULSA, OK 74171	AVP PART. COMM. 0	0.	0.	0.
DAVID ELLSWORTH 7777 S LEWIS AVE TULSA, OK 74171	EXEC VP FIN/SEC 40	166,636.	2,419.	10,519.
BARRY HON 27422 PORTOLA PKWY FOOTHILLS RANCH, CA 92610	REGENT 0	0.	0.	0.
DAVID WAGNER 7777 S LEWIS AVE TULSA, OK 74171	VP UNIV RELATNS 40	123,074.	3,689.	3,586.
NANCY BRAINARD 7777 S LEWIS AVE TULSA, OK 74171	VP ENROLL SVCS 40	122,542.	5,044.	978.
GEORGE PAUL 7777 S LEWIS AVE TULSA, OK 74171	AVP ALUM REL 40	86,774.	0.	1,007.
BILLY JOE DAUGHERTY 7700 S LEWIS AVE TULSA, OK 74136	VICE CHAIRMAN 0	0.	0.	0.
DAVID DEL ZOTTO 5 VIA DEL ZOTTO SCOTIA, NY 12302	REGENT 0	0.	0.	0.
CHARLES GREEN 13123 I-10 SERVICE ROAD NEW ORLEANS, LA 70128	REGENT 0	0.	0.	0.
CREFLO A. DOLLAR, JR. 2500 BURDETTE ROAD COLLEGE PARK, GA 30349	REGENT 0	0.	0.	0.

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**STATEMENT 20 (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 &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOHN C. HAGEE 18755 STONE OAK PARKWAY SAN ANTONIO, TX 78258	REGENT 0	\$ 0.	\$ 0.	\$ 0.
KENNETH COPELAND KENNETH COPELAND MINISTRIES FORT WORTH, TX 76192	REGENT 0	0.	0.	0.
RICHARD FENIMORE 8801 S YALE TULSA, OK 74137	REGENT 0	0.	0.	0.
MICHAEL CARDONE, JR. 5501 WHITAKER AVE. PHILADELPHIA, PA 19124	REGENT 0	0.	0.	0.
MARILYN HICKEY 8081 E ORCHARD ROAD ENGLEWOOD, CO 80111	CHAIRMAN 0	0.	0.	0.
BENNY HINN PO BOX 168487 IRVING, TX 75016	REGENT 0	0.	0.	0.
FRANK HOLDER 20445 HIGHWAY 50 ROCKY FORD, CO 81067	REGENT 0	0.	0.	0.
MICHAEL A. HAMMER 11111 SANTA MONICA BLVD LOS ANGELES, CA 90025	REGENT 0	0.	0.	0.
I. V. HILLIARD 1535 GREENSMARK DRIVE HOUSTON, TX 77067	REGENT 0	0.	0.	0.
OZRO T. JONES, JR. 6000 CALLOWHILL ST PHILADELPHIA, PA 19151	REGENT 0	0.	0.	0.
TERRY LAW 8801 S YALE, SUITE 320 TULSA, OK 74101	REGENT 0	0.	0.	0.
MYLES MUNROE BAHAMAS FAITH MINISTRIES INTL NASSAU, BAHAMAS	REGENT 0	0.	0.	0.

## STATEMENT 20 (CONTINUED)

## 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
JOHN MEARES 15901 CENTRAL AVE UPPER MARLBORO, MD 20774	REGENT 0	\$ 0.	\$ 0.	\$ 0.
JERE D. MELILLI 7386 HIGHLAND RD BATON ROUGE, LA 70808	REGENT 0	0.	0.	0.
GEORGE PEARSONS 14355 MORRIS-DIDO ROAD NEWARK, TX 76071	REGENT 0	0.	0.	0.
BILL SCHEER 9120 E BROKEN ARROW EXPRESSWAY TULSA, OK 74145	REGENT 0	0.	0.	0.
KAREN ARUTUNOFF 1329 E 29TH ST TULSA, OK 74114	REGENT 0	0.	0.	0.
GLENDA PAYAS 5314 S YALE AVE TULSA, OK 74135	REGENT 0	0.	0.	0.
SCOTT CORDRAY 2448 E 81ST ST, STE 1350 TULSA, OK 74137	REGENT 0	0.	0.	0.
RICHARD PEARSON 950 COLBORNE ST. W. BRANTFORD, ONTARIO N3T 5L5 CANADA	REGENT 0	0.	0.	0.
HENRY PENIX 7524 S 33RD WEST AVE TULSA, OK 74132	REGENT 0	0.	0.	0.
LINDSAY ROBERTS 7777 S LEWIS AVE TULSA, OK 74171	REGENT 0	0.	0.	0.
PETE SUMRALL 61300 S IRONWOOD DR SOUTH BEND, IN 46614	REGENT 0	0.	0.	0.
TIM PHILLEY 7777 S LEWIS AVE TULSA, OK 74171	AVP AUX. SVCS. 40	183,315.	2,419.	2,364.

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**STATEMENT 20 (CONTINUED)**  
**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
KARL STRADER 777 CARPENTER'S WAY LAKELAND, FL 33809	REGENT 0	\$ 0.	\$ 0.	\$ 0.
ELDON THORMAN 1204 9TH ST CLAY CENTER, KS 67432	REGENT 0	0.	0.	0.
CHARLES TREBILCOCK 555 TIBBETTS-WICK ROAD GIRARD, OH 44420	REGENT 0	0.	0.	0.
CHARLES E. WATSON 770 COLUMBUS AVE LEBANON, OH 45036	REGENT 0	0.	0.	0.
RALPH WILKERSON BOX 3000 DANA POINT, CA 92629	REGENT 0	0.	0.	0.
JAMES E. WINSLOW, JR. 2222 W IOWA CHICKASHA, OK 73018	REGENT 0	0.	0.	0.
JAMES BLANCHETT 7565 NW 15TH ST PLANTATION, FL 33313	REGENT 0	0.	0.	0.
JESSE G. DUPLANTIS 1973 ORMOND BLVD DESTREHAN, LA 70047	REGENT 0	0.	0.	0.
ULF EKMAN WORD OF LIFE UPPSALA, 75103 SWEDEN	REGENT 0	0.	0.	0.
MICHAEL REID 49 COXTIE GREEN ROAD BRENTWOOD, CM14 15 PS UNITED KINGDOM	REGENT 0	0.	0.	0.
JERRY SAVELLE 10255 WEST CLEBURNE ROAD CROWLEY, TX 76036	REGENT 0	0.	0.	0.
JOHN WHITSITT 6927 W 130TH ST SHAWNEE MISSION, KS 66209	REGENT 0	0.	0.	0.
	TOTAL	<u>\$ 1,364,772.</u>	<u>\$ 23,659.</u>	<u>\$ 111,388.</u>



**STATEMENT 21**  
**FORM 990, PART V-A, LINE 75B**  
**COMPENSATION PAID TO RELATED INDIVIDUALS**

NAME AND RELATIONSHIP

G. ORAL ROBERTS

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

RICHARD L. ROBERTS

RICHARD ROBERTS IS THE SON OF ORAL ROBERTS AND THE HUSBAND OF LINDSAY ROBERTS.

LINDSAY ROBERTS

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

KENNETH COPELAND

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

GEORGE PEARSONS

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

**STATEMENT 22**  
**FORM 990, PART V-A, LINE 75C**  
**INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS**

G. ORAL 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:

\$ 44,042.

BENEFIT PLAN CONTRIBUTIONS:

\$ 0.

EXPENSE ACCOUNT:

\$ 1,776.

COMPENSATION ARRANGEMENT:

COMPENSATION IS DIVIDED BETWEEN THE TWO 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:

\$ 57,200.

BENEFIT PLAN CONTRIBUTIONS:

\$ 12,017.

EXPENSE ACCOUNT:

\$ 40,167.

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:

\$ 132,000.

BENEFIT PLAN CONTRIBUTIONS:

\$ 0.

**STATEMENT 22 (CONTINUED)**  
**FORM 990, PART V-A, LINE 75C**  
**INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS**

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: \$ 32,376.  
BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
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: \$ 92,348.  
BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
EXPENSE ACCOUNT: \$ 912.  
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: \$ 76,501.  
BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
EXPENSE ACCOUNT: \$ 759.  
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: \$ 108,900.  
BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
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: \$ 24,072.  
BENEFIT PLAN CONTRIBUTIONS: \$ 0.  
EXPENSE ACCOUNT: \$ 0.

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**STATEMENT 22 (CONTINUED)**  
**FORM 990, PART V-A, LINE 75C**  
**INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS**

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:	\$ 27,260.
BENEFIT PLAN CONTRIBUTIONS:	\$ 0.
EXPENSE ACCOUNT:	\$ 0.
COMPENSATION ARRANGEMENT:	COMPENSATION FOR ADDITIONAL SERVICES.

**STATEMENT 23**  
**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 EACADEMY	X	
ORAL ROBERTS UNIVERSITY EDUC FELLOWSHIP	X	
UNIVERSITY VILLAGE, INC.	X	

**STATEMENT 24**  
**FORM 990, PART VI, LINE 89B**  
**501(C)(3) AND 501(C)(4) ORGANIZATIONS**

THE UNIVERSITY RECENTLY 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 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 25**  
**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	984,688.	1,192,778.
MABEE CENTER PRODUCTIONS, INC.	100.00%	SERVICE	13,069.	182,971.

**STATEMENT 25 (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
7777 S LEWIS AVE TULSA, OK 74171 73-1507871				
MARCH DEVELOPMENT COMPANY 7777 S LEWIS AVE TULSA, OK 74171 73-0961633	100.00%	INVESTMENTS	0.	4,435,273.
ORM SERVICES, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1477340	100.00%	MANAGEMENT SVCS	218,940.	29,388,442.
TOWER REALTY GROUP, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1520958	100.00%	PROPERTY MGMT	0.	14,976.
UNIVERSITY BROADCASTING, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1493165	100.00%	TV BROADCASTING	618,485.	5,804,878.
UNIVERSITY HEALTHCARE, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1074731	100.00%	MEDICAL SERVICES	0.	0.
AUGUST PROMOTIONS, INC. 7777 S LEWIS AVE TULSA, OK 74171 73-1507872	100.00%	EVENT PROMOTER	248,665.	924.

**STATEMENT 26**  
**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 27**  
**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